



# Infor Open Enrollment Instructions



## Contents

Infor Access .....	3
Entering 2026 Benefits Open Enrollment .....	4
Enrolling in Benefit Plans .....	9
Submitting Benefit Elections .....	29



## Completing 2026 Benefits Enrollment

Open Enrollment will be active from October 20th– November 3rd, 2025.

### Infor Access

#### To log into Infor:



- 1) Click on the Infor Landing Page icon on your computer desktop;

**OR**

- 2) Access the link by logging into [https://mingle-portal.inforcloudsuite.com/CUYAHOGACOUNTY\\_PRD](https://mingle-portal.inforcloudsuite.com/CUYAHOGACOUNTY_PRD).

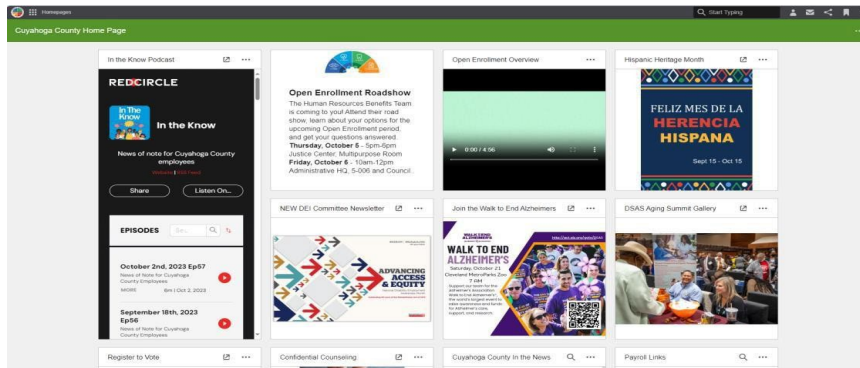


If you utilize the Icon saved on your desktop, your log in screen will populate as in the picture shown here:

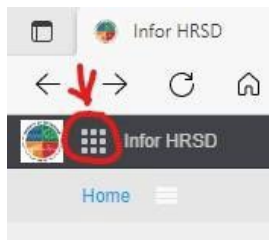




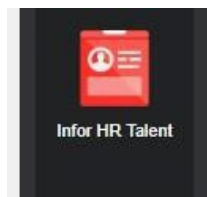
If you type the link [https://mingle-portal.inforcloudsuite.com/CUYAHOGACOUNTY\\_PRD](https://mingle-portal.inforcloudsuite.com/CUYAHOGACOUNTY_PRD) into your web browser, you will be presented with:



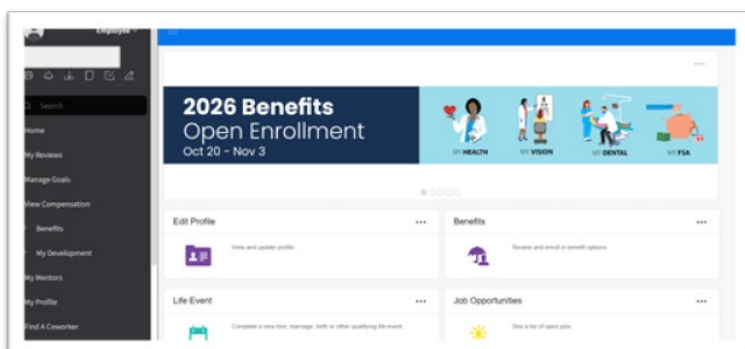
Click on the 'waffle' icon in the upper left-hand corner of the page:



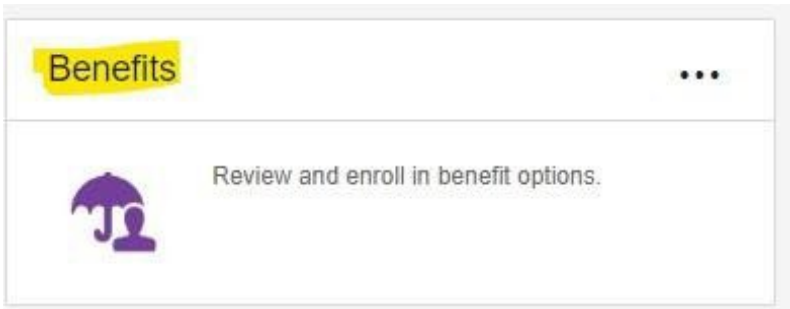
Select the **Infor HR Talent** icon:



Once logged in, you will be presented with our home page:



Click on the word '**Benefits**' on your home page. This will take you to the 2026 Open Enrollment Event site:



**Read the instructions**, then select '**Next**' in the upper right-hand corner of the screen.

**Note:** To access the Alex and/or Benefits websites via the hyperlinks in the instructions, you might have to copy and paste those links into a new browser.

