



Infor Open Enrollment Instructions

Human Resources Benefits

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The Open Enrollment event for 2027 Benefits will be active from October 19th – November 2nd, 2026.

Infor Access

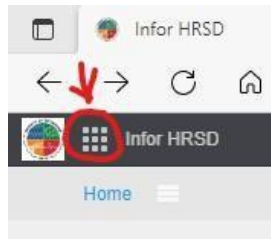
1. Select the Infor Landing Page icon on your computer desktop or, access the link by logging into <https://mingle-portal.inforcloudsuite.com/CUYAHOGACOUNTY PRD>.
2. Login to Infor with your Cuyahoga County employee credentials as shown in the example below.



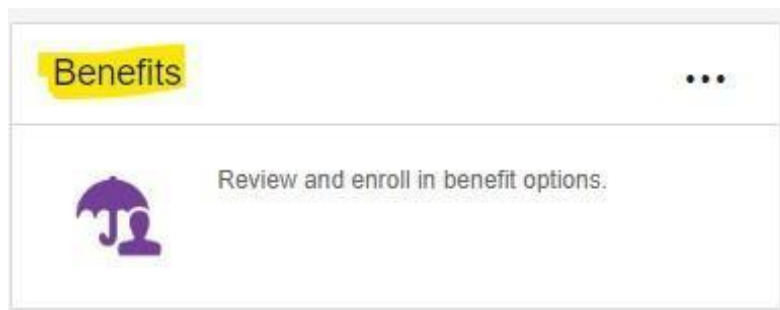


Navigating to the Benefits Enrollment Event

1. Once logged in, you will be presented with the Cuyahoga County Home Page. From this page, select the **'waffle'** icon in the upper left-hand corner of the page and choose the Infor HR Talent icon from the menu that is displayed.



2. Select the **'Benefits'** tile on your HR Talent home page. This will route you to the 2027 Open Enrollment Event site.



Enrolling in Benefits for 2027

The Open enrollment module will go through the tasks outlined in the menu on the left-hand side of the screen. To progress through the module, please thoroughly read each page and select 'Next' when you are ready to proceed to the next section.

Open Enrollment Instructions

Read the instructions on this page. 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. Once you have read through the instructions, select **'Next'** in the upper right-hand corner of the screen.



2027 Open Enrollment - January 1, 2027 - Mickey Mouse - 704607

Open Enrollment Instructions

Don't Get Tripped up!

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

Open Enrollment Instructions

Previous Next

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 2027 Benefits Open Enrollment!!!](#)

The 2026 Benefits Open Enrollment runs from October 19, 2026 through November 2, 2026. During this Open Enrollment period, you will choose your 2027 Benefits which will be effective January 1, 2027 through December 31, 2027. You may access Open Enrollment at any time to complete/change your benefit elections now through November 2, 2026.

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 2027 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>.

Throughout the next few screens, you will need to either enroll in or waive the available benefit plans. If you have new dependents (i.e. legal spouse and/or children under age 26,

Current Benefits Enrollment

The following screen will show your benefit enrollment for the current year. Click 'Next' in the upper right-hand corner to progress to the next screen after viewing.

2027 Open Enrollment - January 1, 2027 - Mickey Mouse - 704607

Please review your Current Benefits and click "Next".

Previous **Next**

Evidence of Insurability (EOI) is required for all election amounts above \$10,000. For employees age 70+ all increases in life insurance coverage are subject to EOI, and benefit paid will be subject to the life insurance reduction schedule.

View Details ...

Medical Plan Options
Waive Medical Plan - No Medical Plan
Dental Plan Option
Waive Dental-No Dental Plan
Vision Plan Option
Waive Vision Plan-No Vision Plan
Basic Life Insurance
MedMutual Basic Group Term Life Insurance
Coverage Amount: 30,000.00
Supplemental Life Insurance
Waive Supplemental Life-No Supplemental Life Insurance
Dependent Life Insurance - Spouse/Child(ren)
Dependent Life-Spouse/Child(ren) Unmarried under age 26
Coverage Amount: 1,000.00
Medical Flexible Spending Account
Waive Medical Flexible Spending Account - No Medical FSA
Dependent Care Flexible Spending
Waive Dependent Care Flex Spending Account -No Dependent FSA



View or Add Dependents

The **“View or Add Dependents to your Benefit Plans”** screen will display next. If you do not need to add any new dependents, select **‘Next’**.

