Open Enrollment

Resource Guide

Broward Health®

Broward Health
2027 Open Enrollment
Resource Guide

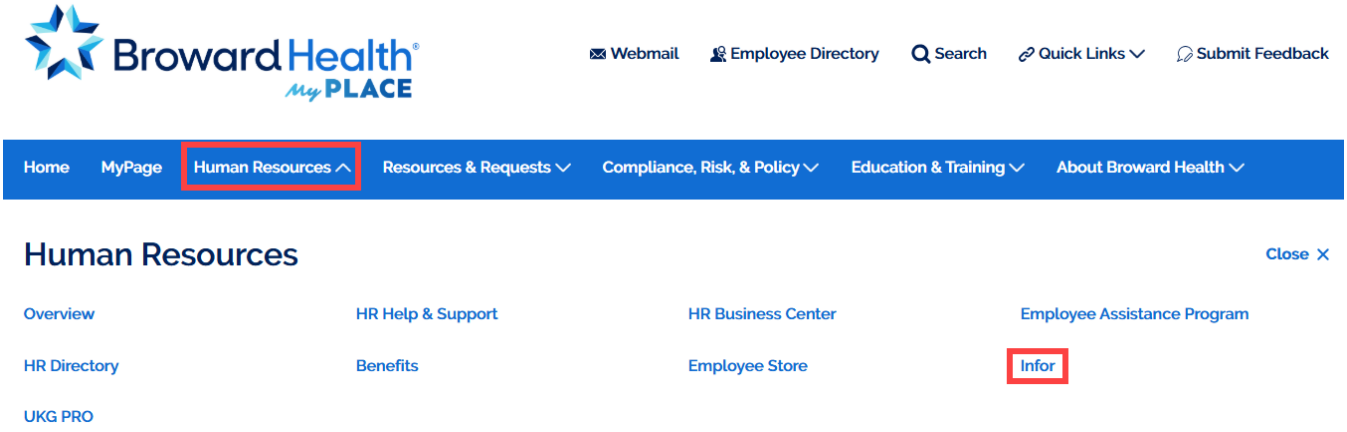
Updated: 10.2026

Contents

Sign-on to Infor ERP 3
Reviewing Personal Information 4
Change Your Name 5
Change Tobacco User Status 7
Add or Change Contact 8
Add or Change Address 9
Add or Change Emergency Contact 10
Review Dependents 11
Add or Review Beneficiaries 12
Begin Open Enrollment 13
Medical Insurance 13
Dental Insurance 15
Vision Insurance 16
Health Savings Account (with High-Deductible Plan) 17
Flexible Spending Benefits 18
Supplemental Life Insurance 20
Dependent Spouse Supplemental Life Insurance 22
Dependent Child Supplemental Life Insurance 23
Long-Term Disability 24
Short-Term Disability 25
Accident Benefits 26
Hospital Indemnity Insurance 27
Critical Care Illness 28
Legal 29
Summary and Confirmation 30

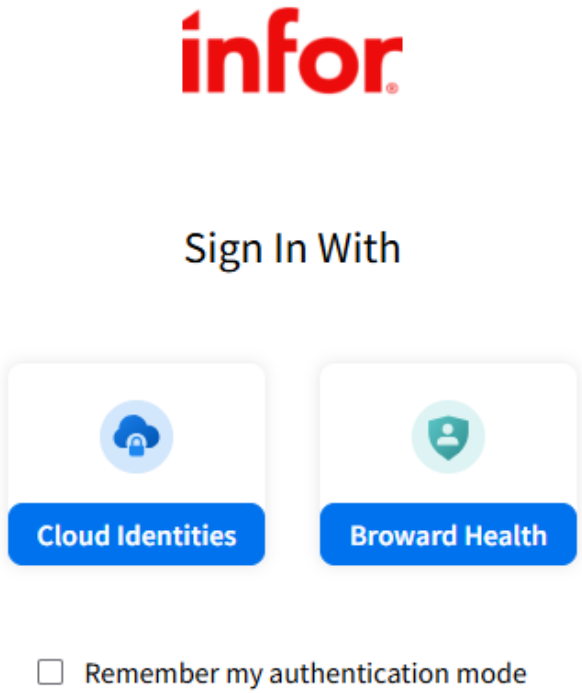
Sign-on to Infor ERP

1. On My Place, click the Human Resources tab.



You may also use the following link: INFOR PRD

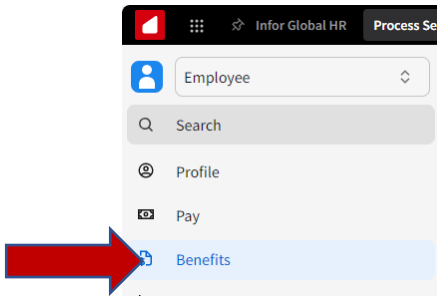
2. The "*Infor Sign in with…*" page will be displayed. Click Broward Health to proceed to the multifactor authentication screen. Follow the multifactor authentication prompts and sign in using your Broward Health network ID and password.



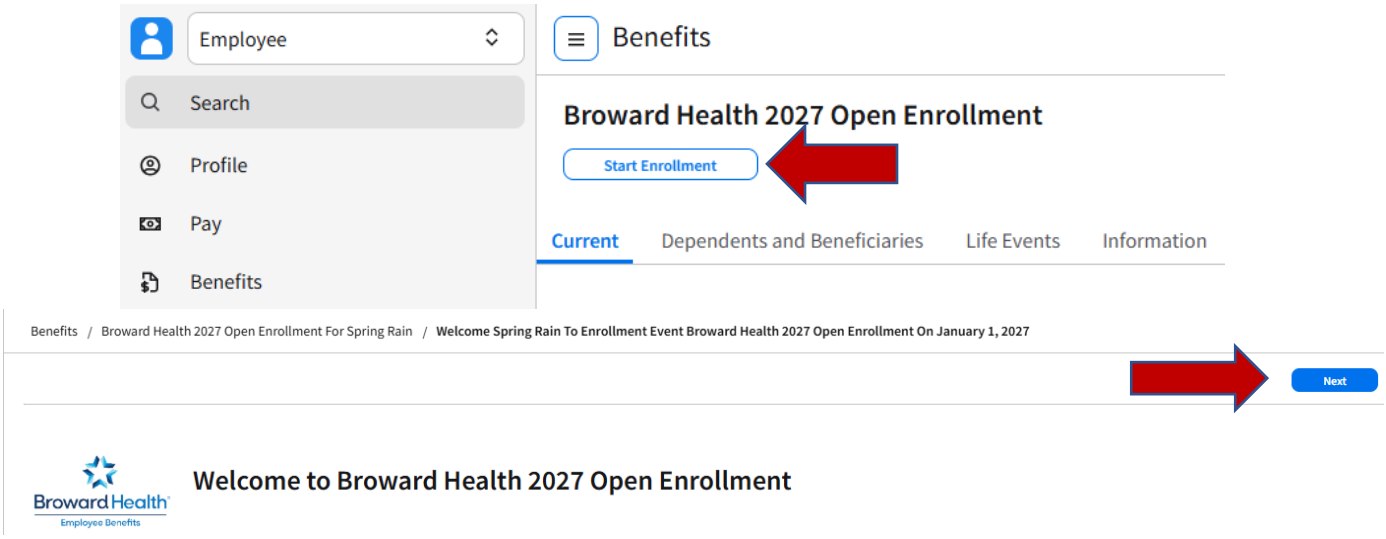
Broward Health

Reviewing Personal Information

Once you sign in, the Employee role should appear by default.
Select Benefits.



If you are a current employee, click Current Benefits to view your current elections. If you are a new employee, click Start Enrollment.



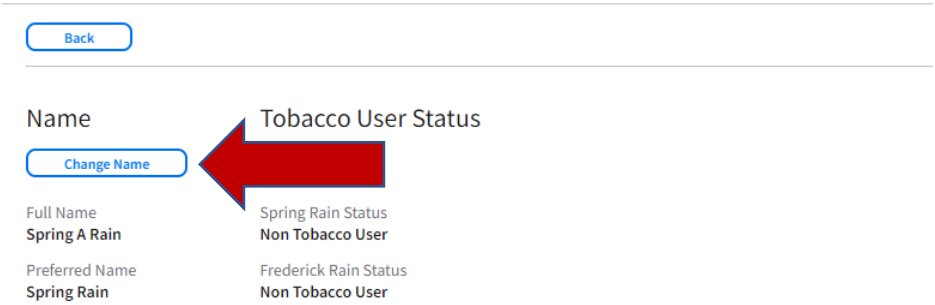
Before you begin enrollment, please verify that your personal information is correct.



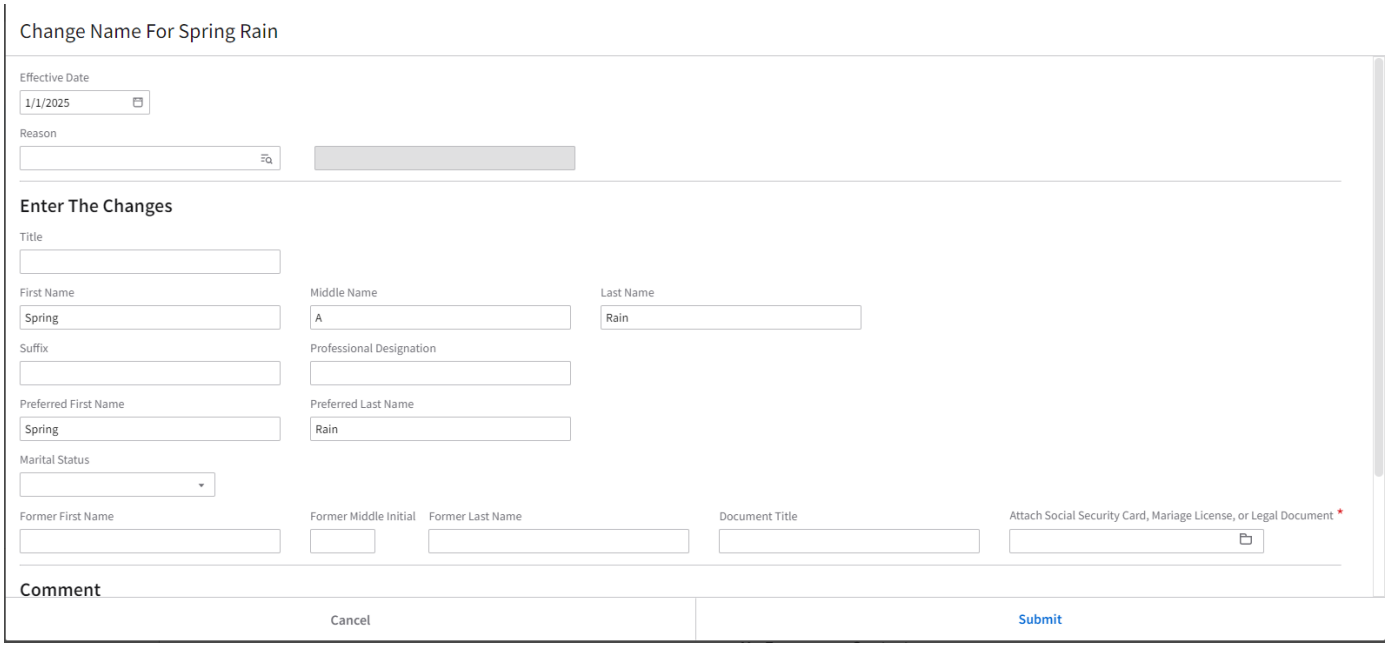
Broward Health®

Change Your Name

Select the Change Name button in the upper-left corner.