2026 Open Enrollment - January 1, 2026

Open Enrollment Instructions

Please review your Current Benefits and click "Next".


View or Add Dependents to your Benefit Plans - Click "Add" to add your spouse and/or dependent children (under age 26 unless disabled) and complete only the fields that have an \*. If you don't have new dependents that need coverage, click "Next".

View or Add your Life Insurance Beneficiaries - Click Add and

Open Enrollment Instructions

PreviousNext

Please Read All Information Below Before You Move Forward With Your Enrollments.



Cuyahoga County  
Benefits & Wellness

Together We Expand  
The Way We Experience Health

Welcome to Cuyahoga County's 2026 Benefits Open Enrollment!!!

The 2026 Benefits Open Enrollment runs from October 20, 2025 through November 3, 2025. During this Open Enrollment period, you will choose your 2026 Benefits which will be effective January 1, 2026 through December 31, 2026. You may access Open Enrollment at any time to complete/change your benefit elections now through November 3, 2025.

Use ALEX® to find the benefit plan(s) that provide the right level of coverage for you! Visit ALEX at <https://www.myalex.com/cuyahogacounty/home> and follow the prompts to answer his questions. The tool will walk you through your anticipated 2026 benefit needs (no personal health information will be requested). Based on your responses, ALEX® will recommend a benefit plan, a Flexible Spending Account election and a Life Insurance election. ALEX® is 100% confidential - None of your answers are saved or accessible to the County or the ALEX® company. Please note that ALEX® will not provide you with a complete overview of the plans. We recommend that you utilize Alex as a 'Guest' when utilizing the virtual benefits tool. To learn more about our plans visit the Benefits & Wellness website at <https://www.cuyahogacounty.gov/employee-benefits>.



Your **current** benefits will display. Click **'Next'** in the upper right-hand corner.

The screenshot shows the '2026 Open Enrollment - January 1, 2026' interface. The main heading is 'Please review your Current Benefits and click "Next"'. Below this, there is a list of current benefits:

- Medical Plan Options:** Medical Mutual SuperMed PPO, Option: Family (Spouse & Children), Pre Tax: 182.09, Total: 182.09
- Dental Plan Option:** Delta Dental, Option: Employee + Children, Pre Tax: 4.61, Total: 4.61
- Vision Plan Option:** VSP Vision Plan, Option: Employee + Children, Pre Tax: 0.75, Total: 0.75
- Basic Life Insurance:** MedMutual Basic Group Term Life Insurance, Coverage Amount: 30,000.00
- Supplemental Life Insurance:** MedMutual Supplemental Life, Coverage Amount: 100,000.00

On the left sidebar, the 'Please review your Current Benefits and click "Next"' option is selected. At the bottom right, there are 'Previous' and 'Next' buttons.

### Confirm your Dependents for your Benefit Plans

The **"View or Add Dependents to your Benefit Plans"** screen displays.

This screen lists dependents that you have previously identified to be covered by one or more of your plans. If you don't need to add any new dependents, select **'Next'**.

The screenshot shows the 'View or Add Dependents to your Benefit Plans - Click "Add" to add your spouse and dependent chil...' screen. At the bottom right, there are 'Previous' and 'Next' buttons. A large red arrow points to the 'Next' button.

### Adding Dependents to your Benefit Plans

To add dependents to coverage under any of your plans, click **Add**:

The screenshot shows a button with a plus icon and the word 'Add' in yellow text. Below the button is a light blue rectangular area.

The **Add Dependent** window appears. Follow the instructions to complete the form.



In the **Add Dependent** window, fill in all required fields marked with an **asterisk \*** for each dependent that you wish to add.

---

**Add Dependent**

**Name**

\* First Name  Middle Name  \* Last Name

☐ Additional Naming Options

Relationship  Gender

Birthdate

---

**Identification Number**

Country  Identification Number

US

---

**Telephone Numbers**

Home Phone

Work Phone  Work Extension

---

**Address**

Email Address

---

Click **'Submit'** located at the bottom of the dialogue box to save your dependent information:

---

**Submit**



**Continue this process if you have additional qualifying dependents to add.**

Once you have added your dependents, click **'Next'** in the upper right-hand corner to continue.

---

**Next**





***Cuyahoga County provides a Basic Group Term Life insurance to each eligible full-time employee unless other benefits are provided through your union contract. The County provides eligible employees with a \$30,000 Basic Group Term Life policy.***

### *Adding Beneficiaries to your Life Insurance*

The next section lists the beneficiaries you wish to designate as recipients of your life insurance. If changes are not needed, click **'Next'**.

View or Add your Life Insurance Beneficiaries - Click Add and complete the following fields - Name, ... Previous Next

Please note: Later in the enrollment process, you will designate these beneficiaries as primary or contingent and identify the amounts assigned to each beneficiary.

