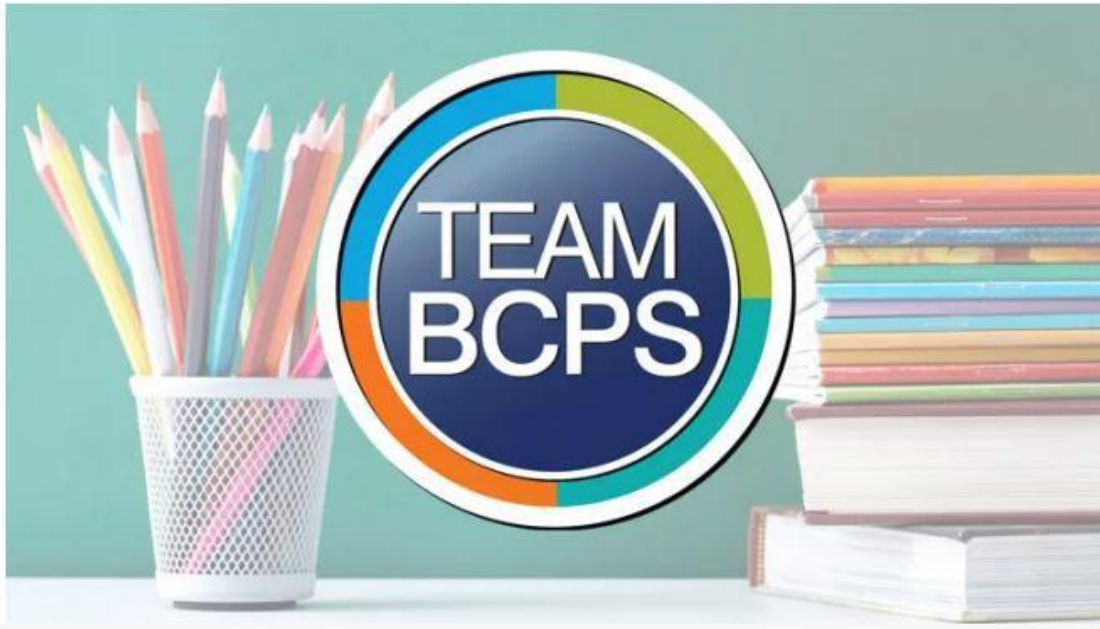


2027 CLOUD BENEFITS OPEN ENROLLMENT USER GUIDE





Welcome to Open Enrollment 2027!

This guide is designed to help you successfully navigate the Open Enrollment period from **October 1 through October 23, 2026**, using the District's **Cloud Benefits Enrollment platform**.

At the beginning of this guide, you'll find key "Need to Know" information to help you make informed decisions and complete your Open Enrollment with confidence.

If you have any questions or need assistance, the **Benefits Staff** are here to help. You can contact them by phone at **754-321-3100** or via email at **benefits@browardschools.com**.

Additionally, the **Benefits Department**, along with the District's **benefits carriers**, will host **Virtual Open Enrollment Forums** on select dates throughout October. These online forums are a great opportunity to ask questions and get real-time support.

To view the schedule and learn how to participate, visit the Benefits Department's website at www.browardschools.com/benefits and click on the **Open Enrollment 2027** link.

Need to Know Before You Enroll

Open Enrollment Period

October 1 – October 23, 2026

- Use the **Cloud Benefits Enrollment** platform.
 - Elections take effect **January 1, 2027**
-

What You Need to Know

- If you are **not making any changes**, your current benefits will **automatically roll over** for 2027.
 - To view the **2027 Employee Monthly Rate Sheet**, click [here](#).
-



Before You Enroll – Important Reminders

- **Premiums and Deductions:**
 - Deductions begin from **December 2026 paychecks** for January 2027 coverage.
 - Premiums shown in the guide are examples; real per-check rates will appear next to each plan in Cloud Benefits and on your **Benefits Confirmation Statement (print or save this!)**.
- **Health Savings Account (HSA):**
 - Only select the HSA if you enroll in the **Premier Choice HSA Medical Plan**.
 - If you switch from the Premier Choice HSA Medical Plan, please be sure to **“STOP”** your HSA enrollment.
- **Adding Dependents:**
 - New dependents **must** be **verified** by the Benefits Department.
 - Submit documents by **Wednesday, October 21, 2026, by 5:00 p.m.** for them to be eligible to be enrolled by the October 23, 2026, Open Enrollment deadline.

- **Finalizing Elections:**
 - “**Pending**” records are **not** completed.
 - You **must** **Save**
 - Click **Review and Enroll** (bottom of left side menu)
 - Click **Enroll** (bottom right corner)
 - Click **Confirm** to finalize
 - Click the “**BACK**” button on the Confirmation dialogue box and your Open Enrollment tab will now reflect “**Enrollment Completed**”.
 - Your Benefits Confirmation will be sent automatically to your BCPS email.

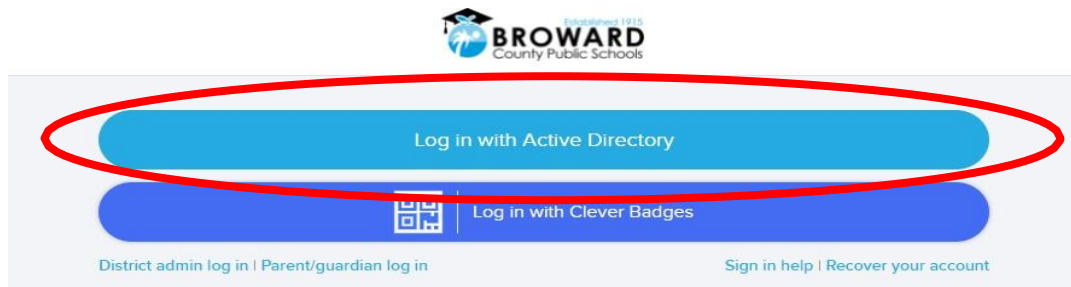
Need Help?

- **Contact Benefits Staff:** 754-321-3100 or email **benefits@browardschools.com**
- **Virtual Open Enrollment Forums:** Info and dates available at www.browardschools.com/benefits by clicking the **Open Enrollment 2027** link.