Complete the following fields:



- **Effective Date -** Enter the date the change took effect or will take effect. If the change is the result of a court order, use the date of the document.
- **Reason -** Optionally, select a predefined reason for the change.
- **Title -** Optionally, specify a title that is associated with the new name. For example, Ms. or Mr.
- **Given Name (First), Middle Name, Family Name (Last) -** Specify the new legal name.
- **Suffix -** Optionally, specify a suffix associated with the new name. For example, Jr. or III.
- **Professional Designation -** Optionally, enter your professional designation. For example, M.D. or Ph.D.

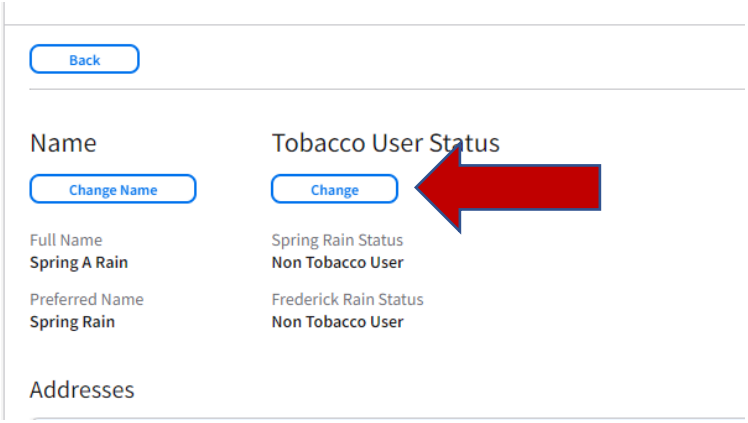
Broward Health®

- **Preferred Given Name, Preferred Family Name -** Optionally, enter your preferred first and last names.
- **Marital Status -** Specify your new marital status, if this has changed.
- **Former Given Name (First), Former Middle Initial, Former Family Name (Last) -** Optionally, specify your legal name before this change.
- **Attachment -** Optionally, complete the Description and Comment fields for a document that supports your request, for example, a court order. In the Attach Supporting Document field, click the icon to browse to a document that you have uploaded to your device or network. If you skip this step and your organization requires approval, then you might be asked to upload an attachment later.
- Click Submit.

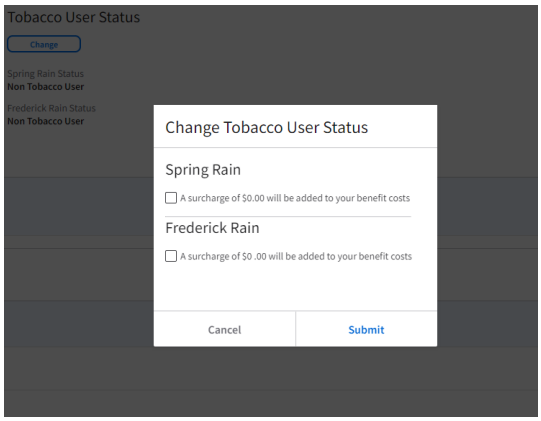
If you do not have a name change, click on Next to proceed to the next part of the enrollment process.

Change Tobacco User Status

Under Tobacco User Status, click Change.



Select the individual whose tobacco status needs to be updated, then click Submit.

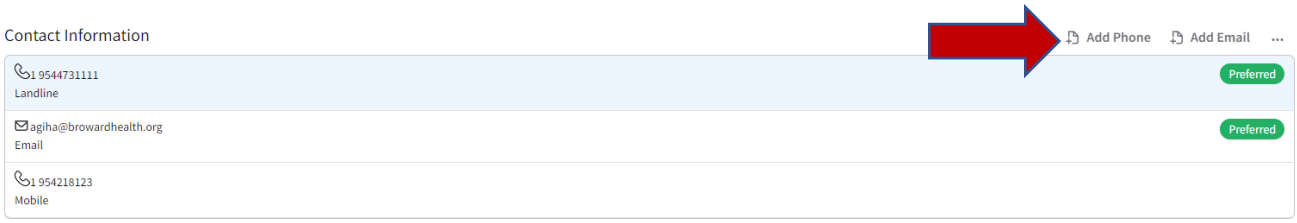


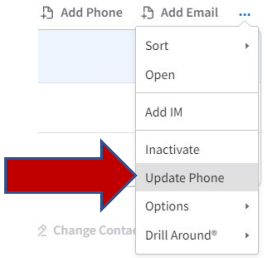
If you do not have a change in your tobacco status, click on Next to proceed to the next part of the enrollment process.

Broward Health®

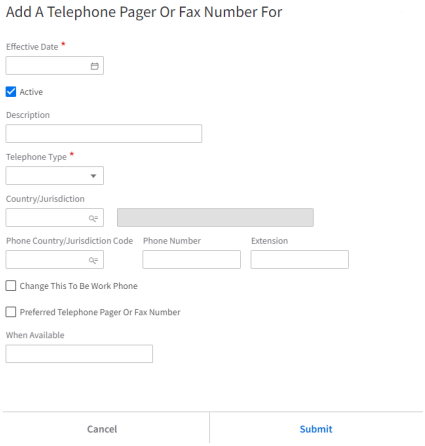
Add or Change Contact

In the Contact Information panel, select the appropriate option to add or update your contact information.





Complete the following fields:



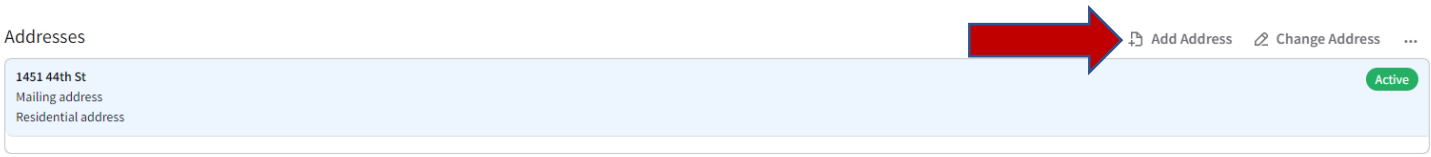
- **Effective Date** – Enter the date the contact information becomes effective.
- **Description** – Enter a brief description of the contact.
- **Telephone Type** – Select the appropriate telephone type from the drop-down menu.
- **Phone Number** – Enter the phone number in U.S. format. If applicable, enter the extension number.
- **Preferred Contact** – Check the box if this is the preferred contact.
- **When Available** – Optionally, enter the days or times when you are available at this phone number.
- Click Submit.

  If you do not have a change in your contact information, click on Next to proceed to the next part of the enrollment process.

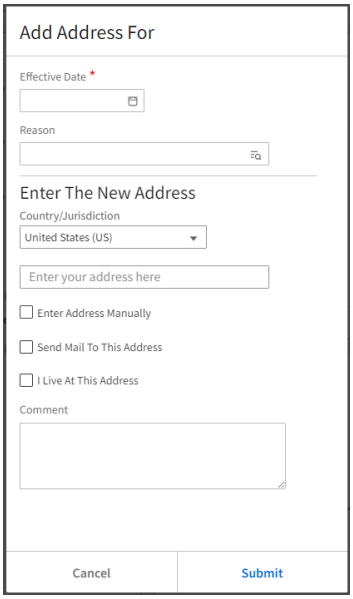
Broward Health®

Add or Change Address

In the Addresses panel, select the appropriate option to add or update your address.



Complete the following fields:



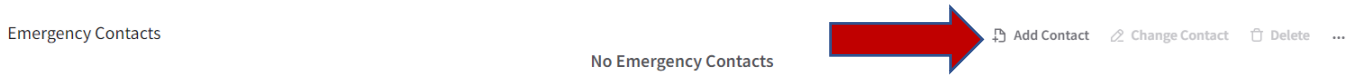
- **Effective Date** – Enter the date the new address becomes effective.
- **Reason** – Select a reason from the menu.
- **Country** – Select the appropriate country from the drop-down menu.
- **Address –** Enter the address.
- **Send Mail To This Address** – Select if this is an address where mail should be delivered.
- **I Live At This Address** – Select if this is a residential address.
- **Comment** – Optionally, enter any additional comments related to the new address.
- Click Submit.

If you do not have a change of address, click on Next to proceed to the next part of the enrollment process.

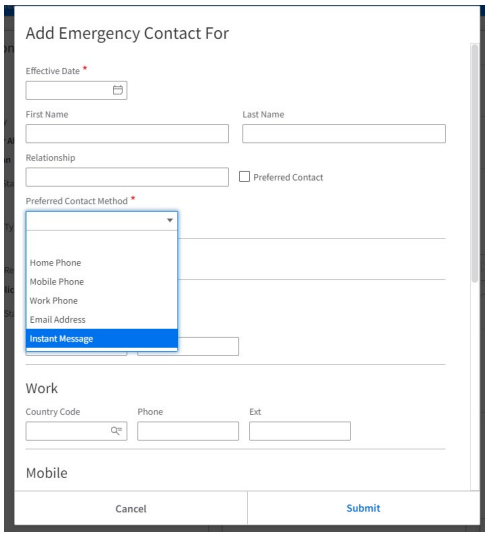
Broward Health®

Add or Change Emergency Contact

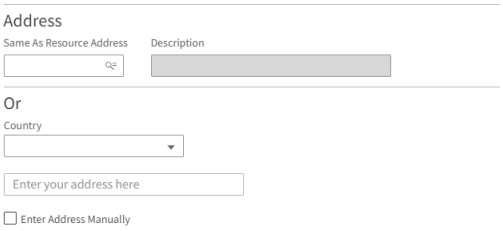
In the Emergency Contact panel, select the appropriate option to add or update your emergency contact information.



Complete the following fields:



Scroll down to complete the remaining fields before submitting.



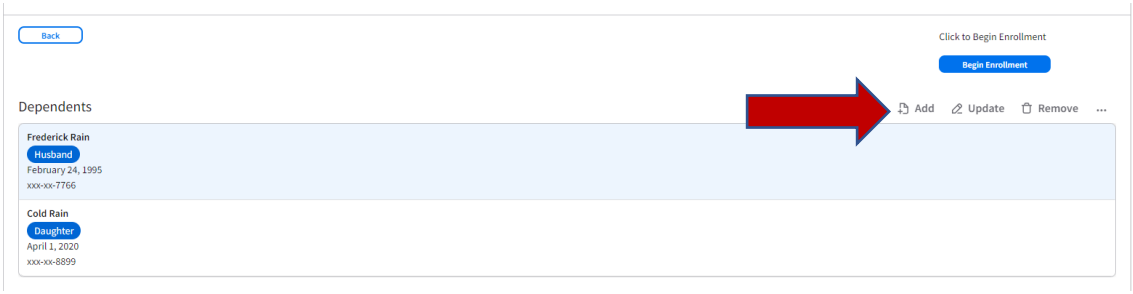
- **Effective Date** – Enter the date the new emergency contact becomes effective.
- **First Name** – Enter the emergency contact's first name.
- **Last Name** – Enter the emergency contact's last name.
- **Relationship** – Enter your relationship to the emergency contact.
- **Preferred Contact** – Check the box if this is the preferred contact.
- **Preferred Contact Method** – Select the preferred contact method from the drop-down menu.
- **Country** - Select United States from the Country drop-down menu.
- Click Submit.

If you do not need to update your emergency contact information, click on Next to proceed to the next part of the enrollment process.