If you have additional life insurance beneficiaries to add, click **'Add'** and complete the Add Beneficiary form, just as you did if you added them to your Benefit plans in the last section.

### *Enrolling in Benefit Plans*

The Eligibility Survey is Required to be completed for all benefits eligible employees. To enter the survey please click the gray area entitled **'Benefits Plans Survey'**.

Eligibility Survey

Benefits Plans Survey

Once you have responded to all 4 questions, select 'Submit' at the bottom of the page.

**Benefits Plans Survey 2025**

Are you covered by a Medical Plan that is not a Cuyahoga County Employee benefits plan?

☐ Yes

☒ No

Are you covered by a Dental Plan that is not a Cuyahoga County Employee benefits plan?

☐ Yes

☒ No

Are you covered by a Cuyahoga County benefits Medical plan through another County employee?

☐ Yes

☒ No

Are you covered by a Cuyahoga County benefits Dental plan through another County employee?

☐ Yes

☒ No

Cancel Submit



Once submitted, the screen will display your responses. To continue, select **‘Next’** in the upper right-hand corner of the screen.

Eligibility Survey

Benefits Plans Survey 2025

Eligible

Are you covered by a Medical Plan that is not a Cuyahoga County Employee benefits plan?

No

Are you covered by Dental Plan that is not a Cuyahoga County Employee benefits plan?

No

Are you covered by a Cuyahoga County benefits Medical plan through another County employee?

No

Are you covered by a Cuyahoga County benefits Dental plan through another County employee?

No

Medical Plan Options

For **Medical Plan Options**, the screen will reflect your current plan details, including any/all dependents you are covering (if you are currently enrolled). To see more detail, click on **‘View Details.’**

Enrollment

Medical Plan Options

Previous

Next

Benefit Choices

Medical Mutual SuperMed EPO

Coverage Option: Family (Spouse & Children)

Pre Tax: 137.53

Selected Plan

All eligible dependents are enrolled

Withdraw

View Details

Changing your Medical Plan

If you wish to change(s) to your medical plan:

- 1) Move your cursor and click on **Benefit Choices** in the upper right-hand corner of the screen
- OR
- 2) Select **Withdraw**, then click on **Benefit Choices**.

Enrollment

Medical Plan Options

Previous

Next

Benefit Choices

Medical Mutual SuperMed EPO

Coverage Option: Family (Spouse & Children)

Pre Tax: 137.53

Selected Plan

All eligible dependents are enrolled

Withdraw

View Details



A dialogue box will open that lists your **Medical Plan Options**. If you do not see the plan you would like to enroll in, scroll to the next page for additional plan options.

If you are changing plans, or enrolling for the first time:

- 1) Click **'Select'** to the right of the plan you want
- 2) Select the appropriate **Medical Plan** coverage and option:  
**Employee Only**  
**Employee+Spouse**  
**Employee+Children**  
**Employee+Family[Spouse & Children]]**.
- 3) Click **'Close'** on the bottom of the dialogue box.

Adding/Removing Dependents

To add dependents to your medical plan:

- 1) Select **'Enroll Dependents'**

- 2) Check the box in the **Select** column to enroll the dependent.
- 3) If your dependent is not listed, you can add them by clicking on the **'Add'** button, then follow the prompts.



**To remove dependents from your medical plan:**

- 1) Remove the checkmark from the box under the Select Column to remove a dependent from medical coverage.

Save And Return To Enrollment

2026 Open Enrollment - January 1, 2026

Medical Mutual SuperMed PPO

Option  
Employee + Children

Click on the first column in the following list to enroll the dependent(s) you would like to include in this plan

Add

Select	Name	Relationship	Birthdate
<input checked="" type="checkbox"/>		Child	
<input checked="" type="checkbox"/>		Child	
<input type="checkbox"/>		Child	

Once you have completed your enrollment changes, if any, select **Save and Return to Enrollment** in the upper right-hand corner of the screen.



Select **'Next'** to continue. (You can revisit the previous page at any time by selecting **'Previous'**).

*Dental Plan Options*

For **Dental Plan Options**, the screen will reflect your current plan details, including any/all dependents you are covering (if you are currently enrolled). To see more detail, click on **'View Details.'**

Enrollment

Dental Plan Option

PreviousNext

Benefit Choices

Delta Dental

Coverage Option: Family (Spouse & Children)

Pre Tax: 4.61

Selected Plan

All eligible dependents are enrolled

WithdrawView Details



## Changing your Dental Plan

*Note: If you are an AFSMCE employee, please contact your union directly if you need to make changes to your DENTAL benefits.*

**For all other employees, if you wish to make change(s) to your dental plan:**

- 1) Move your cursor and click on **Benefit Choices** in the upper right-hand corner of the screen

**OR**

- 2) Select **Withdraw**, then click on **Benefit Choices**.