View or Add Dependents to your Benefit Plans - Click "Add" to add your spouse and dependent chil...

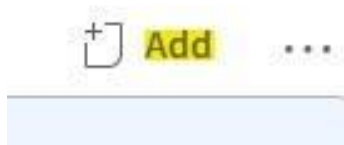
Previous

Next

If you don't need add any new dependents click "Next".

Adding Dependents to your Benefit Plans

To add dependents to coverage under any of your plans, select **‘Add’** and follow instructions to complete the form in the Add Dependent window. All required fields will be marked with an asterisk*.



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

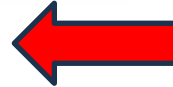
Address

Email Address



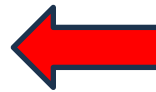
Once the form is filled in, click **'Submit'** at the bottom of the dialogue box to save your dependent information.

Submit



Repeat this process if you have additional qualifying dependents to add. Once you have added all dependents, click **'Next'** in the upper right-hand corner to continue.

Next



Add Beneficiaries to 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'**.

If you have additional life insurance beneficiaries to add, click **'Add'** and complete the Add beneficiaries form in the Add Beneficiaries window, just as instructed for the previous section.

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.



Cuyahoga County provides a Basic Group Term Life insurance in the amount of \$30,000 to each eligible full-time employee unless other benefits are provided through your union.



Enrolling in Benefit Plans

Please review the Change Smoker Status and update as needed for yourself or your spouse.

Change Smoker Status

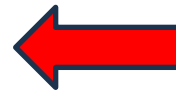
Current status indicates that you are not a smoker and your spouse / domestic partner is not a smoker

Change

The Eligibility Survey is **required** for all benefits eligible employees. To enter the survey, please click the gray button entitled '**Benefits Plans Survey**'.

Eligibility Survey

Benefits Plans Survey



Once you have responded to both survey questions, select '**Submit**' at the bottom of the page.

Benefits Plans Survey

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

☐ Yes

☒ No

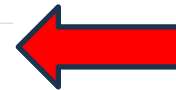
Are you covered by a dental plan that is not a Cuyahoga County Employee benefits plan?

☐ Yes

☒ No

Cancel

Submit





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

Medical Plan Options

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

Changing your Medical Plan

If you wish to change your medical plan, select **'Benefit Choices'** in the upper right-hand corner of the screen or, select **'Withdraw'** and then click on **'Benefit Choices'**.



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. Once you have determined which plan you would like to enroll in follow the steps below:

1. Click **'Select'** to the right of the plan you wish to enroll in.
2. Select the appropriate Medical Plan coverage and option:
 - a. **Employee Only**
 - b. **Employee+Spouse**
 - c. **Employee+Children**
 - d. **Employee+Family[Spouse & Children]**
3. Click **'Close'** on the bottom of the dialogue box.
4. Add/Remove dependents as needed. Specific instructions are provided in the Adding/Removing Dependents from your Medical, Dental, and Vision Plans.
5. Once enrollment changes are complete, if any, select Save and Return to Enrollment in the upper right-hand corner of the screen.

Select **'Next'** to continue.

Dental Plan Options

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

Changing your Dental Plan

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



If you wish to change your dental plan, select **'Benefit Choices'** in the upper right-hand corner of the screen or, select **'Withdraw'** and then click on **'Benefit Choices'**.

Enrollment
Dental Plan Option

Previous Next

Benefit Choices ...

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

Selected Plan

Withdraw

A dialogue box will open that lists your Dental Plan Options. Once you have determined which plan you would like to enroll in follow the steps below:

1. Click **'Select'** to the right of the plan you wish to enroll in.
2. Select the appropriate Dental Plan coverage and option:
 - a. **Employee Only**
 - b. **Employee+Spouse**
 - c. **Employee+Children**
 - d. **Employee+Family[Spouse & Children]**
3. Click **'Close'** on the bottom of the dialogue box.
4. Add/Remove dependents as needed. Specific instructions are provided in the Adding/Removing Dependents from your Medical, Dental, and Vision Plans.
5. Once enrollment changes are complete, if any, select Save and Return to Enrollment in the upper right-hand corner of the screen.