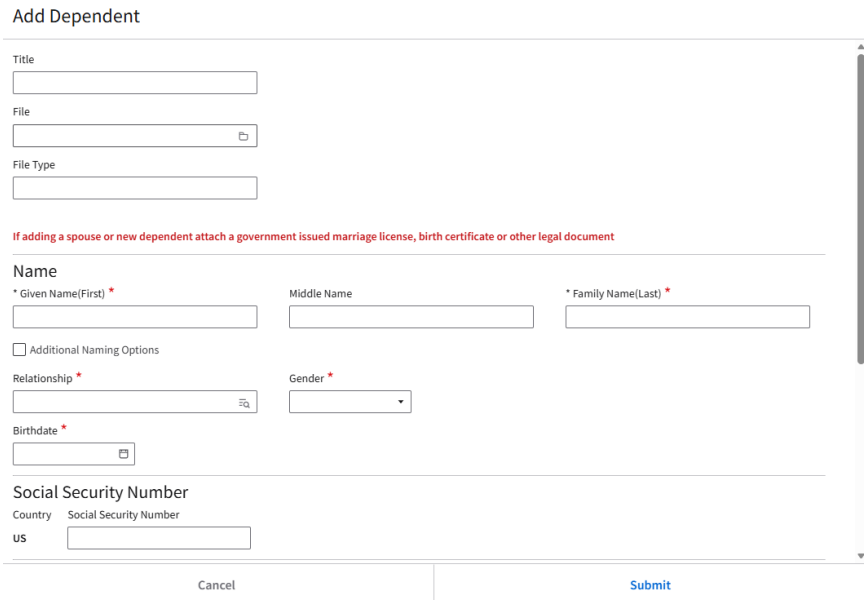
Broward Health®

Review Dependents

To add, update, or remove dependents, select an option above the dependent panel.



Complete the following fields:



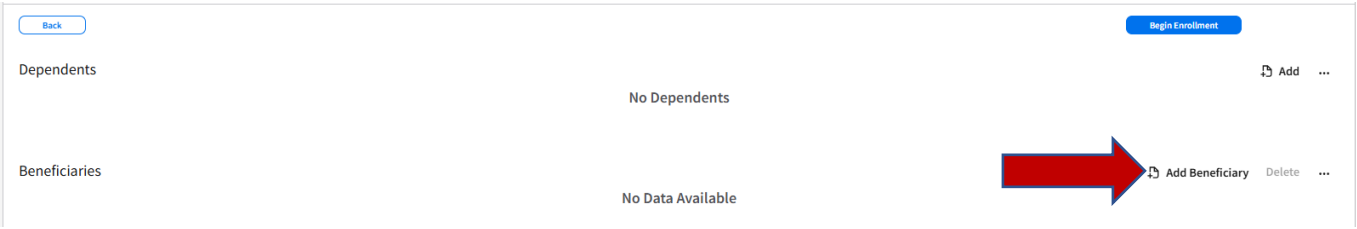
- **Effective Date** – Enter the effective date for the dependent.
- **First Name** – Enter the dependent's first name.
- **Last Name** – Enter the dependent's last name.
- **Relationship** – Select the dependent's relationship from the menu.
- **Gender** – Use the drop-down menu to select gender.
- **Birthdate** – Enter the dependent's date of birth.
- **Social Security Number** - Enter the dependent's Social Security number.
- Click Submit.

Please Note Regarding Enrollment of Dependents
Proper documentation must be provided and uploaded for any dependents enrolled in the plans.
Below are the required documents:
Spouse: Legal Marriage Certificate and Social Security card
Child(ren): Birth Certificate and Social Security card

Broward Health®

Add or Review Beneficiaries

To add, update, or remove beneficiaries, select an option above the beneficiaries panel.





Complete the following fields:

- **First Name** – Enter the beneficiary's first name.
- **Last Name** – Enter the beneficiary's last name.
- **Social Security Number** – Enter the beneficiary's Social Security number.
- **Relationship** – Select the beneficiary's relationship from the menu.
- **Country** – Select a country from the menu.
- **State** – Select a state from the menu.
- **Street Address** - Enter the beneficiary's address.
- Click Save.

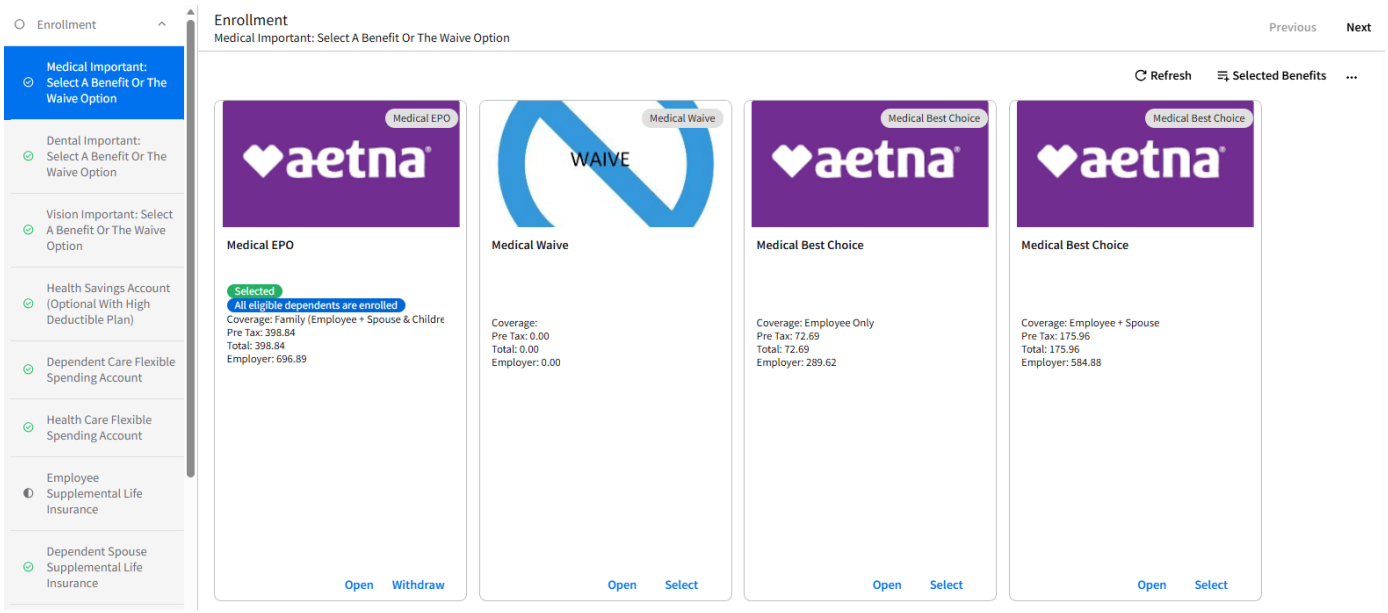
Begin Open Enrollment

To proceed with your benefits enrollment, select Begin Enrollment.

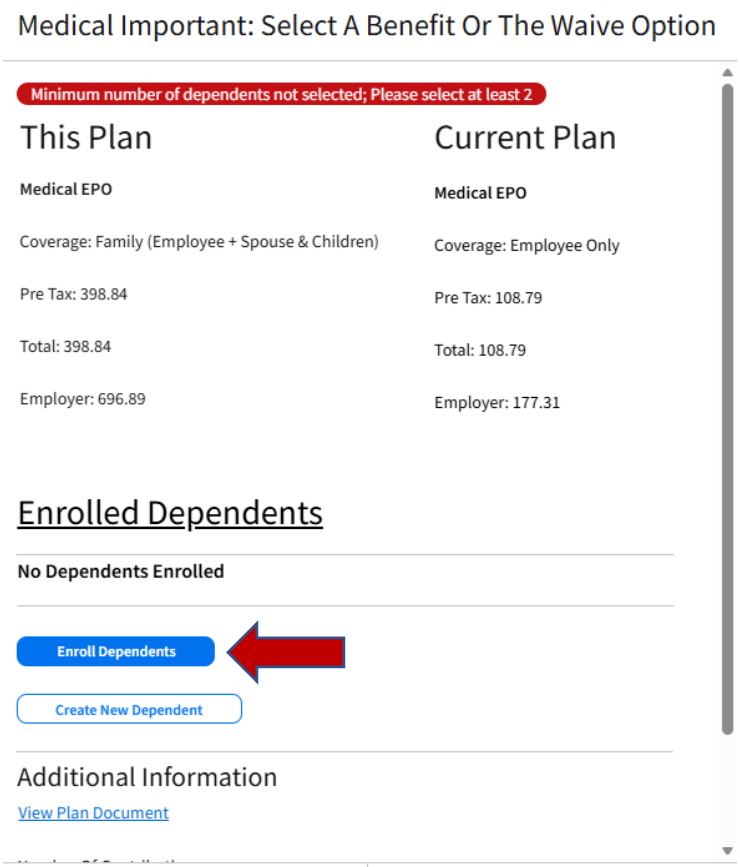


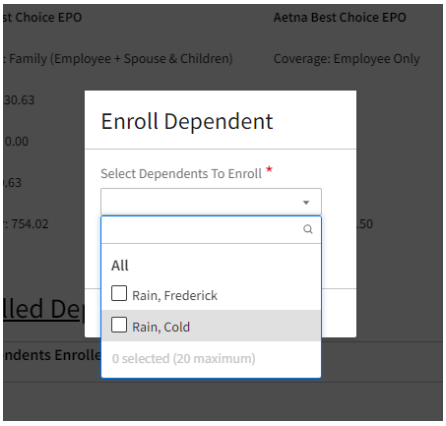
Medical Insurance

Select your medical plan and coverage type. If you have dependents, click on Enroll Dependents and select the dependents you would like to add to your plan.



Broward Health®





Once you have selected the dependents to be added to your plan, click Submit.

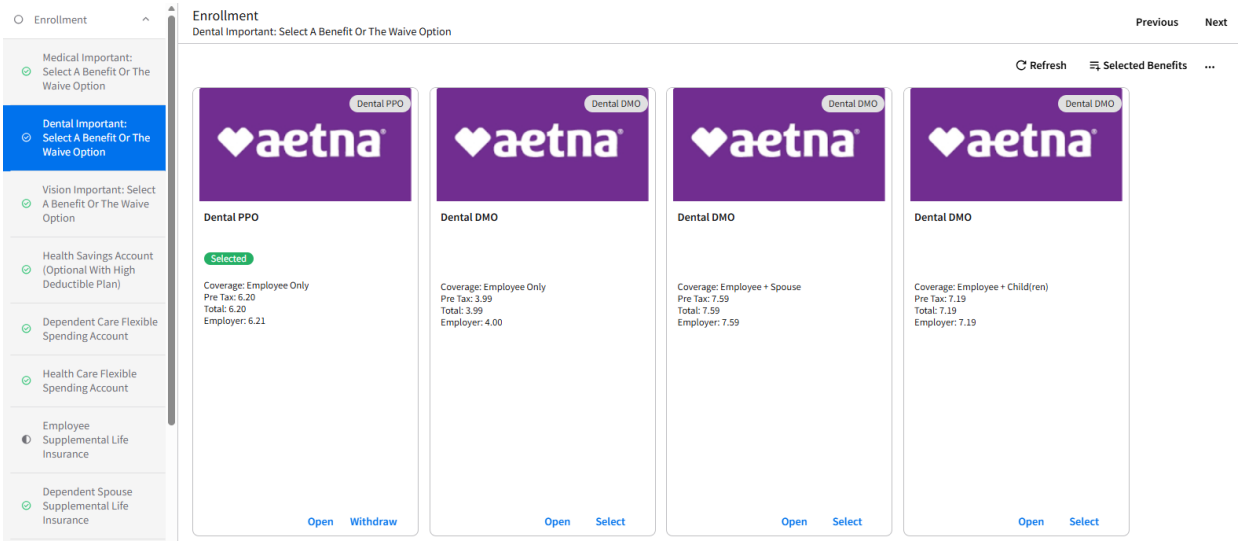
The selected plan will be highlighted in green.