Enrollment  
Dental Plan Option

Previous Next

Benefit Choices ...

Delta Dental  
Coverage Option: Family (Spouse & Children)  
Pre Tax: 4.61

Selected Plan  
All eligible dependents are enrolled

Withdraw View Details

A dialogue box will open that lists your **Dental Plan Options**.

Select

Delta Dental  
Coverage Option: Employee Only  
Pre Tax: 1.65

Select

Delta Dental  
Coverage Option: Employee + Spouse  
Pre Tax: 4.38

Select

Delta Dental  
Coverage Option: Employee + Children  
Pre Tax: 4.38

Select

Delta Dental  
Coverage Option: Family (Spouse & Children)  
Pre Tax: 4.38

Select

Waive Dental-No Dental Plan  
Coverage Option:  
Pre Tax: 0.00

Select

Close

**If you are changing plans, or enrolling for the first time:**

- 1) Click '**Select**' to the right of the plan you want
- 2) Select the appropriate **Dental Plan** coverage and option:

**Employee Only  
Employee+Spouse  
Employee+Children  
Employee+Family[Spouse & Children]].**

- 3) Click '**Close**' on the bottom of the dialogue box.



Adding/Removing Dependents

To add dependents to your dental plan:

- 1) Click on **Enroll Dependents**

Enrollment

Dental Plan Option

Delta Dental

Coverage Option: Family (Spouse & Children)

Pre Tax: 4.38

Selected Plan

Minimum number of dependents not selected; Please select at least 2

Enroll Dependents Withdraw

Previous Next

Benefit Choices ...

- 2) A new screen opens. Check the box in the **Select** column to enroll the dependent.
- 3) If your dependent is not listed, you can add them by clicking on the **Add** button, then follow the prompts.

Delta Dental

Option

Family (Spouse & Children)

Click on the first column in the following list to enroll the dependent(s) you would like to include in this plan

Select	Name	Relationship	Birthdate
<input checked="" type="checkbox"/>	[REDACTED]	Spouse	[REDACTED]
<input checked="" type="checkbox"/>	[REDACTED]	Child	[REDACTED]
<input checked="" type="checkbox"/>	[REDACTED]	Child	[REDACTED]

Add ...

To remove dependents from your dental plan:

- 1) Remove the checkmark from the box under the **Select** column to remove a dependent from medical coverage.

Delta Dental

Option

Family (Spouse & Children)

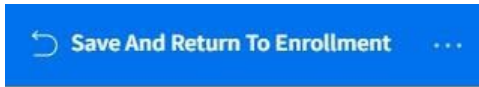
Click on the first column in the following list to enroll the dependent(s) you would like to include in this plan

Select	Name	Relationship	Birthdate
<input checked="" type="checkbox"/>	[REDACTED]	Spouse	[REDACTED]
<input type="checkbox"/>	[REDACTED]	Child	[REDACTED]
<input checked="" type="checkbox"/>	[REDACTED]	Child	[REDACTED]

Add ...



- 2) In the upper left-hand corner of the screen, select the '**Save and Return to Enrollment**' box.



### *Vision Plan Options*

Your current coverage will be displayed here on the **Vision Plan Option** screen.



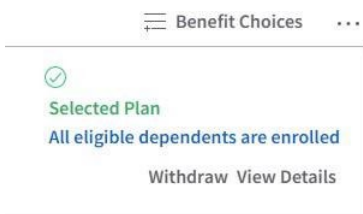
**If you are changing plans, or enrolling for the first time:**

- 1) Click '**Select**' to the right of the plan you want.
- 2) Select the appropriate **Vision Plan** coverage and option:

**Employee Only** **Employee+Spouse**  
**Employee+Children**  
**Employee+Family[Spouse & Children]**

- 3) Click '**Close**' on the bottom of the dialogue box.

*Note: If you are an AFSCME employee, please contact your union directly if you need to make changes to your VISION benefits.*





To add or remove dependents in your Vision plan, follow the same procedure you used to add/remove them in the Vision option:

VSP Vision Plan  
Option  
Family (Spouse & Children)  
Click on the first column in the following list to enroll the dependent(s) you would like to include in this plan

Select	Name	Relationship	Birthdate	
<input checked="" type="checkbox"/>	[REDACTED]	Spouse	[REDACTED]	
<input type="checkbox"/>	[REDACTED]	Child	[REDACTED]	
<input checked="" type="checkbox"/>	[REDACTED]	Child	[REDACTED]	

Add ...

Once you have completed any necessary changes, click ‘**Save and Return to Enrollment**’ in the upper right-hand corner of the screen.

