



Employee Self Service Benefits Open Enrollment Instructions

Step 1: Visit www.knoxcounty.org/benefits and click on the Munis Employee Self Service link.

Step 2: Enter username. Enter the last 4 digits of your social security number as your password.

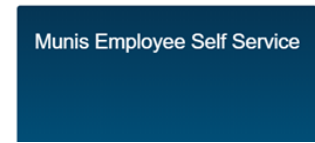
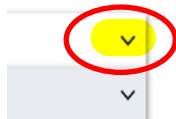
PLEASE NOTE: ALL passwords were reset to the last 4 digits of your social security number at the beginning of open enrollment.

Step 3: You will be prompted to change your password for future logins.

- Current Password will be the password you used to get to this screen (last 4 digits of your social security number).
- Make a new password using criteria listed on the login screen, fill in the other fields and then click "Change."

Step 4: On the main screen, review contact information and update if needed. Once email and home address are verified/updated, click on the Benefits tab to view your existing benefits.

* Click the dropdown arrows on each selection to view details of current benefits.



Login

Username

[Forgot your username?](#)

Password

[Forgot your password?](#)

[Log in](#)

Login

Before proceeding you must change your password.

New password must be at least 8 characters long, contain at least 1 numeric character, contain at least 1 non-alphanumeric character and contain at least one uppercase character and one lowercase character.

Current password

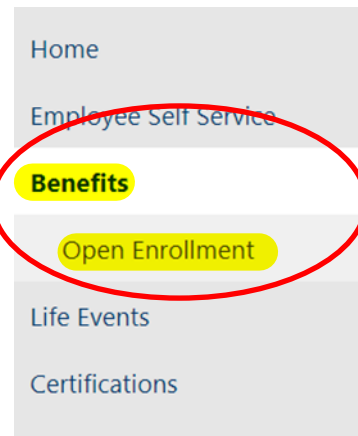
New password

Password strength Acceptable

Confirm new password

New password hint

[Change](#) [Cancel](#)



Step 5: For each new enrollment option, click Select or Decline.

MEDICAL & PHARMACY PLAN Election not made	DECLINE SELECT
DENTAL PLANS Election not made	DECLINE SELECT
VISION PLAN Election not made	DECLINE SELECT
MEDICAL FLEX SPENDING Election not made	DECLINE SELECT
DEPENDENT CARE FLEX SPENDING Election not made	DECLINE SELECT
LIFE INSURANCE BENEFICIARIES Election not made	SELECT



Employee Self Service Benefits Open Enrollment Instructions

Step 6: To enroll in medical, dental or vision plans, click Select, click on the Option you want to enroll in and then click on the circle beside the level of coverage to make your selection.

Benefits – MEDICAL & PHARMACY PLAN

[2021 Medical Benefit Info](#) | [2021 Pharmacy Benefit Info](#)

1 Choose a health insurance plan and select the dependents you would like to enroll in this benefit. If a dependent is not listed, you can add them here. (26 pay periods per year)

OPTION 1

OPTION 2

OPT 2 - EMPLOYEE ONLY
Employee cost \$37.00
Employer cost \$205.03

OPT 2 - EMP+ SPOUSE
Employee cost \$127.00
Employer cost \$522.62

OPT 2 - EMP+ CHILD OR CHILDREN
Employee cost \$106.00
Employer cost \$474.16

OPT 2 - EMP+ FAMILY
Coverage must be added for at least 2 dependents
Employee cost \$177.00
Employer cost \$573.79
[+ ADD NEW DEPENDENT](#)
Add existing dependent

[+ ADD NEW DEPENDENT](#)

Add existing dependent

Add a new dependent

First name*

Middle initial

Last name*

Suffix

Date of birth*

Gender

Relationship*

Handicapped

Social Security number*

Save

Cancel

Step 7: To add dependents to your medical/pharmacy, dental or vision plans, click the arrow on the dropdown list called “Add existing dependent” and if listed there click on the dependent you wish to add. If not listed there, follow instructions below.

Step 8: To add new dependents, click the +ADD NEW DEPENDENT button and fill in each field with a red asterisks beside it (*), then click Save.



Employee Self Service Benefits Open Enrollment Instructions

Step 9: To enroll in Medical or Dependent Flex Spending, click the circle next to the plan you want, and then enter the amount you wish to have taken out of each paycheck.

Note: Amount per pay period = the total dollars you wish to elect for the year/26. *Use the FSA Deduction Calculator [here](#) to calculate your deduction amount per pay period.