If your medical plan and coverage type are correct, click Next to proceed to the next part of the enrollment process.

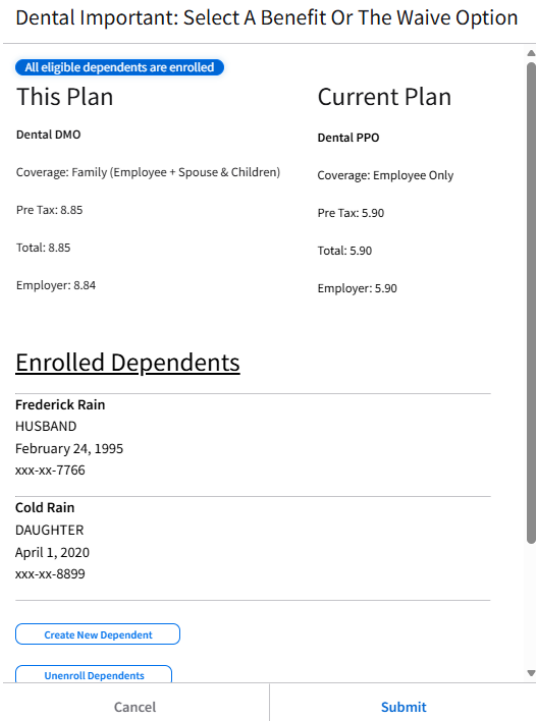
Broward Health®

Dental Insurance

Click on Dental Insurance and select your dental plan and coverage type.



Click on the selected plan to review the dependents enrolled.

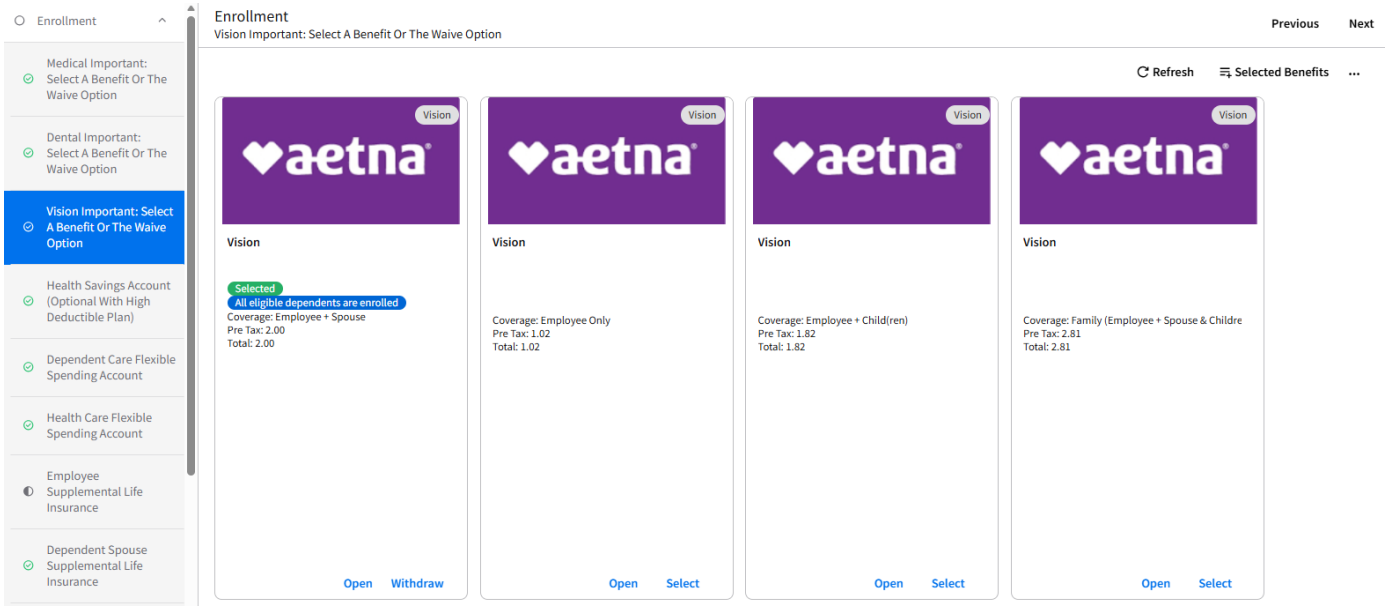


If your dental plan and coverage type are correct, click Next to proceed to the next part of the enrollment process.

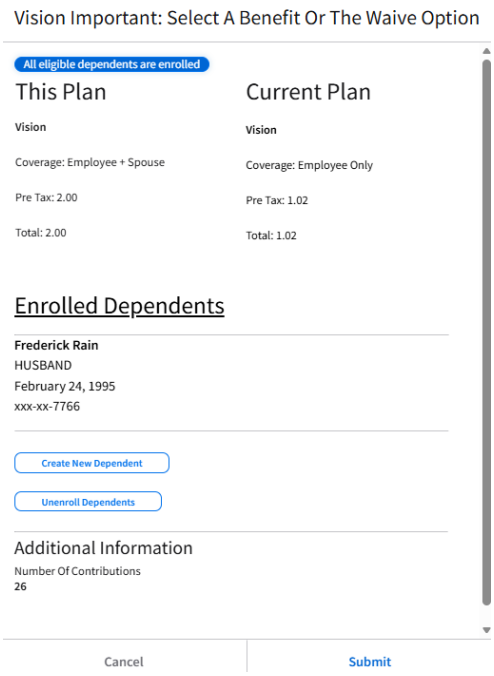
Broward Health®

Vision Insurance

Click on Vision Insurance and select your vision plan and coverage type.



Click on the selected plan to review the dependents enrolled.



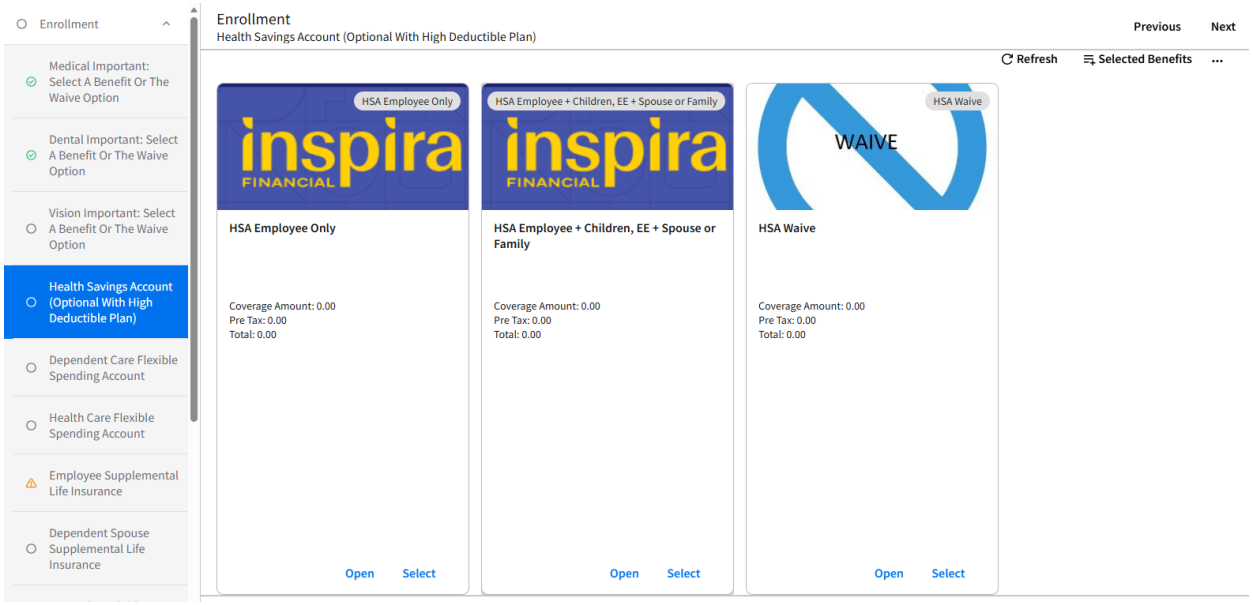
If your vision plan and coverage type are correct, click Next to proceed to the next part of the enrollment process.

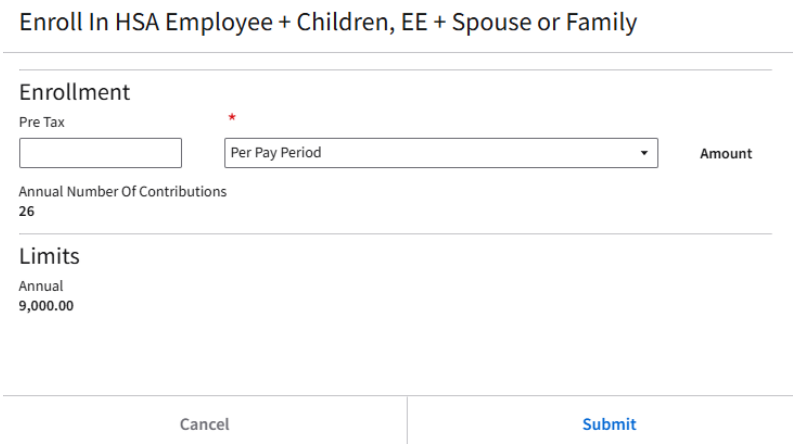
Broward Health®

Health Savings Account (with High-Deductible Plan)

If you enroll in the High-Deductible Health Plan, you will be eligible to enroll for biweekly contributions into a Health Savings Account (HSA).

Click on Health Savings Account (with High-Deductible Plan) and select your desired HSA contribution option. This section is for selecting employee contributions. If you prefer not to contribute at this time, select HSA Waive. You will still be eligible to receive any eligible employer contributions from Broward Health. That contribution will be processed manually by the Corporate Benefits Department. No action is required from you for employer contributions. Please review your Employee Benefits Guide for more details regarding this benefit.