Save And Return To Enrollment

Click ‘**Next**’ in the upper right-hand corner to move on to the next screen.

Enrolling in Life Insurance

*Cuyahoga County provides Basic Group Term Life insurance to each eligible full-time employee unless other benefits are provided by the County through the union contract. The County provides eligible employees with a \$30,000 Basic Group Term Life policy.*

**Basic Group Term Life Insurance** will be displayed.

- This is employer paid – no employee contributions.
- This screen will not appear for **AFSCME** employees.

Enrollment  
Basic Life Insurance

PreviousNext

Benefit Choices ...

MedMutual Basic Group Term Life Insurance  
Coverage Amount: 30,000.00  
Employer: 0.00

Designate BeneficiariesWithdrawView Details

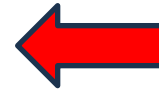
Selected Plan

Take the opportunity to view, manage, or reallocate percentages for your beneficiaries.



## Designate Beneficiaries Withdraw View Details

Change Designation  Add ...		
Primary Or Contingent	Percent	Amount
Primary	100.000 %	0.000000
Contingent	25.000 %	0.000000
Contingent	25.000 %	0.000000
Contingent	25.000 %	0.000000
Contingent	25.000 %	0.000000



To add a beneficiary to your Basic Group Term Life Insurance plan:

### Add Beneficiary

#### Designation

Primary Or Contingent

Percent Or Amount

Percent

#### Beneficiary

☐ Add a Will or Trust

#### Name

\* First Name

Middle Name

\* Last Name

Suffix

#### Personal Information

Cancel

Submit



- 1) Click **'Add'** in the **Designate Beneficiaries** section.
- 2) Complete the **Add Beneficiary** form.
- 3) Click **'Submit'**.

**Note:** Be sure to complete the required sections that are marked with a **red asterisk.\***

Once you have completed any necessary changes, click **'Save and Return to Enrollment'** in the upper right-hand corner of the screen.

Save And Return To Enrollment

Click **'Next'** in the upper right-hand corner to continue.



## Enrolling in Term Life Insurance

The next screen is the **Medical Mutual Supplemental Group Term Life** Insurance Benefit.

Enrollment  
Supplemental Life Insurance

Previous Next

☰ Benefit Choices ...

**Waive Supplemental Life-No Supplemental Life Insurance**

Coverage Amount: 0.00

Subject to EOI: 0.00

Pre Tax: 0.00

✓  
Selected Plan

Withdraw

*Cuyahoga County offers employees the opportunity to purchase Supplemental Group Term Life Insurance in \$10,000 increments up to \$500,000 through MedMutual Life Insurance. During Open Enrollment, up to age 64, you can increase coverage 1 increment of 10,000 without EOI; if amount is increasing more than 1 increment of 10,000, then EOI is required. As a new hire, if you are age 65-69, you can enroll in \$20,000 without EOI; during open enrollment you can increase coverage 1 increment of 10,000 without EOI; if amount is increasing more than 1 increment of 10,000, then EOI is required. And if you are 70+ all newly elected and increased amounts are subject to EOI. EOI is an application process in which you provide information on the condition of your health.*

*A benefit reduction schedule applies if you are 70 or older. The Guarantee Issue amount, for timely enrollment, is \$500,000 for newly hired employees less than age 65, and \$20,000 for employee ages 65-69. If age 70+, Evidence of Insurability is needed for all amounts.*

If you are electing or increasing **Supplemental Group Term Life Insurance**, of \$10,000, up to \$500,000.

To do so, click on **Benefit Choices**.

Enrollment  
Supplemental Life Insurance

Previous Next

☰ Benefit Choices ...

**Waive Supplemental Life-No Supplemental Life Insurance**

Coverage Amount: 0.00

Subject to EOI: 0.00

Pre Tax: 0.00

✓  
Selected Plan

Withdraw



If you wish to waive the **Supplemental Group Term Life Insurance**, select the **Waive** plan option.



If you are electing to participate or increase **Supplemental Life Insurance**, click on **'Select'**.

Select

Benefits Sort ▼ ...

<b>MedMutual Supplemental Life</b> Coverage Amount: 0.00 Pre Tax: 0.00	Select
<b>Waive Supplemental Life-No Supplemental Life Insurance</b> <span>Selected Plan</span> Coverage Amount: 0.00 Pre Tax: 0.00	

If you clicked **'Select'** another dialogue box will appear.

Enter the **coverage amount** you want for your life insurance and click **'Submit'**. (You may elect anywhere between \$10,000 and \$500,000 if it is in increments of \$10,000).