CLOUD BENEFITS ACCESS

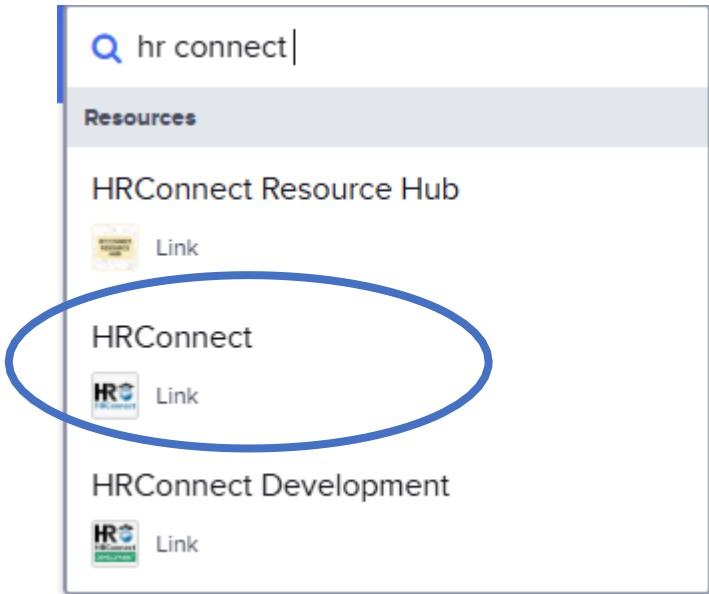
1. Log in to Clever via **Google Chrome** browser

- Go to: <http://sso.browardschools.com>
- Click: “**Log in with Active Directory**”



2. Access HR Connect

- In the upper right corner, locate the search option and type **HR Connect**.



If you do not remember the answer to your authentication, you can complete an “Account Recovery” by clicking on the drop-down menu next to your name in the upper right corner on the Clever page. If you experience any technical issues, please contact the IT Service Desk at 754-321-0411, where the hours of operation are 7:00 a.m. to 4:00 p.m., Monday - Friday.

Important Note for Newly Hired Employees:

If you are a newly hired employee and see a **New Hire** tab available, please use the **New Hire** tab to complete your benefits enrollment. This ensures your coverage begins on the appropriate effective date.

Do not use the **Open Enrollment** tab if the **New Hire** tab is visible to you.

All changes made in the Open Enrollment tab will become effective 01/01/2027

3. Click the Cloud Benefits Tile located on the Home Screen under Organizational Updates
(you may need to scroll down to view).



If you do not see the **Cloud Benefits** tile, please be sure you are on the HR Connect **“HOME”** page. You can click on the **HR Connect** icon located in the upper left corner of the screen to be directed to the HR Connect HOME page.



Steps to Complete Your Open Enrollment Selections

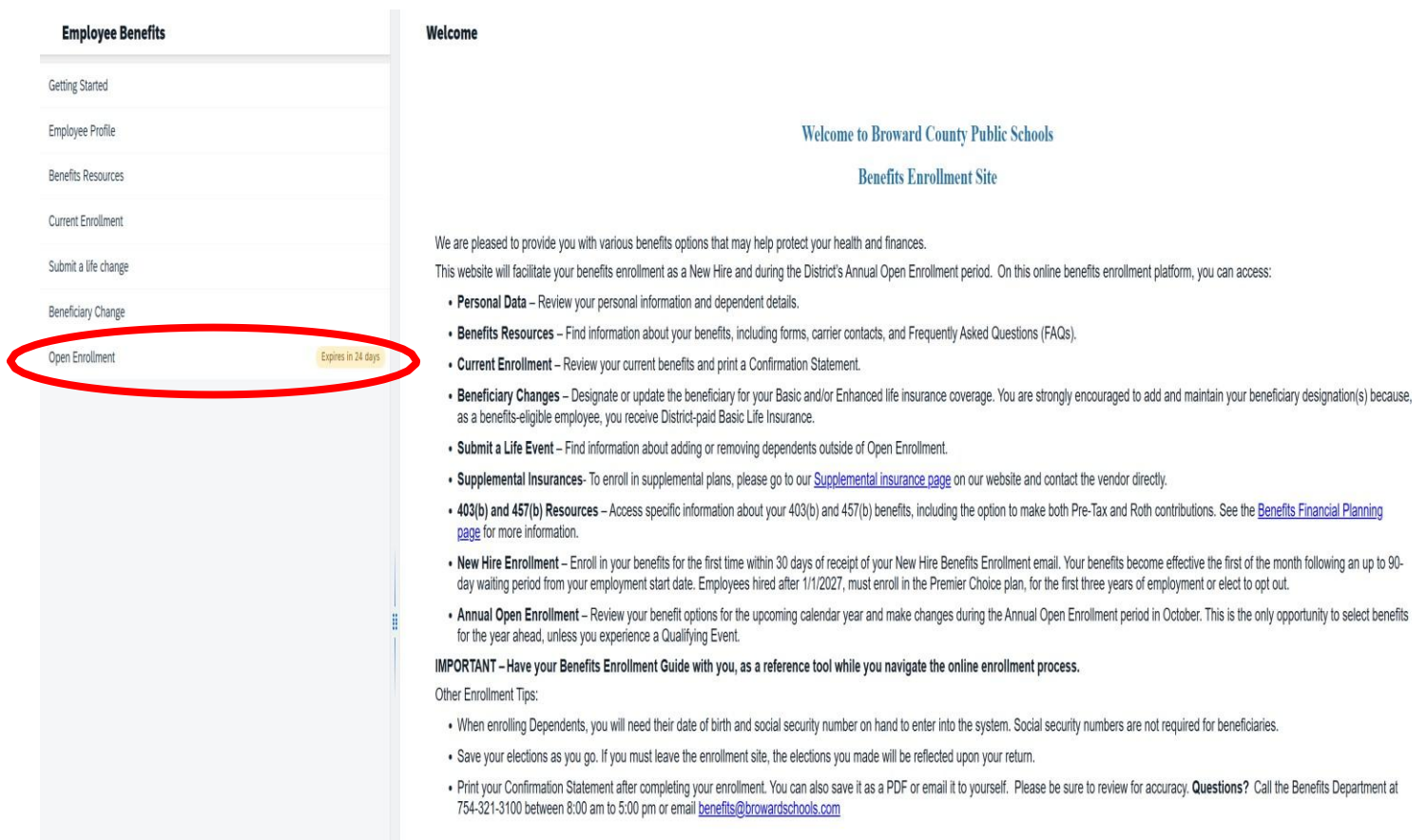
If You're NOT a New Hire

If you are a newly hired employee and see a **New Hire** tab available, please use the **New Hire** tab to complete your benefits enrollment. This ensures your coverage begins on the appropriate effective date.

Do not use the **Open Enrollment** tab if the **New Hire** tab is visible to you.