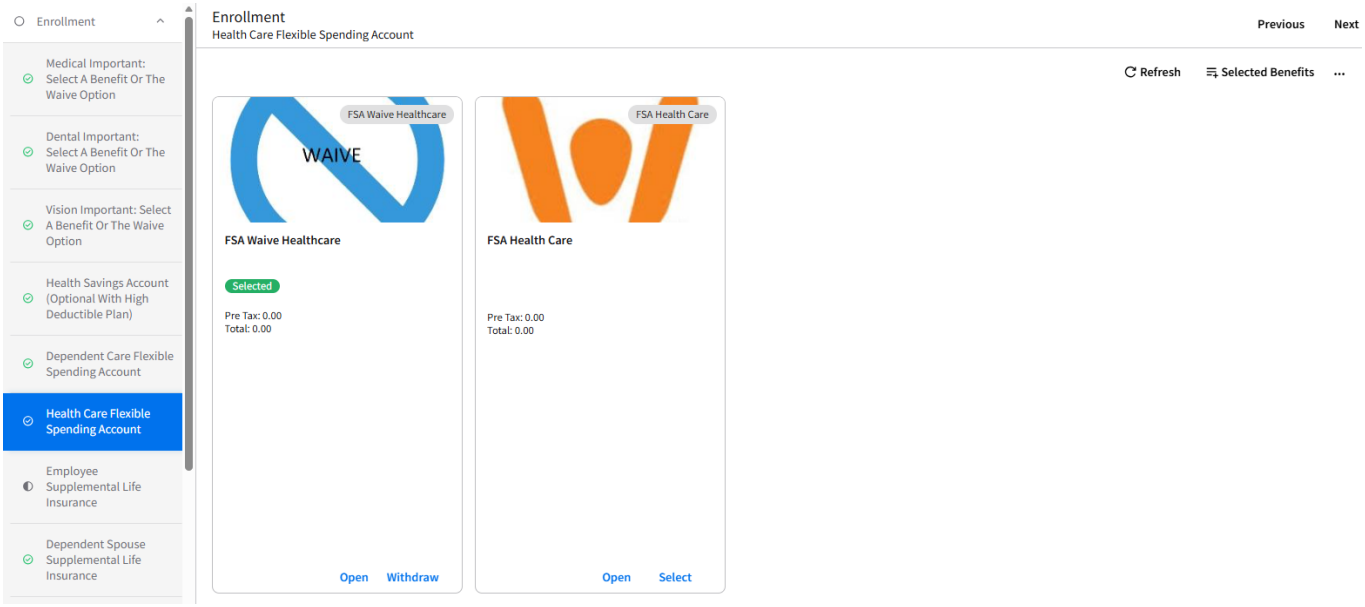




After selecting your annual contribution amount and contribution frequency, click Submit.

Flexible Spending Benefits

If you are enrolled in a non-HDHP plan or waive medical coverage, you will be eligible to enroll in Flexible Spending benefits. Click on Health Care Flexible Spending Account or Dependent Care Flexible Spending Account and select the FSA option you would like to enroll in. This section is for selecting employee contributions only. There are no employer contributions for this benefit. Please note that this is a "use-it-or-lose-it" benefit.



After selecting your total annual contribution amount, click Submit to return to the prior page.

You may contribute up to $3,400 for the plan year (subject to change).

Employees must actively enroll and re-enroll in FSAs each plan year. You are not automatically re-enrolled in these plans. Per IRS regulations, this is a "use-it-or-lose-it" benefit. Funds not utilized by the end of the plan year will be forfeited. Only up to $680 will be allowed to be carried over to the next plan year. In addition, per federal regulations, you are NOT allowed to stop your FSA benefit in a plan year. You have until March 31, 2028 to submit receipts for services through December 31, 2027. A debit card will be provided for this benefit.

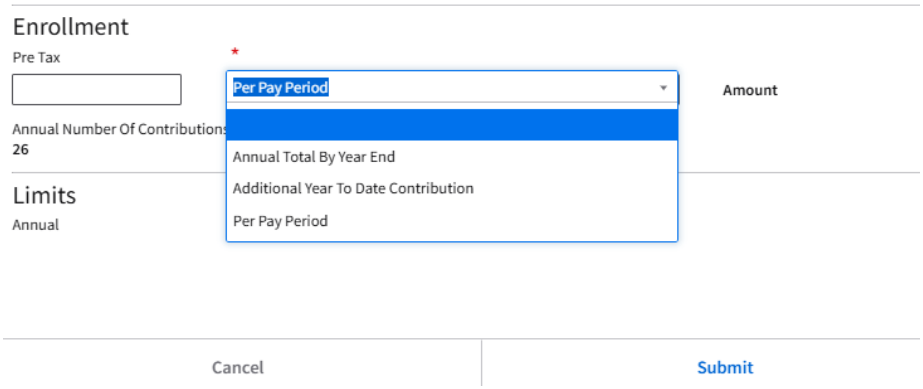
To view or print a list of common FSA-qualified medical expenses (QME), click the link below.

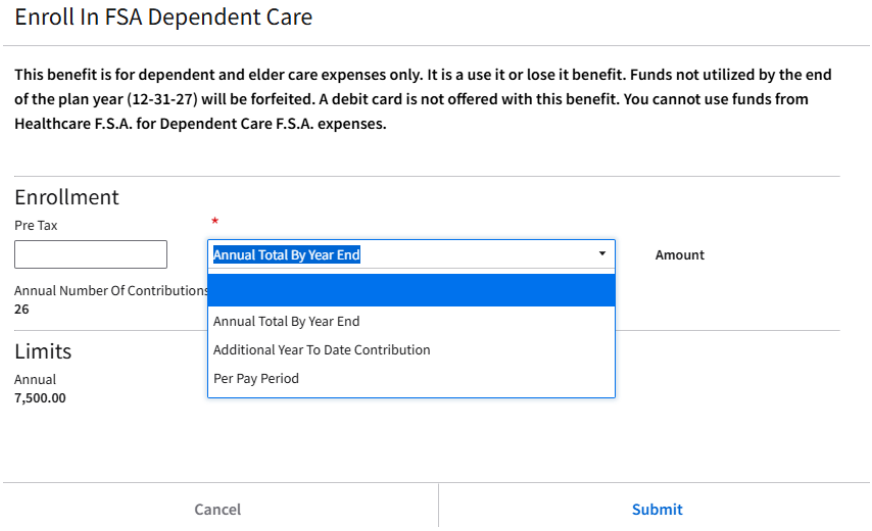
https://employee.browardhealth.org/-/media/broward-health/employee/benefits/fsa-qualified-medical-expenses---health-equity-wageworks.pdf

Broward Health®

For information about your Flexible Spending Account (FSA), please click the link below.

https://employee.browardhealth.org/-/media/broward-health/employee/benefits/about-your-broward-health-flexible-spending-account-fsar.pdf

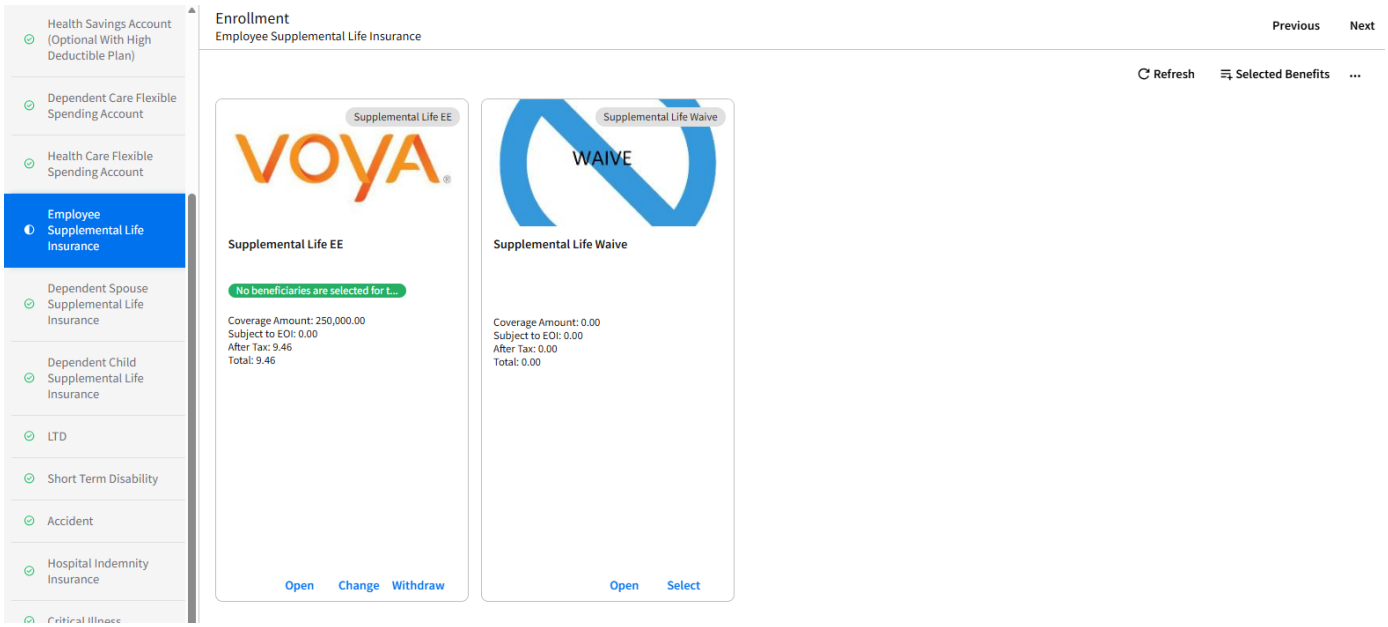




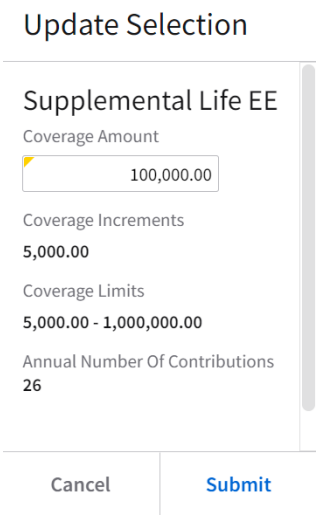
If you are not interested in this voluntary FSA benefit, select "Waive" and then click Next to proceed to the next part of the enrollment process.

Supplemental Life Insurance

You will be eligible to enroll for additional Employee Supplemental life insurance benefits. This is a voluntary benefit – enrollment is not required for this benefit. This benefit is age-banded according to the employee's age. Rates will change at 5-year intervals after the employee's birthday. See the Employee Benefits Guide for more information regarding this benefit. Note: If you are enrolling for the first time during Open Enrollment, Evidence of Insurability (EOI) is required regardless of the amount of coverage. If you are currently enrolled and increasing your coverage, you may increase in increments of up to $40,000.

