

# DUAL SPOUSE ENROLLMENT

The **PRIMARY** Dual Spouse (DS-P) must enroll everyone. This means that he/she will need to elect the plan and select all individuals. You will see in the screenshot below, the Primary is electing Medical Option 2 DS-P, Single + Family Children. After electing that option, they will need to “select covered dependents”, so that would be the spouse and child(ren).

Employee Access

Richard Franco (Impersonated)  
PO BOX 49, Tallahassee FL 32301

Home

Employee Access

My information

My time

My pay

My benefits 1

Current benefits

Enrollment 1

My tasks

\$1,238.28 for 10 month employees that you would have paid in premiums will be deposited into the health benefit fund. However, if you waive the Medical/Rx and elect a single Dental or Vision Plan those would be covered by your Benefit Dollars and the rest would be forfeited.

If you need to add additional dependents, please do so in the 'Profile' screen under My Information.

Medical Option 1 DS-P

Benefit coverage	Employee Cost Pay Period / Month	View details
<input type="radio"/> Single + Spouse	\$1037.78 / \$1037.77	▼
<input type="radio"/> Single + Family (1 Child)	\$1173.61 / \$1173.61	▼
<input type="radio"/> Single + Family (Children)	\$1227.95 / \$1227.95	▼

Medical Option 2 DS-P

Benefit coverage	Employee Cost Pay Period / Month	View details
<input type="radio"/> Single + Spouse	\$864.82 / \$864.82	▼
<input type="radio"/> Single + Family (1 Child)	\$978.01 / \$978.01	▼
<input checked="" type="radio"/> Single + Family (Children)	\$1023.29 / \$1023.29	▼

Select covered dependents

☐ Select All

☐ [Redacted]

☐ [Redacted]

The **SECONDARY** Dual Spouse will not enroll anyone. They will simply elect the corresponding “Waive” option. You will see in the screenshot below, the Secondary is electing Waive Dual Spouse Family Children. If both employees are 12 month/check, the costs will be the same. If not, you will see a difference as you do below because they are a 10 month/check employee and the Primary spouse is a 12 month/check employee.

Employee Access

Alisia Franco (Impersonated)  
PO Box 49, Tallahassee FL 32301

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If you waive your right to participate in a Medical/Rx Benefit Plan, the cafeteria benefit dollar amount of \$1031.90 for 12 month employees or \$1,238.28 for 10 month employees that you would have paid in premiums will be deposited into the health benefit fund. However, if you waive the Medical/Rx and elect a single Dental or Vision Plan those would be covered by your Benefit Dollars and the rest would be forfeited.

If you need to add additional dependents, please do so in the 'Profile' screen under My Information.

Waive Dual Sp Med Opt 1

Benefit coverage	Employee Cost Pay Period / Month	View details
<input type="radio"/> Waive Dual Spouse	\$1245.33 / \$1037.77	▼
<input type="radio"/> Waive Dual Spouse Family 1 Child	\$1408.34 / \$1173.61	▼
<input type="radio"/> Waive Dual Spouse Family Children	\$1473.54 / \$1227.95	▼

Waive Dual Sp Med Opt 2

Benefit coverage	Employee Cost Pay Period / Month	View details
<input type="radio"/> Waive Dual Spouse Family Children	\$1227.95 / \$1023.29	▼
<input type="radio"/> Waive Dual Spouse Family 1 Child	\$1173.62 / \$978.01	▼
<input type="radio"/> Waive Dual Spouse	\$1037.78 / \$864.82	▼

Save selection

**PLEASE NOTE:** You will do the same for Dental and Vision. If you have any questions or want to have me (Rich Franco) confirm your enrollment is completed accurately, please email me at: [rfranco@helenaschools.org](mailto:rfranco@helenaschools.org)