Step 1:

Click on the **Open Enrollment** tab on the left side menu to begin enrollment or review your current benefits



Employee Benefits

- Getting Started
- Employee Profile
- Benefits Resources
- Current Enrollment
- Submit a life change
- Beneficiary Change
- Open Enrollment** Expires in 24 days

Welcome

Welcome to Broward County Public Schools
Benefits Enrollment Site

We are pleased to provide you with various benefits options that may help protect your health and finances. This website will facilitate your benefits enrollment as a New Hire and during the District's Annual Open Enrollment period. On this online benefits enrollment platform, you can access:

- **Personal Data** – Review your personal information and dependent details.
- **Benefits Resources** – Find information about your benefits, including forms, carrier contacts, and Frequently Asked Questions (FAQs).
- **Current Enrollment** – Review your current benefits and print a Confirmation Statement.
- **Beneficiary Changes** – Designate or update the beneficiary for your Basic and/or Enhanced life insurance coverage. You are strongly encouraged to add and maintain your beneficiary designation(s) because, as a benefits-eligible employee, you receive District-paid Basic Life Insurance.
- **Submit a Life Event** – Find information about adding or removing dependents outside of Open Enrollment.
- **Supplemental Insurances** – To enroll in supplemental plans, please go to our [Supplemental insurance page](#) on our website and contact the vendor directly.
- **403(b) and 457(b) Resources** – Access specific information about your 403(b) and 457(b) benefits, including the option to make both Pre-Tax and Roth contributions. See the [Benefits Financial Planning page](#) for more information.
- **New Hire Enrollment** – Enroll in your benefits for the first time within 30 days of receipt of your New Hire Benefits Enrollment email. Your benefits become effective the first of the month following an up to 90-day waiting period from your employment start date. Employees hired after 1/1/2027, must enroll in the Premier Choice plan, for the first three years of employment or elect to opt out.
- **Annual Open Enrollment** – Review your benefit options for the upcoming calendar year and make changes during the Annual Open Enrollment period in October. This is the only opportunity to select benefits for the year ahead, unless you experience a Qualifying Event.

IMPORTANT – Have your **Benefits Enrollment Guide** with you, as a reference tool while you navigate the online enrollment process.

Other Enrollment Tips:

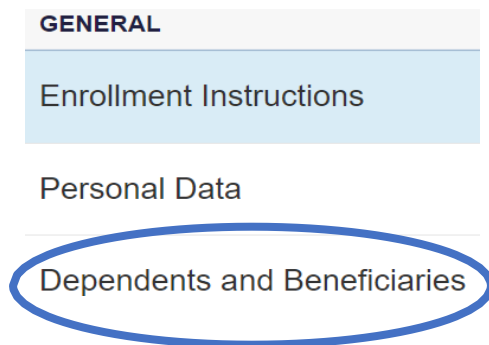
- When enrolling Dependents, you will need their date of birth and social security number on hand to enter into the system. Social security numbers are not required for beneficiaries.
- Save your elections as you go. If you must leave the enrollment site, the elections you made will be reflected upon your return.
- Print your Confirmation Statement after completing your enrollment. You can also save it as a PDF or email it to yourself. Please be sure to review for accuracy. **Questions?** Call the Benefits Department at 754-321-3100 between 8:00 am to 5:00 pm or email benefits@browardschools.com

- **BEFORE ENROLLING IN PLANS**

Step 2:

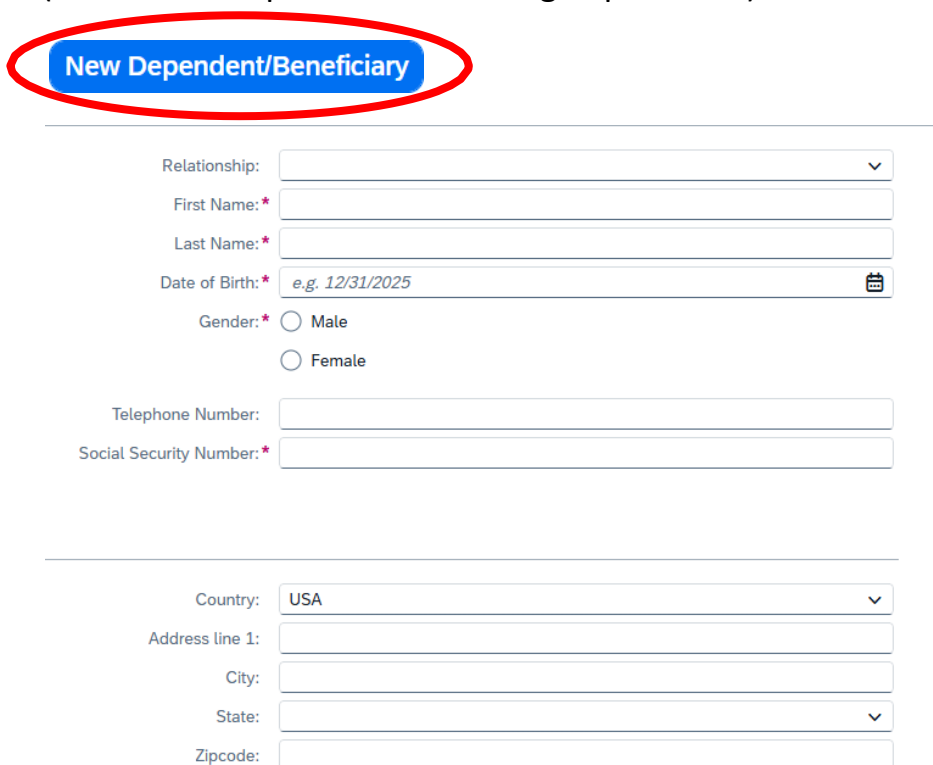
Add Dependents/Beneficiaries

1. Click on the **Dependents and Beneficiaries** tab



A screenshot of a web interface showing a menu with the following items: 'GENERAL' (highlighted in light grey), 'Enrollment Instructions' (highlighted in light blue), 'Personal Data', and 'Dependents and Beneficiaries' (circled in blue).

2. Click **New Dependent/Beneficiary** tab **located on the bottom right corner** to add info (SSN + DOB required when adding dependents).



A screenshot of the 'New Dependent/Beneficiary' form. The 'New Dependent/Beneficiary' button is circled in red. The form contains the following fields:

- Relationship:
- First Name: *
- Last Name: *
- Date of Birth: * 
- Gender: * ☐ Male ☐ Female
- Telephone Number:
- Social Security Number: *

- Country:
- Address line 1:
- City:
- State:
- Zipcode:

3. Click on the drop-down **Relationship** menu to select the relationship. NOTE: Beneficiaries do not need to be verified.



Relationship: ▼

First Name: * Spouse

Last Name: * Domestic Partner

Date of Birth: * Domestic Partner Child

Gender: * Child

Telephone Number: Grandchild

Social Security Number: * Stepchild

Beneficiary

4. Save → Review Terms → Click **Confirm**
5. If you need to add more dependents/beneficiaries; repeat numbers 2-4 above

Step 3:

Dependent Verification (If applicable)

After you have entered your dependent(s) information in Cloud Benefits

1. Complete the **Dependent Verification** Form. Click [here](#) to access form.
2. Gather the required documents (birth certificate(s), marriage license, etc.)
3. Email both to:
 - ✉ **benefits@browardschools.com**
 - **Due by Wednesday, October 21, 2026 @ 5:00 p.m.**

NOTE: You will receive confirmation once your dependent(s) have been verified, and you can complete your Open Enrollment selections by the October 23, 2026, Open Enrollment deadline.