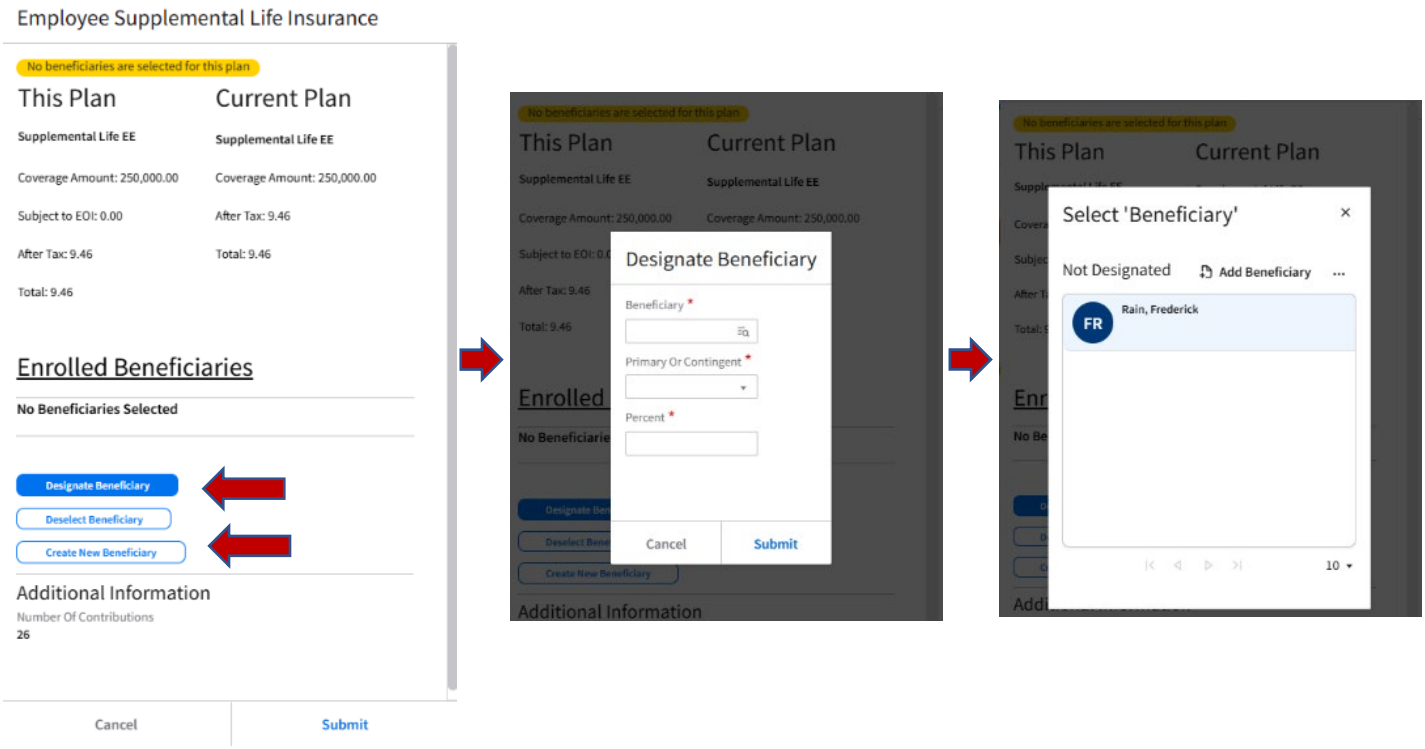


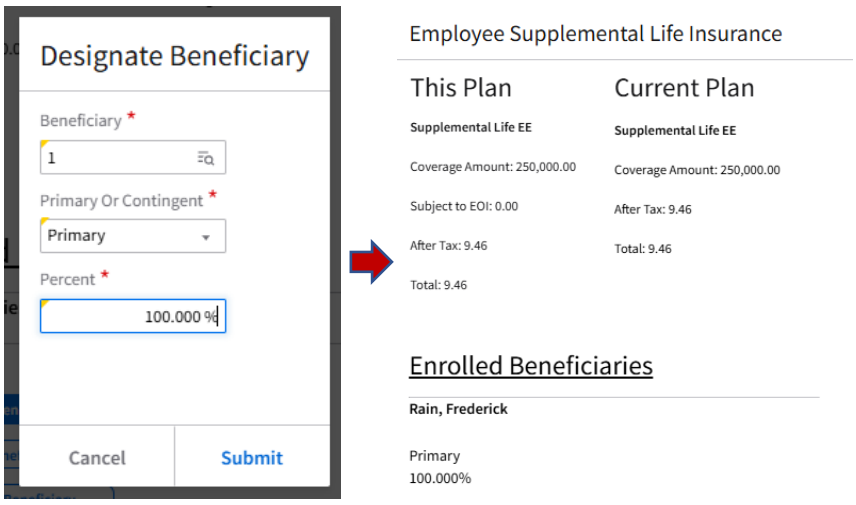
Select your desired choice. If enrolling in this benefit, enter your desired coverage amount, then click Submit to return to the enrollment process.



Broward Health®

If you have beneficiaries, click on Designate Beneficiaries or Create New Beneficiary and proceed with selection of beneficiaries to be added to your plan.





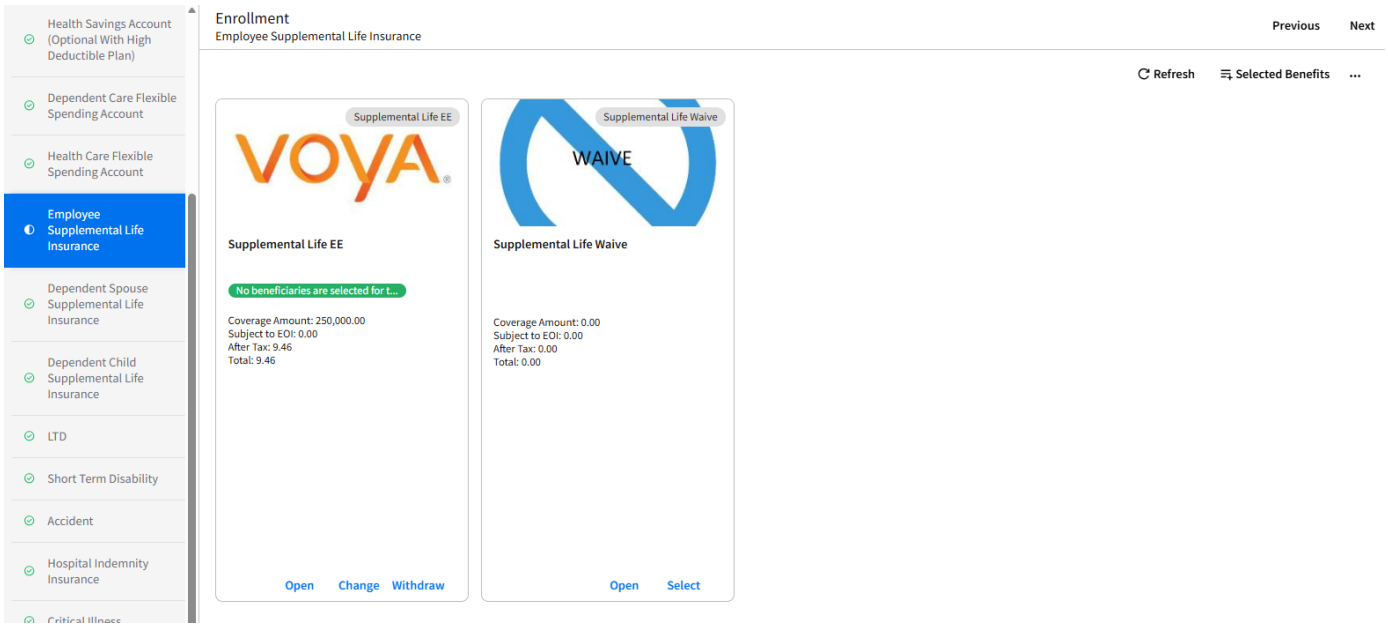
If your Supplemental Employee Life benefit is correct, click Next to proceed to the next part of the enrollment process.

Broward Health®

Dependent Spouse Supplemental Life Insurance

Proceed with the election process for Dependent Spouse Supplemental Life Insurance benefits. Note: This is a voluntary benefit – enrollment is not required for this benefit. If you are enrolling your spouse for the first time during Open Enrollment, Evidence of Insurability (EOI) is required regardless of the amount of coverage. If your spouse is currently enrolled and you are increasing coverage, you may increase in increments of up to $10,000. Select your desired choice. If enrolling in this benefit, enter the coverage amount and click Submit. Once you have selected the dependent spouse to be added to your plan, click Submit to return to the enrollment process.

If this benefit is not applicable to you, select *Supplemental Life Spouse – Waive*.



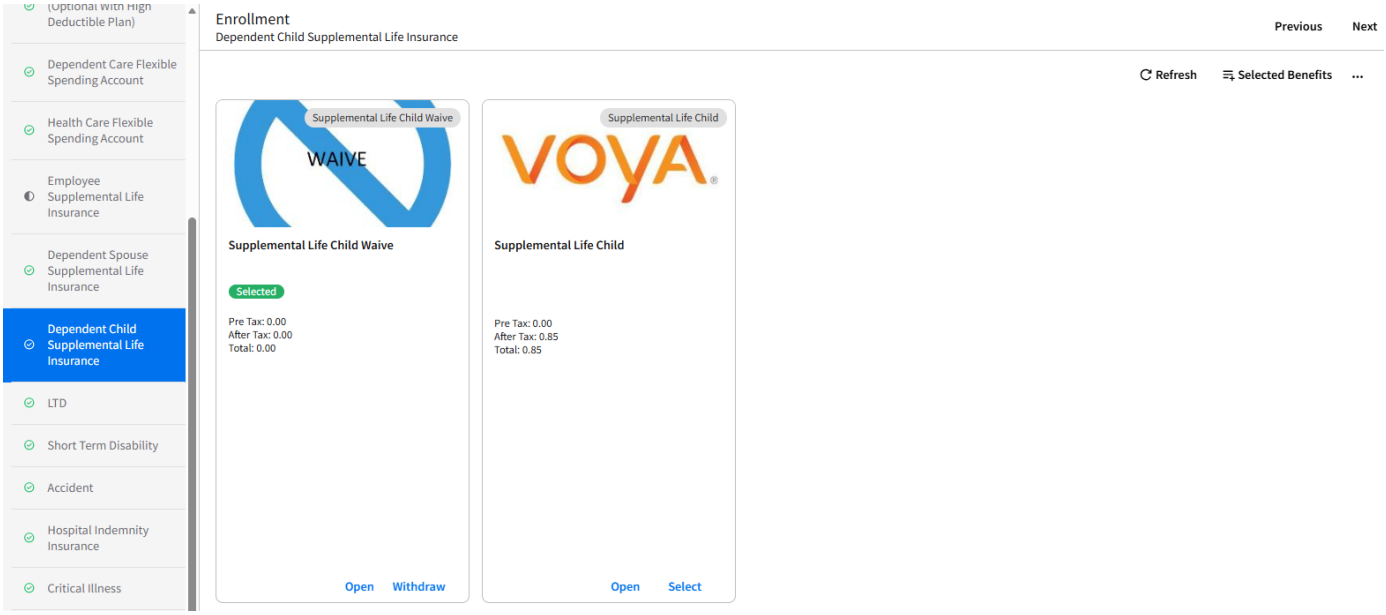
If your Supplemental Spouse Life election is correct, click Next to continue.

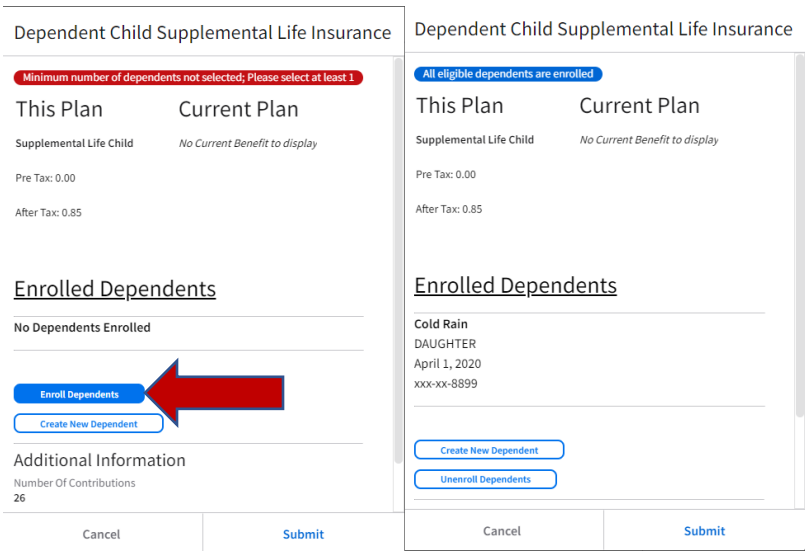
Broward Health®

Dependent Child Supplemental Life Insurance

Proceed with the election process for Dependent Child Supplemental Life Insurance benefits. Note: This is a voluntary benefit – enrollment is not required for this benefit. To enroll a dependent child, either you or your spouse must also be enrolled in the plan, as child-only coverage is not available. Select your desired choice and click Submit. You do not need to select an amount for this benefit – there is a maximum coverage of $10,000 per child and a maximum age of 26.

If this benefit is not applicable to you, select *Supplemental Life Child – Waive*.