Enroll In MedMutual Supplemental Life

Enrollment

Coverage Amount  
500,000.00

Annual Number Of Contributions  
26

Cancel Submit

**To select beneficiaries for your plan:**

- 1) complete all required fields marked with a **red asterisk \*** and click **'Submit'**.
- 2) If you need to add an additional beneficiary, click **'Add'** in the Designate Beneficiaries section and complete the Create Beneficiary form and **'Submit'**.

Create Beneficiary

Primary Or Contingent \*  
Primary

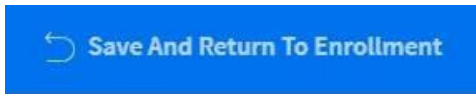
Percent Or Amount  
Percent

Percent  
100.000 %

Cancel Submit



Once you have completed any necessary changes, click on ‘**Save and Return to Enrollment**’ in the upper right-hand corner of the screen.



Click ‘**Next**’ in the upper right-hand corner to continue.

### *Enrolling in Dependent Life Insurance*

*Cuyahoga County provides a Basic Group Term Life insurance for each eligible full-time employee’s spouse and/or dependent children (under age 26) unless other benefits are provided by the County through the union contract.*

*The dependent does not need to be covered on the employee’s medical plan.*

The enrollment screen allows you to elect or manage **Dependent Life Insurance**. If you have qualifying dependents, you are given the option to enroll or waive coverage here.

Enrollment

Dependent Life Insurance - Spouse/Child(Ren)

Previous Next

Benefit Choices ...

Dependent Life-Spouse/Child(ren) Unmarried under age 26  
Employer: 0.16

Selected Plan  
All eligible dependents are enrolled  
Withdraw View Details

If you have a spouse and/or dependent children (under age 26 and unmarried), select ‘**Dependent Life Insurance Spouse/Child(ren).**’

- This is employer paid – no employee contributions.
- This screen will **NOT** appear for **AFSCME** employees

Once you have added your qualifying dependents accordingly, the system will confirm that all eligible dependents are enrolled; if you do not enroll all eligible dependents, you will receive a warning that allows you to move forward.

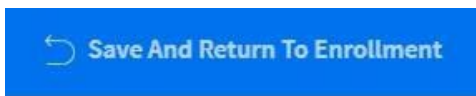


Benefit Choices

Selected Plan  
All eligible dependents are enrolled

Withdraw View Details

Once you have completed any necessary changes, click on **'Save and Return to Enrollment'** in the upper right-hand corner of the screen.



Click **'Next'** in the upper right-hand corner to continue.

### *Enrolling in a Dependent Care Flexible Spending Account (FSA)*

*The Dependent Care FSA is for childcare expenses for children up to (12) years old and they must be your dependent under federal tax rules. You may also use this plan for the care of a spouse or dependent who is incapable of self-care and regularly spends at least eight (8) hours per day in your home.*

*You can view more information about the Dependent Care FSA at <https://padmin.com/participants/reimbursement-accounts/dependent-care-assistance-account/>*

To waive a **Dependent Care Flexible Spending Account**, click **'Waive Dependent Care Flex Spending.'**

Enrollment  
Dependent Care Flexible Spending

Previous Next

Benefit Choices

Waive Dependent Care Flex Spending Account - No Dependent FSA  
Pre Tax: 0.00

Selected Plan  
Withdraw





To select a **Dependent Care Flexible Spending Account**:

- 1) **Select the Dependent Care Flexible Spending Account** option:

Enrollment  
Dependent Care Flexible Spending

Waive Dependent Care Flex Spending Account -No Dependent FSA  
Pre Tax: 0.00

Benefit Choices

Select

Dependent Care Flexible Spending Account  
Pre Tax: 0.00

Select

Waive Dependent Care Flex Spending Account -No Dependent FSA  
Pre Tax: 0.00

Selected Plan

Withdraw

10

Close

- 2) Input amount **ANNUAL amount** you would like to deduct.

**Annual Amount Minimum** is \$120 (\$5 per pay X 26)

**Annual Amount Maximum** is \$7,500 (\$288.46 per pay X 26)

Enroll In 2026 Dependent Care Flexible Spending Account

Enrollment

Pre Tax

7,000.00

Annual Total By Year End

Amount

Number Of Contributions

26

Limits

120.00 7,499.96

Cancel

Submit

*For your 2026 plan year, you have until March 31, 2027, to file claims for expenses incurred by December 31, 2026. **Unused balances will be forfeited.***

*For more information about what is covered under a Dependent Care FSA, visit <https://irs.gov/publications/p503>.*

Click **'Next'** in the upper right-hand corner to continue.