You would not be able to enroll your dependent(s) for 2027 if the verification process is not completed first. The system will prevent you from completing the enrollment with an error message stating: **"Ineligible, proof of eligibility not submitted"**

Step 1: Select Dependents

☐ Name	Relationship	Date of Birth	Information
☐ RICKY HAPPY	Stepchild	01/01/2002	Ineligible: Proof of eligibility not submitted
☐ ADELE HAPPY	Child	02/01/2004	
☐ LORENZO HAPPY	Child	12/12/2005	

- Resources: [Open Enrollment 2027](#)

(Click link above to be directed to the Open Enrollment link on the Benefits page)

Step 4:

HEALTH, DENTAL, VISION ENROLLMENT

- Click the appropriate tab to complete each enrollment (i.e. Medical/Kids/Dental/Vision)

☐ Medical
Aetna HMO Premier Plus

Step 2: Saving (0 of 1)

☐ Health Savings Account

Step 1: Health (0 of 5)

☐ KIDS Basic 5-26

☐ KIDS Enhanced 5-26

☐ Dental
CompBenefits Dental DHMO Enhan

☐ Vision
Aetna Vision Plan Enhan

- Click **Create or Change Coverage** (bottom right corner) → **Add verified dependent(s)**, if applicable, by checking the box in front of the dependent(s) name → **Select Plan**.

Create or Change Coverage

☐ Name	Relationship
☒ JOHN HAPPY	Spouse
☐ ADELE HAPPY	Child
☐ JOE HAPPY	Child

Step 2: Select Health Plan

Aetna HMO Premier

Employee + 1 Dep

Employee Cost Per Paycheck	Employer Cost Per Paycheck
\$700.23	\$570.27

[BCPS Health Page](#)

Aetna HMO Premier Plus

Employee + 1 Dep

Employee Cost Per Paycheck	Employer Cost Per Paycheck
\$823.63	\$647.70

[BCPS Health Page](#)

Aetna Premier Choice HSA Plan

Employee + 1 Dep

Employee Cost Per Paycheck	Employer Cost Per Paycheck
\$498.20	\$561.51

[BCPS Health Page](#)

- Click **Save** button located in the bottom right corner
- Repeat the above steps to select each coverage type.** The progress bar at the top left of your screen will help guide you through the enrollment process, so that you can know your status towards completion.

< **Open Enrollment**

Progress

18%

PREMIER CHOICE HSA PLAN

TO DISENROLL IN THE HSA AND PREMIER CHOICE HSA MEDICAL PLAN

- Follow the enrollment steps on previous page by clicking on the Medical tab and selecting the new Medical Plan of your choice
- Click on the Health Savings Account tab, next click the STOP button located on the lower right corner of the screen

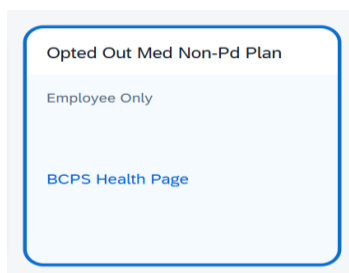
HSA Note:

- If you enroll in the **Premier Choice HSA Medical Plan**, you can also enroll in **Health Savings Plan** to contribute additional monies up to the IRS maximum
- You cannot have an **FSA Medical Plan** and **HSA** at the same time
- Must not be enrolled in **Medicare/TRICARE**

OPTING OUT (DECLINE COVERAGES)

To Opt-Out and Receive the \$1,000 Medical Opt-Out Supplement for 2027:

1. Select the “Opt-Out” Option



2. Click the “Save” Button

– Finalize your selection by clicking *Save* after opting out.

3. Send Proof of Medical Health Coverage

- Email your proof of medical coverage to **benefits@browardschools.com**
- **Deadline: Friday, October 23, 2026**

Important:

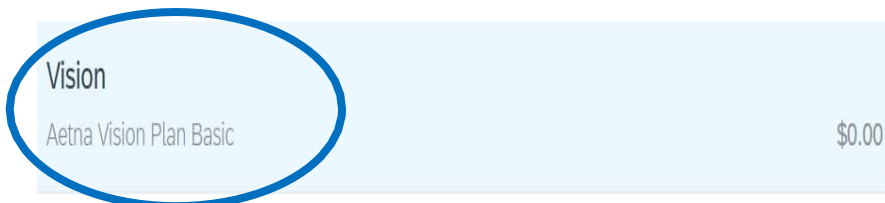
- If you do not send in proof of other medical coverage by the deadline, you will **still be opted out** for 2027, but **you will not receive the \$1,000 Medical Opt-Out Supplement.**
- If you would like to opt-out (decline) of the dental and/or vision coverages, select the opt-out option in each respective sections and click the **“Save”** button upon completion. **There is no supplemental incentive for opting out of dental and/or vision coverages and proof of other coverage for these options is not required.**

REVERSING CHANGES BEFORE FINALIZING

Use **Undo Pending** or **Stop** buttons, if needed before clicking **“Enroll”**

To reverse a selection before finalizing your enrollment (prior to the close of the Open Enrollment period):

1. Click on the **pending or applicable coverage** tab.



2. Click the **Undo Pending** button located in the bottom right corner.



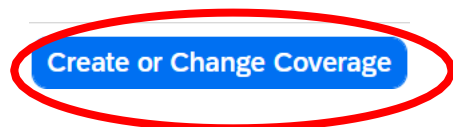
● To **Remove** a Dependent(s) or **completely Delete** the *Kids Medical Plan*.

To **Remove** a Dependent – to remove a dependent(s) if you have more than one dependent enrolled:

1. Click the **Kids Plan** tab



2. Select the **Create or Change Coverage** button in the bottom right corner.



3. **Uncheck** the box next to the dependent(s) you want to remove, then click the **Save** button in the bottom right corner

☐ Name	Relationship
☐ ADELE HAPPY	Child
☒ LORENZO HAPPY	Child

To **Delete** the Kids Plan – to completely delete or cancel the Kids Medical Plan:

1. Click the **Kids Plan** tab



2. Select the **Stop** button in the bottom right corner, then the tab will be noted “stopped”.



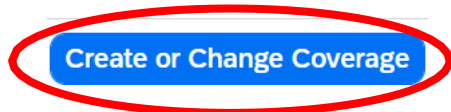
To **reverse** the selection to stop the Kids Plan, select the **Undo Stop** button, if needed before completing your enrollment.