Benefits – MEDICAL FLEX SPENDING

[Medi](#)

Medical Flexible Spending is for eligible out-of-pocket medical expenses. If you want deductions from your pay for Medical Flex, enter an amount between 9.62 and 103.84 per pay period. (26 pay periods per year)

MEDICAL FLEXIBLE SPENDING ACCOUNT

Employee cost	\$0.00
Amount	<input type="text" value="40.00"/>

Benefits – LIFE INSURANCE BENEFICIARIES

[2021 Life In](#)

Beneficiaries are EFFECTIVE ONCE SUBMITTED. Beneficiaries listed here are only for basic life, AD&D and supplemental life insurance (if you enroll in it). Basic Life and AD&D are provided at no cost to you by Knox County.

LIFE INSURANCE BENEFICIARIES

At least 1 beneficiary must be added

[+ ADD NEW BENEFICIARY](#)

Add existing beneficiary

At least 1 beneficiary must be added

[+ ADD NEW BENEFICIARY](#)

Add existing beneficiary

Add a new beneficiary

Beneficiary type

Person

Entity first name

Middle initial

Entity last name

Suffix

Date of birth*

Gender

Relationship

Social Security number*

Percentage*

Designation

Primary

Contingent

Step 10: Even if declining all benefits, you must choose at least one primary life insurance Beneficiary for your employer-sponsored plans.

To select Primary Life Insurance Beneficiaries:

1. Choose an existing beneficiary from the dropdown menu (at least one primary beneficiary must be chosen but you can have multiple). If not listed in existing, click +ADD NEW BENEFICIARY.
2. If adding a new beneficiary, enter their information in each field.
3. **Be sure to enter the percentage of funds for each beneficiary — MUST add up to 100% total.**
4. Be sure the circle next to the word “Primary” is chosen under the Designation field.
5. Click Save once all beneficiaries have been entered.

Optional: Enter Contingent beneficiaries using the same instructions listed above but click the circle next to the word “Contingent” under the Designation field.

*Contingent beneficiaries will receive funds in the event the primary is unavailable.

Save

Cancel



Employee Self Service Benefits Open Enrollment Instructions

Step 11: Select or decline supplemental life insurance offerings. For Employee and Spouse coverage amounts, **enter the total amount of life insurance coverage you wish to elect (no commas, no decimals).**

****DO NOT enter the cost of coverage.****



<input checked="" type="radio"/> EMPLOYEE SUPPLEMENTAL LIFE INSURANCE	
Employee cost	\$4.73
Amount	<input type="text" value="75000"/>

Step 12: If enrolling in National Fitness Center, click Select and then click the circle beside the level of membership you want. Add dependents if needed using the same instructions as previously listed.

Note: Visit your local YMCA to enroll there anytime during the year.

1 National Fitness Center/Court South discounted gym membership open enrollment (effective the date your other benefits become effective). Enroll in a discounted YMCA membership by visiting a local YMCA and showing your ID/paystub. (24 pay periods per year)

NFC/COURT SOUTH - EMPLOYEE ONLY
Employee cost \$19.98

NFC/COURT SOUTH - EMPLOYEE+1
Employee cost \$24.98
Coverage must be added for exactly 1 dependent
[+ ADD NEW DEPENDENT](#)
Add existing dependent

NFC/COURT SOUTH - FAMILY
Employee cost \$44.98

Decline

[+ ADD NEW DEPENDENT](#)
Add existing dependent

CANCEL CONTINUE

Step 13: After all benefit offerings have been selected or declined and beneficiaries have been added, click CONTINUE at the bottom of the page.

Step 14: Review your elections and modify or edit as needed. If you select Modify, you will return to the previous election page to make edits. If your selections are correct, click Submit.

CANCEL MODIFY **SUBMIT**

Step 15: Once selections are submitted, you will receive a confirmation page which can then be saved for your records. You can modify your enrollment selections anytime during the Open Enrollment window.

Please Note: Contact Knox County Payroll to name or change a final paycheck beneficiary at (865) 215-3573 or knoxpayroll@knoxcounty.org. Contact Knox County Retirement to name or change retirement beneficiaries at (865) 215-2323 or retirement@knoxcounty.org.

Benefits Department Information

Email: benefits@knoxcounty.org

Phone: (865) 215-3800

Office Hours: 8:00 a.m. to 4:30 p.m.