## Enrolling in a Medical Flexible Spending Account (FSA)

*The Medical FSA is used to pay for qualified health care expenses, annual deductibles, co-insurance, copays, eyeglasses, contacts, dental services etc.*

If you participated in Medical Flexible Spending Account in prior years, and you wish to continue, **you must elect your coverage for the new enrollment year.**

To select **Medical Flexible Spending Account**:

### 1) Click 'Benefit Choices':

### 2) Select the **Medical Flexible Spending Account** option:

### 3) Input the amount **PER PAY** you would like to deduct.

**Annual Amount Minimum** is \$120 (\$5 per pay)

**Annual Amount Maximum** is \$3,400 (\$130.76 per pay)



**Enroll In Medical Flexible Spending Account**

**Enrollment**

Pre Tax

50.00

Per Pay Period

Amount

Number Of Contributions

26

Limits

3,200.00

5.00

Cancel

Submit

4) Click **‘Submit.’**

Click **‘Next’** in the upper right-hand corner to continue.

---

***Your last day to incur claims is December 31, 2025, and your last day to submit receipts for the incurred claims, for reimbursement is March 31, 2026. A maximum of \$680 of unused Health FSA funds will rollover into the 2027 plan year.***

***Unused funds more than \$680 in your Health FSA at the end of the plan year, December 31, 2026, will be forfeited under IRS rules.***

***For more information on what is covered under a Medical FSA, visit <https://www.irs.gov/publications/p502>***

---

### *Voluntary Benefits – NEW!*

---

***Voluntary Benefits are optional insurance plans that pay cash benefits directly to you when a covered event occurs. If you are already enrolled and will not be making any changes to your current plans, you can continue through the next few sections by simply selecting ‘NEXT’. You will not lose your current voluntary benefits. Your current elections will remain the same. The Voluntary Benefits section will only reflect on your confirmation if you take action (i.e. elect new benefits, re-elect current benefits, make changes to current benefits, or elect to ‘Waive’). For coverage information for each of the available options: <https://www.cuyahogacounty.gov/employee-benefits/life-and-accidental-insurance/optional-benefits>***

---



## Voluntary Critical Illness Insurance

**Employees can select between a minimum of \$5,000 to a maximum of \$50,000 for themselves (in increments of \$5k); Maximum coverage for a spouse is \$25,000 (in increments of \$5k); Coverage for Dependent children in increments of \$2,500 to a maximum of \$12,500. \*You must elect coverage for yourself in order to elect coverage for your family members.**

To select **Critical Illness Insurance**:

### 1.) Click '**Benefit Choices**'

Enrollment  
Voluntary Critical Illness Insurance

Previous Next

Benefit Choices

No Benefits selected  
Choose Benefits above to enroll

### 2.) Select the **Critical Illness** option(s) that best meets your households needs

Select

Benefits

Voluntary Critical Illness Insurance-Employee  
Coverage Option:  
Coverage Amount: 0.00  
After Tax: 0.00

Voluntary Critical Illness Insurance-Spouse  
Must be enrolled in one of the following plans to enroll in Voluntary Critical Illness Insurance-Spouse: Voluntary Critical Illness Insurance-Employee  
Coverage Option:  
Coverage Amount: 0.00  
After Tax: 0.00

Voluntary Critical Illness Insurance-Child(ren)  
Must be enrolled in one of the following plans to enroll in Voluntary Critical Illness Insurance-Child(ren): Voluntary Critical Illness Insurance-Employee  
Coverage Option:  
Coverage Amount: 0.00  
After Tax: 0.00

Waive Voluntary Critical Illness Insurance  
Coverage Option:  
Coverage Amount: 0.00  
After Tax: 0.00

Select

Select

Select

Select

Close

3.) Enter the **'Coverage Amount'** option you are selecting, then select **'Submit'** for each of those options:

Enroll In Voluntary Critical Illness Insurance-Employee

Enrollment

Coverage Amount

Annual Number Of Contributions

26

Cancel

Submit

Click **'Next'** in the upper right-hand corner to continue.

*Voluntary Accident Insurance*

**Supplemental health product that may provide benefits if you or your covered dependent suffers a covered injury. Provides a lump sum cash benefit to help manage unexpected expenses. For coverage information <https://www.cuyahogacounty.gov/employee-benefits/life-and-accidental-insurance/optional-benefits>**

To select **Accident Insurance:**

1.) Click **'Benefit Choices'**

Enrollment

Voluntary Accident Insurance

Previous

Next

Benefit Choices

No Benefits selected

Choose Benefits above to enroll



2.) Select the **Accident Insurance** option that best meets your household needs.

Select  
Benefits      ↓ Sort ▼      ...