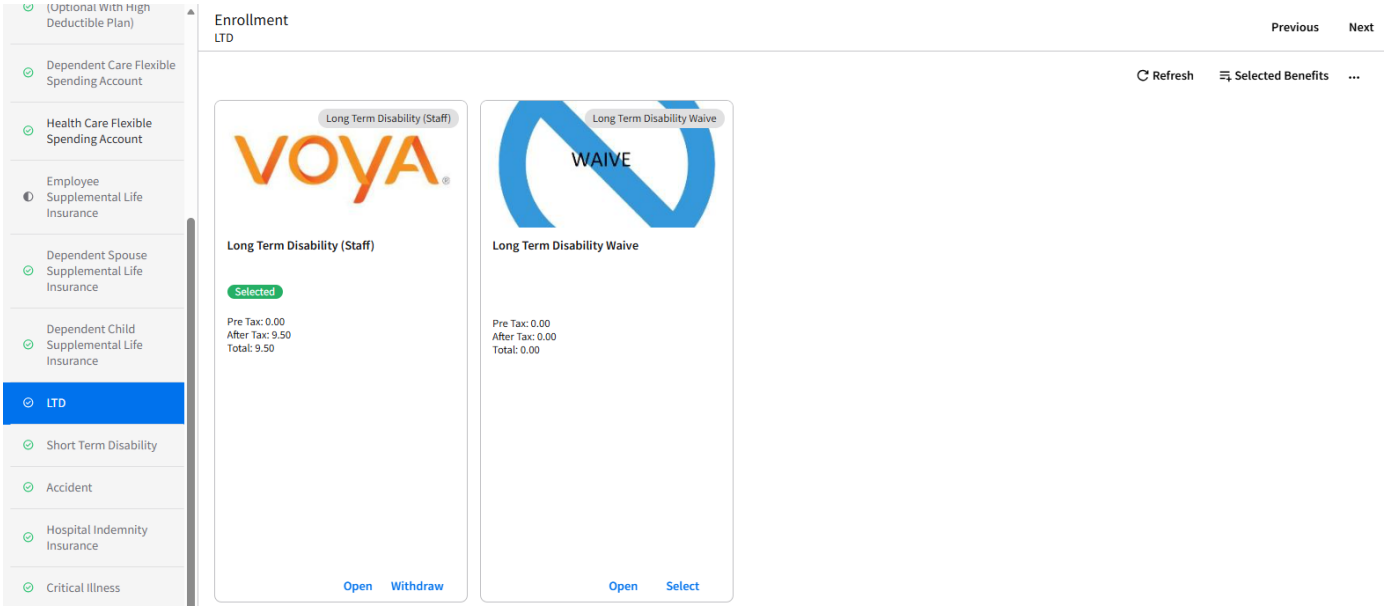
If your Supplemental Child Life benefit is correct, click Next to proceed to the next part of the enrollment process.

Broward Health®

Long-Term Disability

Proceed with the election process for Long-Term Disability benefits. Note: This is a voluntary benefit – enrollment is not required for this benefit. If enrolled, Broward Health will pay ½ of the biweekly rate for this benefit. If enrolling for the first time during Open Enrollment, Evidence of Insurability (EOI) is required. Select your desired choice and click Next to return to the enrollment process.

LTD guidelines differ for management and physicians.



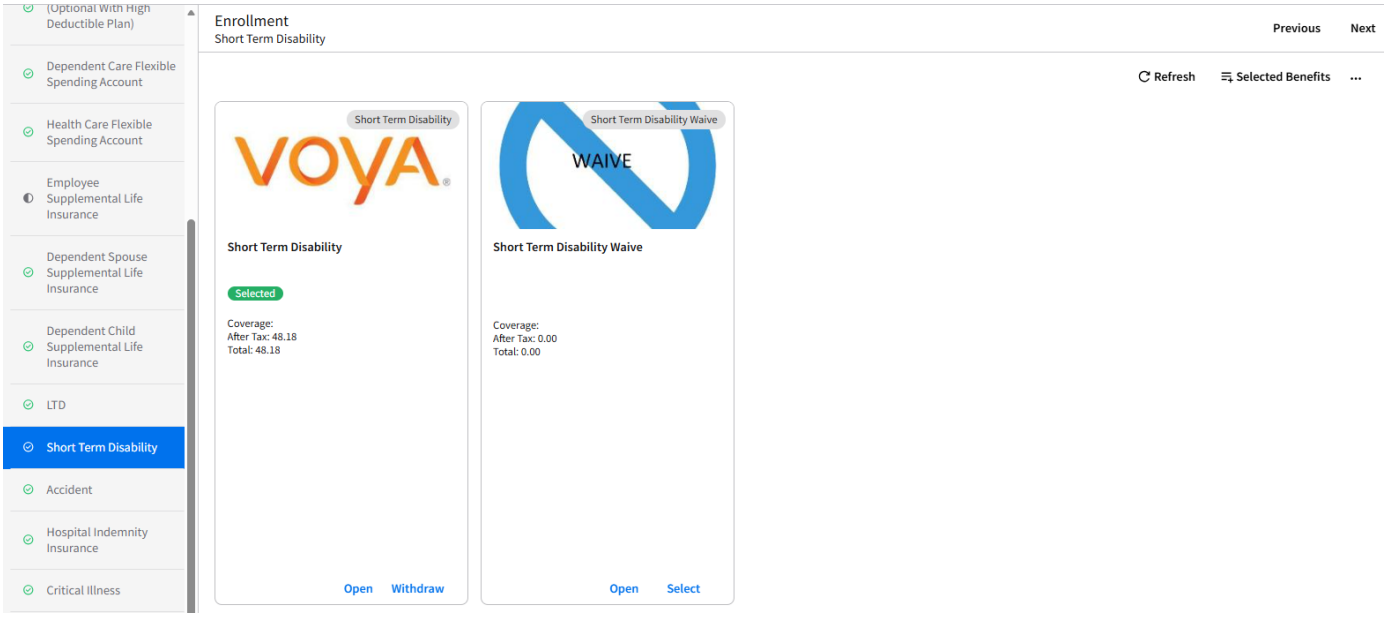
If your Long-Term Disability benefit is correct, click Next to continue with enrollment.

Broward Health®

Short-Term Disability

Proceed with the election process for Short-Term Disability benefits. Note: This is a voluntary benefit – enrollment is not required for this benefit.

Select your desired choice and click Next to return to the enrollment process.



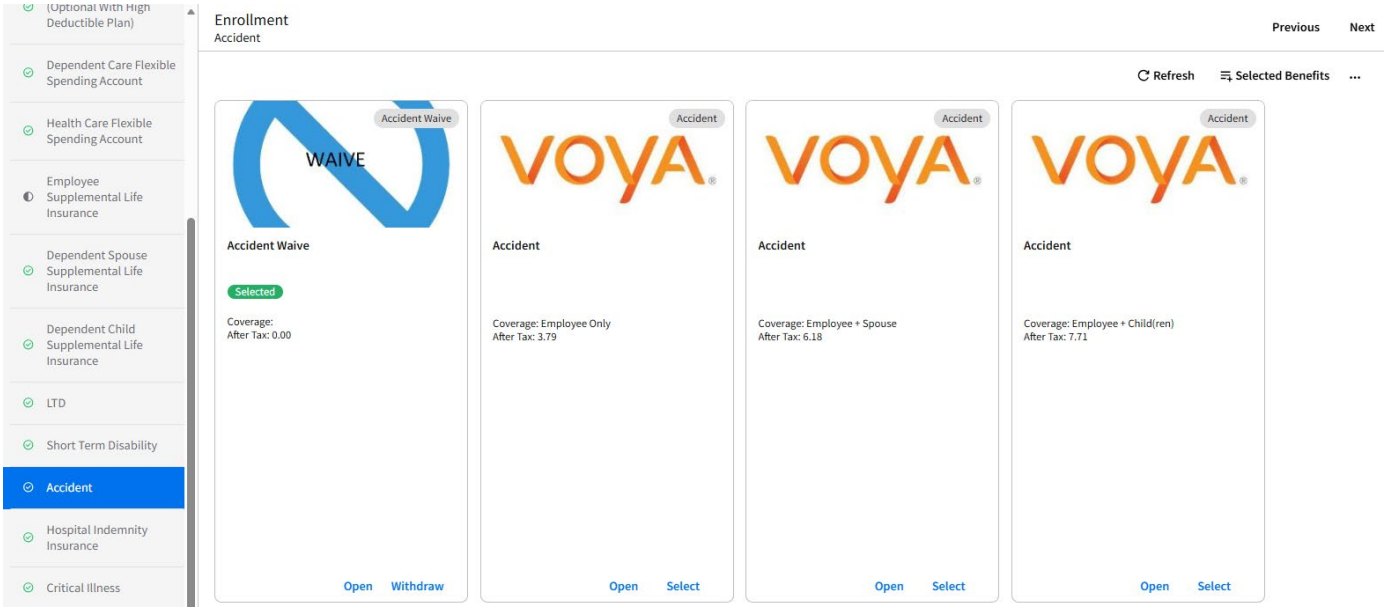
If your Short-Term Disability benefit is correct, click Next to continue with enrollment.

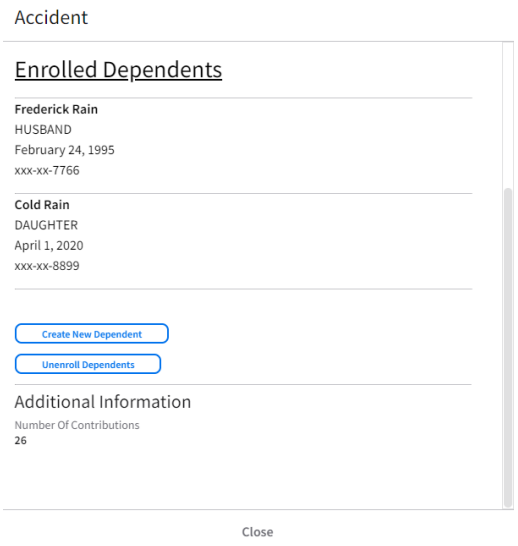
Broward Health®

Accident Benefits

Proceed with the election process for Accident benefits. Please review the Employee Benefits Guide for more information regarding this benefit. Note: This is a voluntary benefit – enrollment is not required for this benefit.

Click on the selected plan to review the dependents enrolled.