Select

Delta Dental
Coverage Option: Employee Only
Pre Tax: 2.30

Select

Delta Dental
Coverage Option: Employee + Spouse
Pre Tax: 6.12

Selected Plan

Delta Dental
Coverage Option: Employee + Children
Pre Tax: 6.12

Select

Delta Dental
Coverage Option: Family (Spouse & Children)
Pre Tax: 6.12

Select

Waive Dental-No Dental Plan
Coverage Option:

Close

Select **'Next'** to continue.

Vision Plan Options

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



Enrollment

Vision Plan Option

Previous Next

Benefit Choices

Benefit Choices ...

Vision Care Plan
Coverage Option: Family (Spouse & Children)
Pre Tax: 0.70

Selected Plan
All eligible dependents are enrolled

Withdraw View Details

Changing your Vision Plan

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

If you wish to change your dental plan, select '**Benefit Choices**' in the upper right-hand corner of the screen or, select '**Withdraw**' and then click on '**Benefit Choices**'.

Enrollment

Vision Plan Option

Previous Next

Benefit Choices

Benefit Choices ...

Vision Care Plan
Coverage Option: Family (Spouse & Children)
Pre Tax: 0.70

Selected Plan
All eligible dependents are enrolled

Withdraw View Details

A dialogue box will open that lists your Vision Plan Options. Once you have determined which plan you would like to enroll in follow the steps below:

1. Click '**Select**' to the right of the plan you wish to enroll in.
2. Select the appropriate Vision Plan coverage and option:
 - a. **Employee Only**
 - b. **Employee+Spouse**
 - c. **Employee+Children**
 - d. **Employee+Family[Spouse & Children]**
3. Click '**Close**' on the bottom of the dialogue box.
4. Add/Remove dependents as needed. Specific instructions are provided in the Adding/Removing Dependents from your Medical, Dental, and Vision Plans.
5. Once enrollment changes are complete, if any, select Save and Return to Enrollment in the upper right-hand corner of the screen.



Select **'Next'** to continue.

Adding/Removing Dependents from your Medical, Dental, and Vision Plans

Note: you will need to follow the instructions below for each type (Medical, Dental, or Vision) of benefit plan.

1. Select 'Enroll Dependents'.

Enrollment
Medical Plan Options

Previous Next

Benefit Choices ...

Medical Mutual SuperMed EPO
Coverage Option: Employee + Spouse
Pre Tax: 168.72

Selected Plan
Minimum number of dependents not selected; Please select at least 1

Enroll Dependents Withdraw View Details



2. Check the box in the Select column to enroll the dependent. Alternatively, remove the checkmark from the box under the Select column to remove a dependent from medical coverage.

- a. If your dependent is not listed, you can add them by clicking the 'Add' button and following the prompts.

Medical Mutual SuperMed EPO dependent successfully enrolled X

2027 Open Enrollment - January 1, 2027 - Mickey Mouse - 704607

Medical Mutual SuperMed EPO
Option
Employee + Spouse
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
☒	Donitzen, Chanae	Spouse	6/4/1991

Add



Enrolling in Life Insurance

Cuyahoga County provides Basic Group Term Life insurance to each eligible full-time employee in the amount of \$30,000 unless other benefits are provided by the County through the union contract.

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

Previous Next

Benefit Choices ...

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

Designate Beneficiaries Withdraw View Details

Selected Plan



You may 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



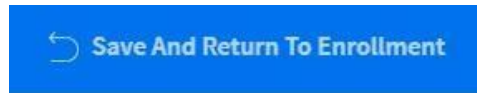


To add a beneficiary to your Basic Group Term Life Insurance Plan:

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

Note: Required sections 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.



Click **'Next'** to continue.

Add Beneficiary

Designation

Primary Or Contingent

Percent Or Amount

Percent

Percent

0.000 %

Beneficiary

☐ Add a Will or Trust

Name

* First Name

Middle Name

* Last Name

Suffix

Personal Information

Cancel

Submit

Enrolling in Term Life Insurance

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

Cuyahoga County offers employees the opportunity to purchase Supplemental Group Term Life Insurance in \$10,000 increments up to \$500,000 through MedMutal 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. If you have previously waived life insurance and choose to elect for the first time during Open Enrollment, the entire amount of life insurance is subject to Evidence of Insurability (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 employees ages 65-69. If age 70+, Evidence of Insurability is needed for all amounts.