To Remove a Dependent from *Health, Dental, and/or Vision Plan(s)*:

1. Click the **Health, Dental or Vision** tab.



2. Select the **Create or Change Coverage** button in the bottom right corner.



3. **Uncheck** the box for the dependent(s) you want to remove.

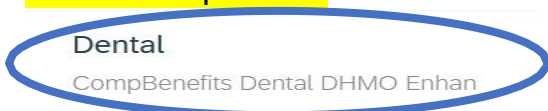
☐	Name	Relationship
☐	JOHN HAPPY	Spouse
☒	ADELE HAPPY	Child
☒	LORENZO HAPPY	Child

4. **Choose** your current or new plan option

Plan Name	Employee Cost Per Paycheck	Employer Cost Per Paycheck	BCPS Dental Page
CompBenefits Dental DHMO Basic	\$4.28	\$3.24	BCPS Dental Page
CompBenefits Dental DHMO Enhan	\$5.98	\$4.16	BCPS Dental Page
CompBenefits Dental PPO Basic	\$51.42	\$5.40	BCPS Dental Page
CompBenefits Dental PPO Enhan	\$69.24	\$5.40	BCPS Dental Page
AETNA Dental DHMO Basic	\$7.22	\$5.12	BCPS Dental Page
AETNA Dental DHMO Enhan	\$9.78	\$5.40	BCPS Dental Page
AETNA Dental PPO Basic	\$54.79	\$5.40	BCPS Dental Page
AETNA Dental PPO Enhan	\$81.94	\$5.40	BCPS Dental Page

5. Click **"Save"**

After making your selection(s), where applicable, the **red** circle on each tab will no longer be visible. The progress bar at the top left of the screen will provide you with the status of your enrollment process.



ENROLLMENT AND DIS-ENROLLMENT OF FSA/LIFE/DISABILITY/HSA

FLEXIBLE SPENDING ACCOUNT (FSA), LIFE, DISABILITY ENROLLMENT OPTIONS

- **FSA Medical / Dependent Care Contribution Limits (2026)**

Minimum: \$100 | Maximum: \$3,400 (Medical)

Minimum: \$100 | Maximum: \$7,500 (Dependent Care) **per household**

Note: The IRS maximum contributions for the 2027 FSA Medical and Dependent Care Plans have not yet been released. If you would like to contribute the **maximum** amount for 2027, you **must** enroll with the maximum allowed currently for 2026 in Cloud Benefits. Thereafter, send an email to the Benefits Department at **benefits@browardschools.com** with your intent to increase the contribution amount to the maximum allowable by the IRS for 2027. The email **must** be received by the Open Enrollment deadline of **Friday, October 23, 2026**.

- **Life / Disability Enhancements**

Optional – make updates under respective tabs

Be sure your **beneficiary(ies) percentage(s) = 100% total**

PLEASE NOTE THE FOLLOWING:

- **Beneficiaries do not need to be verified**
- **To enroll in the HSA Plan, you must be enrolled in the Premier Choice HSA Medical Plan**
- **You cannot enroll in the HSA and FSA-Medical Plans simultaneously**
- **Medical and Dependent Care FSAs/Enhanced Life Insurance/Long-term Disability Plans are optional**

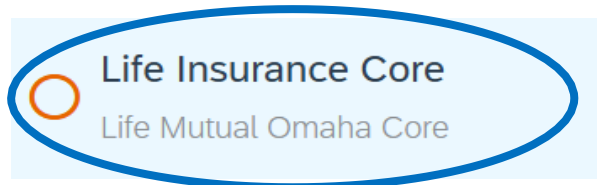
You are automatically enrolled in the Life Insurance and Long-Term Disability Core Plans, which are paid by Broward County Public Schools. You are **required** to designate your beneficiary(ies) for your Life Insurance Plan(s).

To **edit current** beneficiary information, which is incorrect or to close a beneficiary record you no longer want to be an option (e.g. a deceased beneficiary), please send an email to **benefits@browardschools.com** with your request. For the record you wish to close, first, ensure you assign a zero percentage to the applicable beneficiary record, if not already assigned. In your email request, include the **full name** and **relationship** of the beneficiary you wish to have the record edited or shut down.

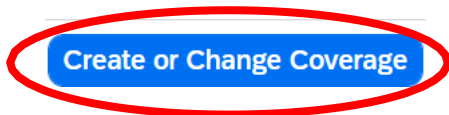
Life Insurance & Beneficiary(ies) Selections and Dis-enrollment

Step 1:

1. Click the **Life Insurance Core** tab to designate your beneficiary(ies). If you need to add beneficiary(ies), please refer to page 8 for step-by-step instructions. **Reminder, you are automatically enrolled in the Core Life Insurance Policy at no cost to you.**



2. Select the **Create or Change Coverage** button in the **bottom right corner**.



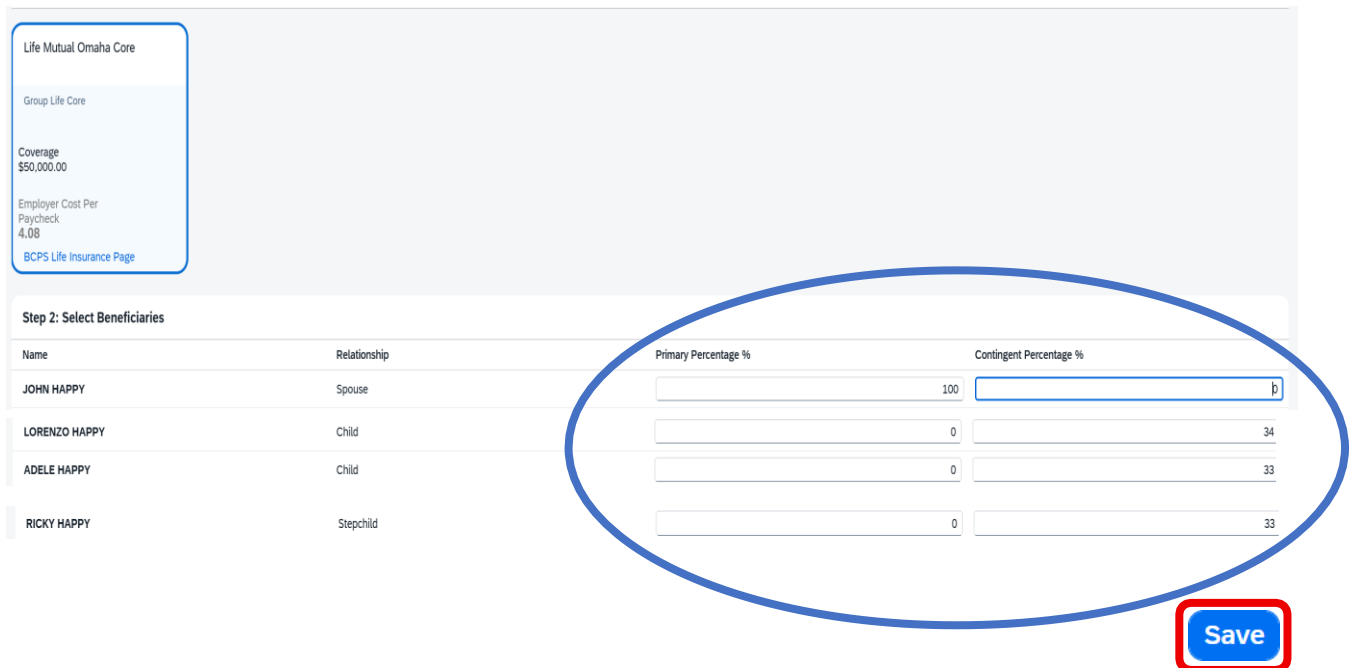
3. Scroll down to **"Step 2: Select Beneficiaries"**. The beneficiaries' option(s) will appear. In this section you will assign the primary (first) and/or contingent (secondary) percentages, which **must** equal 100%, if more than one beneficiary is designated. Please note, the system will only accept whole numbers e.g. 34, **not 33.3**.