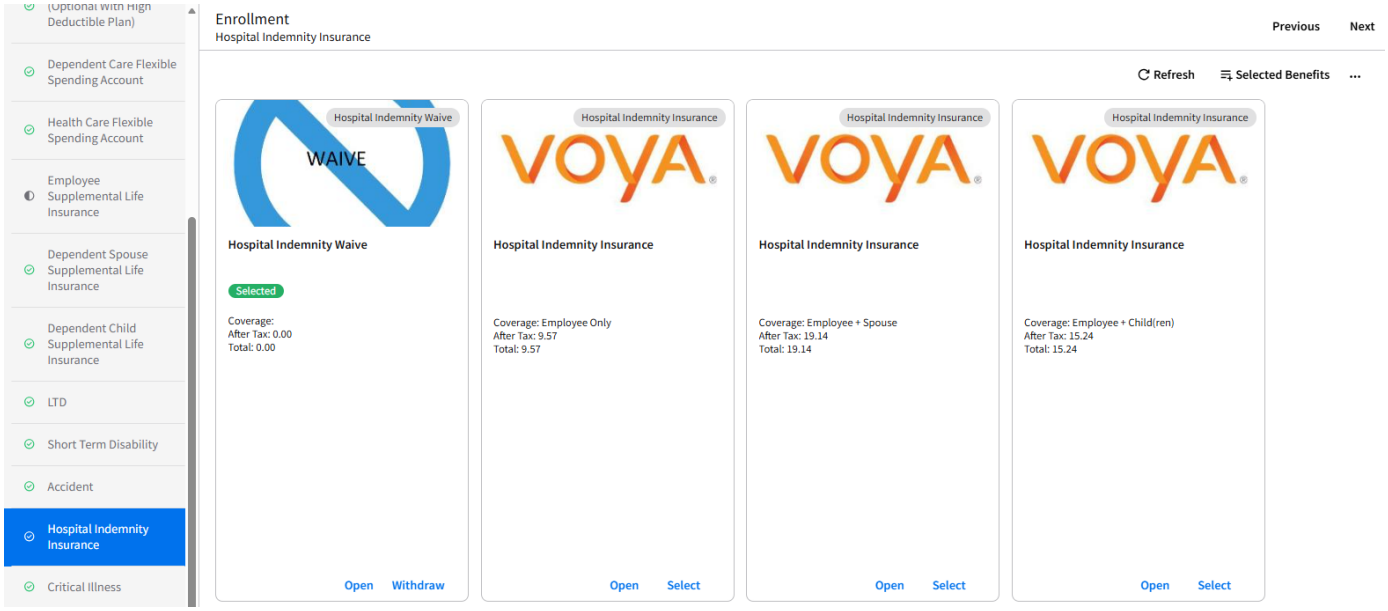
If your Accident plan and coverage type are correct, click Next to proceed to the next part of the enrollment process.

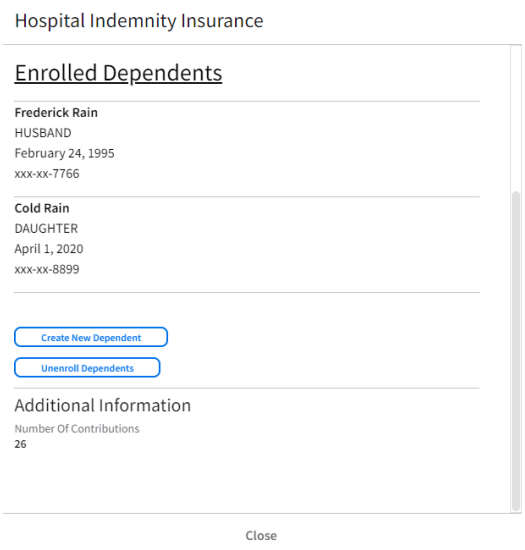
Broward Health®

Hospital Indemnity Insurance

Proceed with the election process for Hospital Indemnity benefits. See the Employee Benefits Guide for more information regarding this benefit. Note: This is a voluntary benefit – enrollment is not required for this benefit.

Click on the selected plan to review the dependents enrolled.





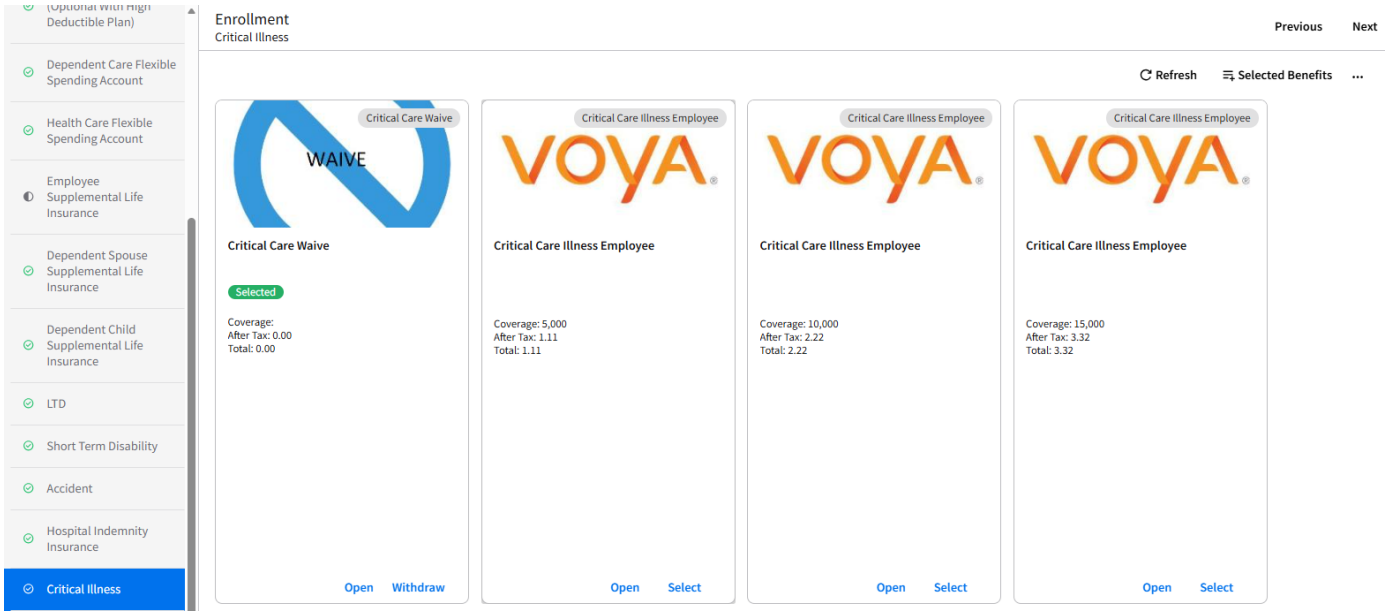
If your Hospital Indemnity plan and coverage type are correct, click Next to proceed to the next part of the enrollment process.

Broward Health®

Critical Care Illness

Proceed with the election process for Critical Care benefits. Please review the Employee Benefits Guide for more information regarding this benefit. Note: This is a voluntary benefit – enrollment is not required for this benefit.

This benefit is age-banded according to the employee's age. Rates will change at 5-year intervals after the employee's birthday. See the Employee Benefits Guide for more information regarding this benefit.



If your Critical Care Illness plan and coverage type are correct, click Next to proceed to the next part of the enrollment process.

Broward Health®

Legal

Proceed with the election process for Legal benefits. See the Employee Benefits Guide for more information regarding this benefit. Note: This is a voluntary benefit – enrollment is not required for this benefit.



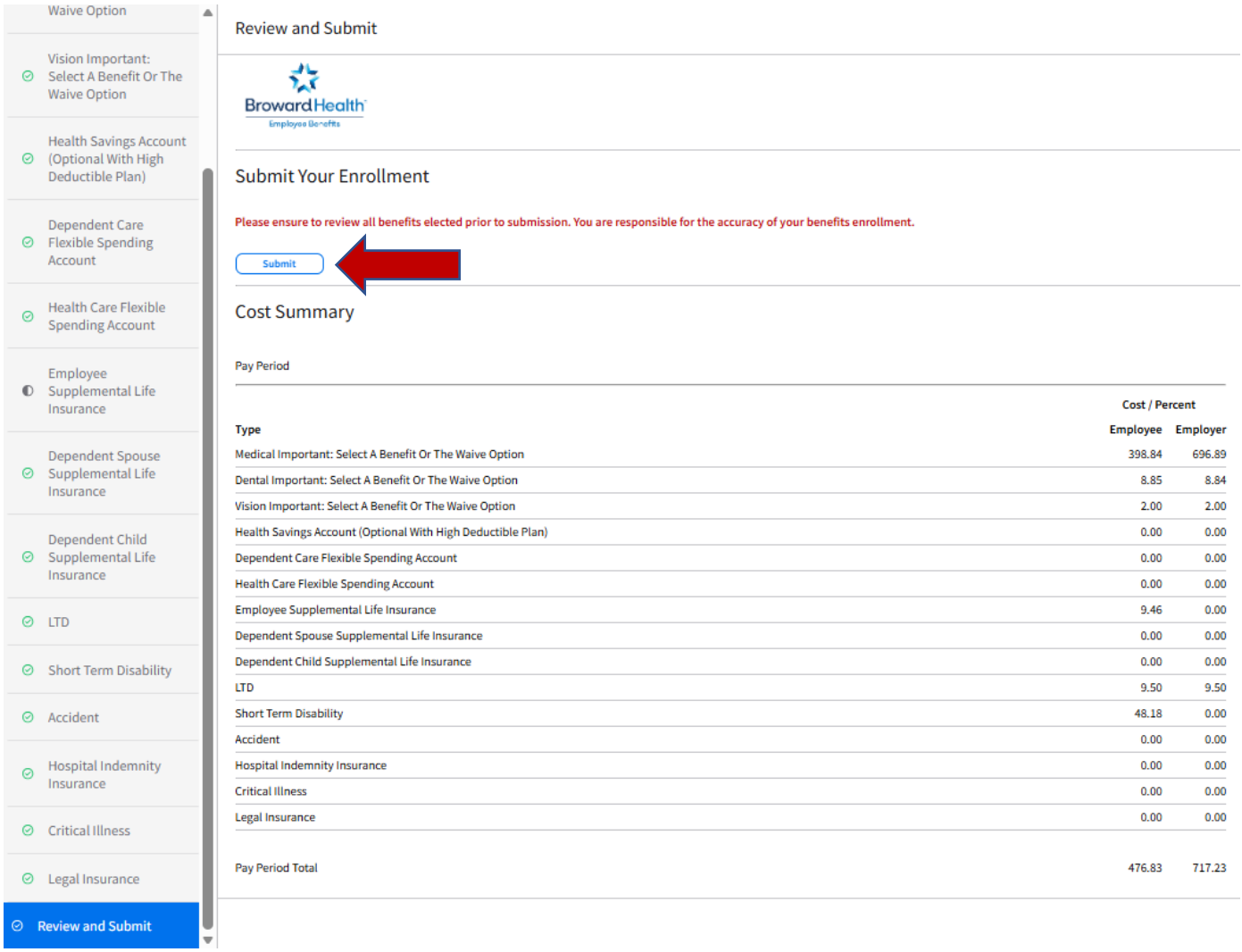
If your Legal plan and coverage type are correct, click Next to proceed to the next part of the enrollment process.

Broward Health®

Summary and Confirmation

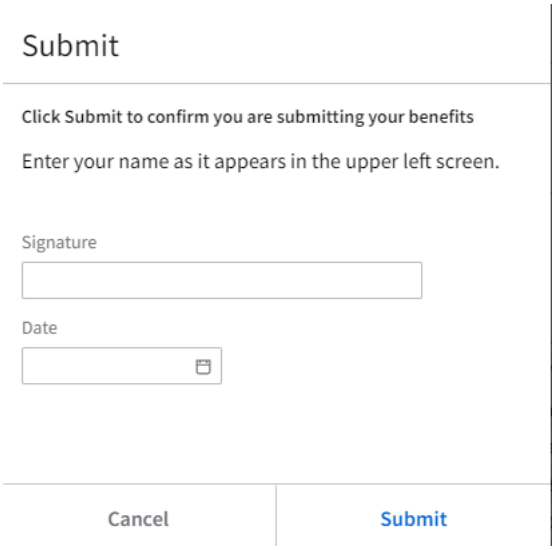
Review all selected benefits for accuracy. Employees are responsible for ensuring the accuracy of their benefits enrollment. Review all benefit elections before submitting your enrollment. If changes are required, please click on the appropriate benefit noted on the gray-shaded panel on the left.

Once you have confirmed your benefit elections, click Submit to complete your enrollment. A confirmation window will appear. Review your elections and provide your electronic signature to confirm submission.



BrowardHealth

Enter your name exactly as it appears in the upper-left corner of the screen.





Your benefits enrollment is complete. A confirmation email will be sent once your enrollment is successfully submitted.