Voluntary Accident Insurance Coverage Option: Employee Only Coverage Amount: 0.00 After Tax: 6.51	Select
Voluntary Accident Insurance Coverage Option: Employee + Spouse Coverage Amount: 0.00 After Tax: 9.68	Select
Voluntary Accident Insurance Coverage Option: Employee + Children Coverage Amount: 0.00 After Tax: 12.38	Select
Voluntary Accident Insurance Coverage Option: Family (Spouse & Children) Coverage Amount: 0.00 After Tax: 15.56	Select
Waive Voluntary Accident Insurance Coverage Option: Coverage Amount: 0.00 After Tax: 0.00	

Close

Click '**Next**' in the upper right-hand corner to continue.

## Voluntary Short-Term Disability

**Short-Term Disability Insurance** pays you a portion of your salary while you're away from work or recovering from a covered illness or injury. You can only select one Short-Term Disability option. For coverage information regarding Short-Term Disability Options 1 & 2

<https://www.cuyahogacounty.gov/employee-benefits/life-and-accidental-insurance/optional-benefits>

To select **Short-Term Disability Insurance**


1.) Click '**Benefit Choices**'

Enrollment

Voluntary Short-Term Disability Insurance

Previous Next

☰ Benefit Choices ...



No Benefits selected

Choose Benefits above to enroll

2.) Click '**Select**' the Short-Term Disability option that best meets your needs.

Select

Benefits ↓ Sort ▾ ...

Voluntary Short-Term Disability Insurance Class 1 Coverage Amount: 1,000.00 After Tax: 33.74	Select
Voluntary Short-Term Disability Insurance Class 2 Coverage Amount: 1,000.00 After Tax: 19.48	Select
Waive Voluntary Short-Term Disability Insurance Coverage Amount: 0.00 After Tax: 0.00	Select

|< < > >| 10 ▾

Close

Click '**Next**' in the upper right-hand corner to continue.



## Voluntary Long-Term Disability

Long-Term Disability insurance pays you a portion of your salary while you're away from work or recovering from a covered illness or injury. For coverage information <https://www.cuyahogacounty.gov/employee-benefits/life-and-accidental-insurance/optional-benefits>

### 1.) Click 'Benefit Choices'

Enrollment

Voluntary Long-Term Disability

Previous

Next

Benefit Choices

No Benefits selected

Choose Benefits above to enroll

### 2.) Click 'Select' on the Voluntary Long-Term Disability option that best meets your needs

Select

Benefits

↓ Sort ▾ ...

Voluntary Long-Term Disability

Coverage Amount: 5,005.52

After Tax: 26.76

Select

Waive Voluntary Long-Term Disability Insurance

Coverage Amount: 0.00

After Tax: 0.00

Select

|< < > >|

10 ▾

Close

Click 'Next' in the upper right-hand corner to continue.



## Submit Benefit Elections

To ensure accuracy, review your elections on the '**Review Summary of Benefits and Submit**' page.

To verify the specific plan(s) you enrolled in, click through the menu to your left.

To Submit Benefit elections:

- 1) Click '**Submit**' on your screen to process your 2026 Benefit Elections.  
Once you have submitted your elections for 2026, you will see a timestamp of submission

Your benefit selections are effective January 1, 2026 through December 31, 2026. Please review an... [Pi](#)

If you added new dependents, you will be required to submit proof of relationship to the Benefits Dept. by November 24, 2025 for coverage to be effective.

Submit Your Enrollment

Submit

Submitted: October 20, 2025 11:22:52 AM

- 2) **Sign, date, and submit** your electronic signature:

**Submit**

Evidence of Insurability (EOI) for Additional Life Insurance Coverage

If you elected to purchase additional supplemental life insurance during this open enrollment period, Oct. 23<sup>rd</sup>- Nov. 6<sup>th</sup>, the coverage amount that you selected will appear on this statement. However, you are required to complete Evidence of Insurability documentation and submit it to the Medical Mutual Life Insurance Group for review. The additional coverage that you selected, and the increased cost of that new coverage amount will not go in effect until the Benefits Office receives confirmation from the Medical Mutual Life Insurance Group that the coverage is approved.

Signature

Date

Cancel Submit

- 3) Click '**Submit**'

- 4) A new box will open. Click '**View Confirmation**' to save/print a copy of your open enrollment elections, then you can log out or close your Infor browser.



Your benefit selections are effective January 1, 2026 through December 31, 2026. Please review an.

If you added new dependents, you will be required to submit proof of relationship to the Benefits Dept. by November 24, 2025 for coverage to be effective.

Submit Your Enrollment

Submit

Submitted: October 27, 2025 1:01:06 PM

Confirmation

Click View Confirmation to print out confirmation of plans selected

View Confirmation



Cost Summary

5) Your benefit elections will appear on the PDF confirmation page.

**Congratulations!** You have completed your 2026 Open Enrollment Event.

**Questions/concerns?** Please contact HR Benefits at [benefits@cuyahogacounty.gov](mailto:benefits@cuyahogacounty.gov) or call **216-443-3539**.