NOTE: The same person cannot be both the primary and contingent beneficiary.

Here's why:

- **Primary beneficiary:** This is the person(s) will receive the benefit first, if they are alive at the time of your passing.
- **Contingent (or secondary) beneficiary:** This person(s) only receives the benefit if the primary beneficiary is unable to (e.g. deceased or disqualified).

If someone is listed as both, it defeats the purpose of having a backup plan in case the primary beneficiary cannot receive the benefit.



Life Mutual Omaha Core

Group Life Core

Coverage
\$50,000.00

Employer Cost Per
Paycheck
4.08

BCPS Life Insurance Page

Step 2: Select Beneficiaries

Name	Relationship	Primary Percentage %	Contingent Percentage %
JOHN HAPPY	Spouse	100	0
LORENZO HAPPY	Child	0	34
ADELE HAPPY	Child	0	33
RICKY HAPPY	Stepchild	0	33

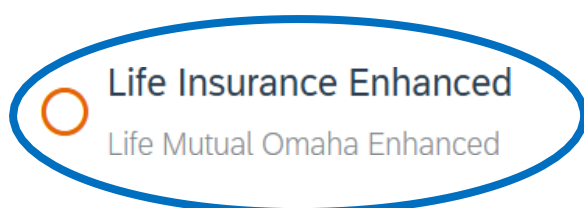
Save

Once you have assigned your beneficiary(ies) percentage(s), please click the **“SAVE”** button located in the **bottom right corner**.

Follow the above steps to update your beneficiary information on your Life Enhanced Insurance, if applicable.

Step 2:

1. This step is **optional** if you want to **enhance/add or dis-enroll the Enhanced Life Insurance**. Click the **Life Insurance Enhanced** tab on the left side menu



2. To **add the Enhanced Life** record, select the **Create or Change Coverage** button at the bottom right corner of the screen.

Create or Change Coverage

Select the enhanced option of your choice, then enter your beneficiary percentage.
Reminder, if you have more than one beneficiary listed, the total percentages **must equal 100%**. Upon completion, click the **Save** button.

Step 1: Select Insurance Plan

Life Mutual Omaha Enhanced Group Life Enhanced - x1 Coverage \$32,000.00 Employee Cost Per Paycheck 4.90 BCPS Life Insurance Page	Life Mutual Omaha Enhanced EOI Required Group Life Enhanced - x2 Coverage \$63,000.00 Employee Cost Per Paycheck 10.96 BCPS Life Insurance Page	Life Mutual Omaha Enhanced EOI Required Group Life Enhanced - x3 Coverage \$75,000.00 Employee Cost Per Paycheck 13.05 BCPS Life Insurance Page	Life Mutual Omaha Enhanced EOI Required Group Life Enhanced - x4 Coverage \$100,000.00 Employee Cost Per Paycheck 17.40 BCPS Life Insurance Page	Life Mutual Omaha Enhanced EOI Required Group Life Enhanced - x5 Coverage \$125,000.00 Employee Cost Per Paycheck 21.75 BCPS Life Insurance Page
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Step 2: Select Beneficiaries

Name	Relationship	Primary Percentage %	Contingent Percentage %
JOHN HAPPY	Spouse	100	0

Cancel **Save**

Step 3:

1. To **reverse your Enhanced Life** election before completing your enrollment, select the **Life Insurance Enhanced** tab, then click the **Undo Pending** button.

Life Insurance Enhanced
Life Mutual Omaha Enhanced
EOI Required
\$10.96

Step 4: Flexible Spending Accounts (0 of 2)

CSA: Medical Enroll 01/01/27

Create or Change Coverage **Undo Pending**

2. To **dis-enroll an existing the Enhanced Life** record, select the **Life Insurance Enhanced** tab on the menu list on the left side of your screen, then click the **Stop** button on the bottom right corner.

IMPORTANT NOTICE:

If you are increasing your coverage by more than one (1) level, you must complete the Evidence of Insurability (EOI) Form. The message below will pop up on the screen after saving your election.

EOI Registration

Please be advised that based on the level of Life Insurance selected, Evidence of Insurability (EOI) is required. Click on the link below to obtain EOI instructions. *New Hires do not need to complete an EOI
[EOI Information](#)

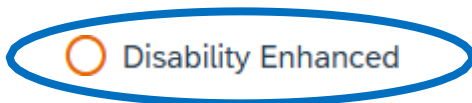
- The completed form must be emailed to: **benefits@browardschools.com**
- Deadline: **Friday, October 23, 2026**

If the EOI Form is not received by the deadline or is not approved by Mutual of Omaha, your election will be reversed.