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

MedMutual Supplemental Life
Coverage Amount: 0.00
Pre Tax: 0.00

Select

Waive Supplemental Life-No Supplemental Life Insurance
Coverage Amount: 0.00
Pre Tax: 0.00

Selected Plan



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 in increments of \$10,000).

A screenshot of a web form titled "Enroll In MedMutual Supplemental Life". Under the "Enrollment" section, there is a "Coverage Amount" field with a dropdown menu showing "\$500,000.00". A red arrow points to this field. Below it is the "Annual Number Of Contributions" field with a dropdown menu showing "26". At the bottom of the form are two buttons: "Cancel" and "Submit". A red arrow points to the "Submit" button.

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'**.

A screenshot of a web form titled "Create Beneficiary". It has two main sections. The first section is "Primary Or Contingent *" with a dropdown menu showing "Primary". The second section is "Percent Or Amount" with a dropdown menu showing "Percent". Below this is a "Percent" field with a text input showing "100.000 %". At the bottom are two buttons: "Cancel" and "Submit". A red arrow points to the "Primary" dropdown menu.

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'** 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 and unmarried) 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.

Not to be confused with medical. You cannot use Dependent Care for copays or prescriptions.

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 Flexible 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.
2. Input **ANNUAL** amount you would like to deduct.
 - a. **Annual Amount Minimum** is \$120 (\$5 per pay x 26)
 - b. **Annual Amount Maximum** is \$7,500 (\$288.46 per pay X 26)

For your 2027 plan year, you have until March 31, 2028, to file claims for expenses incurred by December 31, 2027. 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 the 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 **ANNUAL** amount you would like to deduct.
 - a. **Annual Amount Minimum** is \$120 (\$5 per pay)
 - b. **Annual Amount Maximum** is \$3,400 (\$130.76 per pay)



Enroll In 2027 Medical Flexible Spending Account

Enrollment

Pre Tax

3,000.00 Annual Total By Year End Amount

Annual Number Of Contributions
26

Limits
120.00 3,500.00

Cancel Submit

4. Click **'Submit.'**

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

Your last day to incur claims is December 31, 2027, and your last day to submit receipts for the incurred claims, for reimbursement is March 31, 2028. A maximum of \$680 of unused Health FSA funds will rollover into the 2028 plan year.

Unused funds more than \$680 in your Health FSA at the end of the plan year, December 31, 2027, 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 visit <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



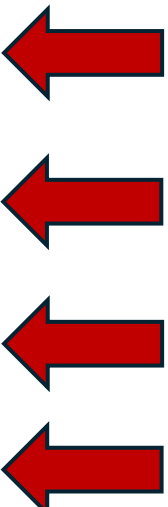
2. Select the **Critical Illness** option(s) that best meets your households needs.

Select

Benefits Sort ▼ ...

Voluntary Critical Illness Insurance-Employee Coverage Option: Coverage Amount: 0.00 After Tax: 0.00	Select
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	Select
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	Select
Waive Voluntary Critical Illness Insurance Coverage Option: Coverage Amount: 0.00 After Tax: 0.00	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 visit <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 visit <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'** for 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 visit <https://www.cuyahogacounty.gov/employee-benefits/life-and-accidental-insurance/optional-benefits>

To select Voluntary Long-Term Disability Insurance

1. Click **'Benefit Choices'**

Enrollment
Voluntary Long-Term Disability

Previous Next

Benefit Choices

No Benefits selected

Choose Benefits above to enroll

2. Click 'Select' for 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 2027 Benefit Elections. Once you have submitted your elections for 2027, you will see a timestamp of submission.

Your benefit selections are effective January 1, 2027 through December 31, 2027. Please review...

If you added new dependents, you will be required to submit proof of relationship to the Benefits Dept. by November 24, 2026 for coverage to be effective.

Submit Your Enrollment

Submit

Submitted: October 16, 2026 11:11:32 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. 23rd - Nov. 6th, 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, 2027 through December 31, 2027. Please review...

If you added new dependents, you will be required to submit proof of relationship to the Benefits Dept. by November 24, 2026 for coverage to be effective.

Submit Your Enrollment

[Submit](#)

Submitted: October 16, 2026 11:11:32 AM

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 2027 Open Enrollment Event.

Questions/concerns? Please contact HR Benefits at benefits@cuyahogacounty.gov or call 216-443-3539.