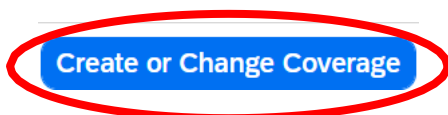
Click [here](#) to download the EOI Form

**Disability Enhanced Selection and Dis-enrollment****Step 1:**

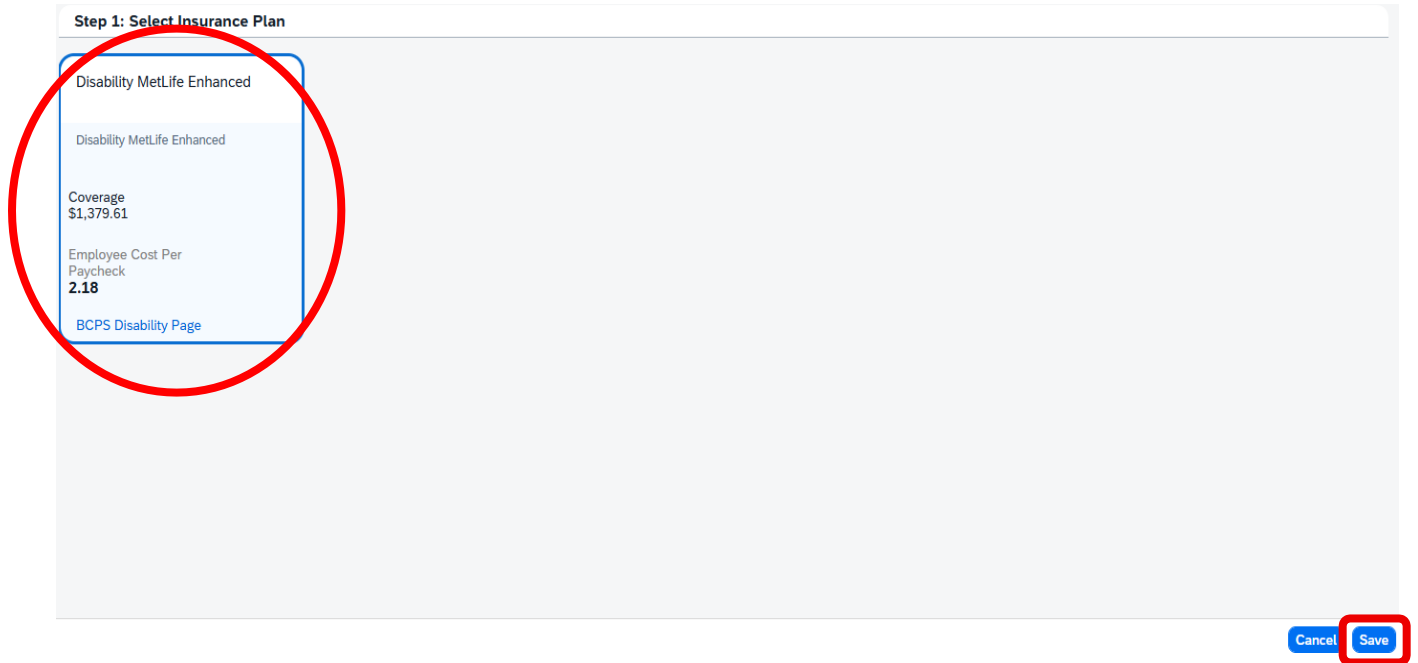
1. Click the **Disability Enhanced** tab to enroll in the **Disability Enhanced** option. **Reminder, you are automatically enrolled in the Disability Core Policy at no cost to you and this option will not appear in the Open Enrollment menu. The coverage will be reflected on your Benefits Confirmation.**



2. Select the **Create or Change Coverage** button in the **bottom right corner** of the screen.



3. Select the **Disability MetLife Enhanced** Plan, then click the **Save** button on bottom right of the screen.



Step 1: Select Insurance Plan

Disability MetLife Enhanced

Disability MetLife Enhanced

Coverage
\$1,379.61

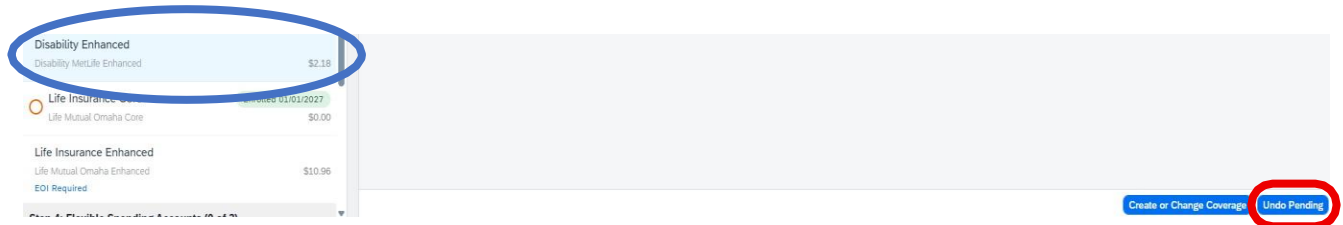
Employee Cost Per
Paycheck
2.18

[BCPS Disability Page](#)

[Cancel](#) [Save](#)

Step 2:

1. To **reverse your Disability Enhanced** election before completing your enrollment, select the **Disability Enhanced** tab, then click the **Undo Pending** button.



Disability Enhanced

Disability MetLife Enhanced \$2.18

Life Insurance Enhanced

Life Mutual Omaha Core \$0.00

Life Insurance Enhanced

Life Mutual Omaha Enhanced \$10.96

EOI Required

[Create or Change Coverage](#) [Undo Pending](#)

2. To **dis-enroll an existing Disability Enhanced** record, select the **Disability Enhanced** tab on the menu list on the left side of the screen, then click the **Stop** button on the **bottom right corner**.



FSA Medical Reimbursement Spending Account

- **Covers:** Eligible out-of-pocket medical expenses not covered by insurance (e.g., deductibles, co-pays, co-insurance, some services and supplies).
- **Contribution Limits (2026):**
 - **Minimum:** \$100/year **Maximum:** \$3,400/year
- **Important:**
 - You **cannot** enroll in **FSA Medical** if you choose the **Premier Choice HSA Medical Plan** effective, January 1, 2027.
 - Funds **must** utilize ALL **FSA Medical Funds** by the grace period of **March 15, 2027**. You will have until **April 15, 2027, to file for a reimbursement**, if applicable. If these deadlines are not met, any unused funds will be forfeited.

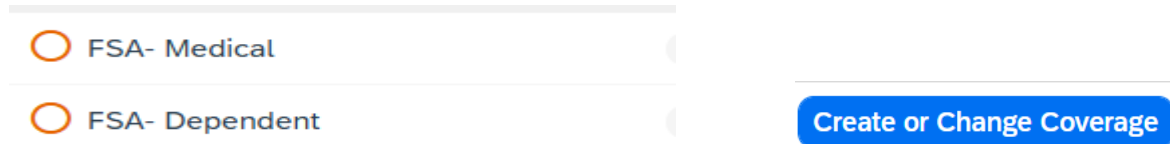
FSA Dependent Care Spending Account

- **Covers:** Child/dependent care expenses so you (and your spouse, if applicable) can work full-time.
- **Eligibility:** Both spouses must be employed, or one must be disabled or a full-time student.
- **Contribution Limits (2026):**
 - **Minimum:** \$100/year **Maximum:** \$7,500/year
 - **Also subject to:** Use-it-or-lose-it rule.

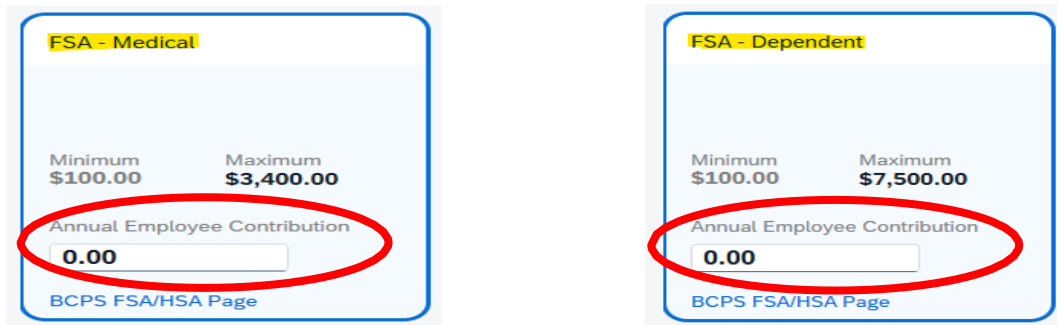
Reminder, the IRS maximum contributions for the 2027 FSA Medical and Dependent Care Plans have not yet been released. If you would like to contribute the **maximum** amount for 2027, you **must** enroll with the maximum allowed currently for 2026 in Cloud Benefits. Thereafter, send an email to the Benefits Department at **benefits@browardschools.com** with your intent to increase the contribution amount to the maximum allowable by the IRS for 2027. The email **must** be received by the Open Enrollment deadline of **Friday, October 23, 2026**.

- **How to Enroll or Edit**

1. Go to the **FSA Medical** or/and **Dependent Care** tab, then click the **Create or Change Coverage** button on the **bottom right corner** of the screen.



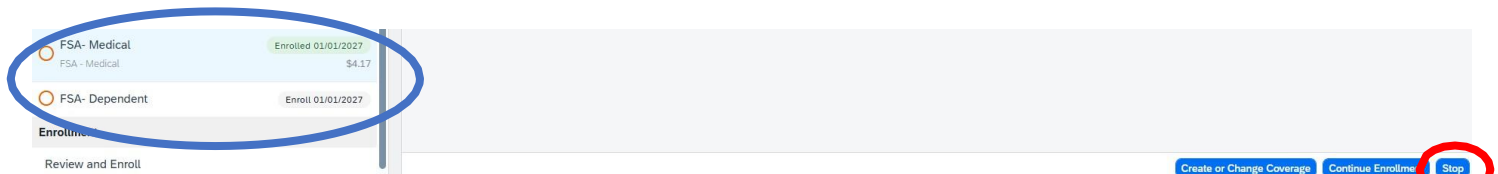
2. Enter your desired **Annual Employee Contribution** (within limits) for either option.



3. Click **Save** button located in the **bottom right corner** of the screen.

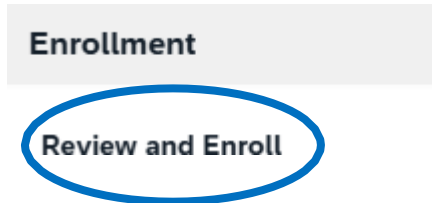
- **How to Dis-Enroll**

1. Go to the **FSA Medical** or/and **Dependent Care** tab.
2. Click the **Stop** button in the **bottom right corner** of the screen. The plan will terminate on 12/31/2026.



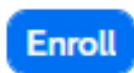
FINALIZE ENROLLMENT

1. Click on the **Review and Enroll** tab on the left side menu (last tab).

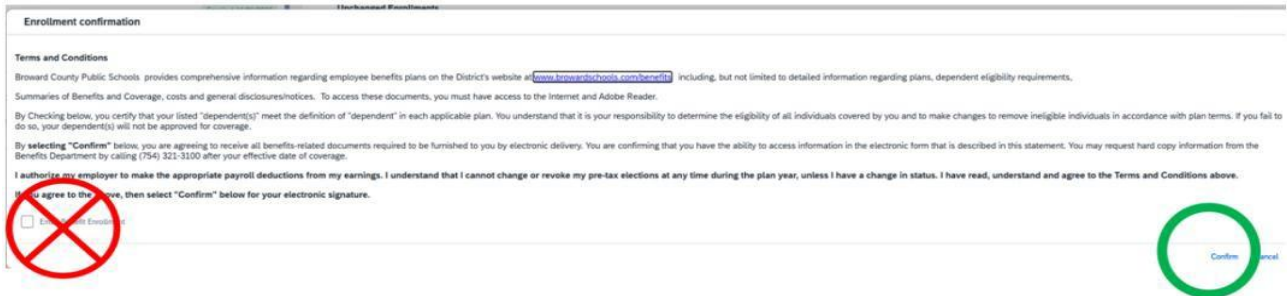


- a) Please be sure to **review your elections** to ensure that you and your eligible dependent(s), if applicable, are covered by your selections.

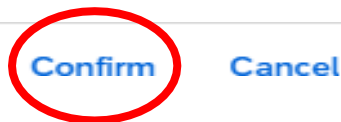
2. Click on the **Enroll** button located on the **bottom right corner** of the screen.



3. **DO NOT check the Email Benefit Enrollment check box** (the **Benefit Confirmation Statement** will be sent to your **work email** automatically).



4. Click on the **Confirm** button located on the **bottom right corner** of the screen.



5. The Confirmation dialogue box will appear; you can click the **Download** button for the option to save a PDF copy of your **Benefit Confirmation Statement** to your desktop or print it.
6. Click the **"BACK"** button on the Confirmation dialogue box and your **Open Enrollment** tab will now reflect **"Enrollment Completed"**.

Enrollment Submission Confirmation	< Employee Benefits
Personnel Number: [REDACTED]	Getting Started
Name: [REDACTED]	Employee Profile
Confirmation ID: 77f0bb6d-dbd6-aad-53a1-746ac70f579d	Benefits Resources
	Current Enrollment
	Submit a life change
	Beneficiary Change
Download Back	Open Enrollment Enrollment completed

- If your Open Enrollment tab reflects **"Not yet submitted"**, this means that you have not successfully confirmed your selections; therefore, please repeat steps 1-4 above.

Open Enrollment	Not yet submitted, expires in 22 days
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CONGRATULATIONS!

You have successfully completed your enrollment for 2027. **Remember to Print or Save your "Benefits Confirmation" for your records.**

IMPORTANT DEADLINES

- **Open Enrollment Ends:** Friday, October 23, 2026, at 11:59 p.m.
- **Dependent Verification Due:** Wednesday, October 21, 2026, no later than 5:00 p.m.

Need Help?

- **IT Service Desk:** 754-321-0411 (7:00 a.m. – 4:00 p.m., M–F)
- **Benefits Email:** benefits@browardschools.com
- **Benefits Department:** 754 321-3100