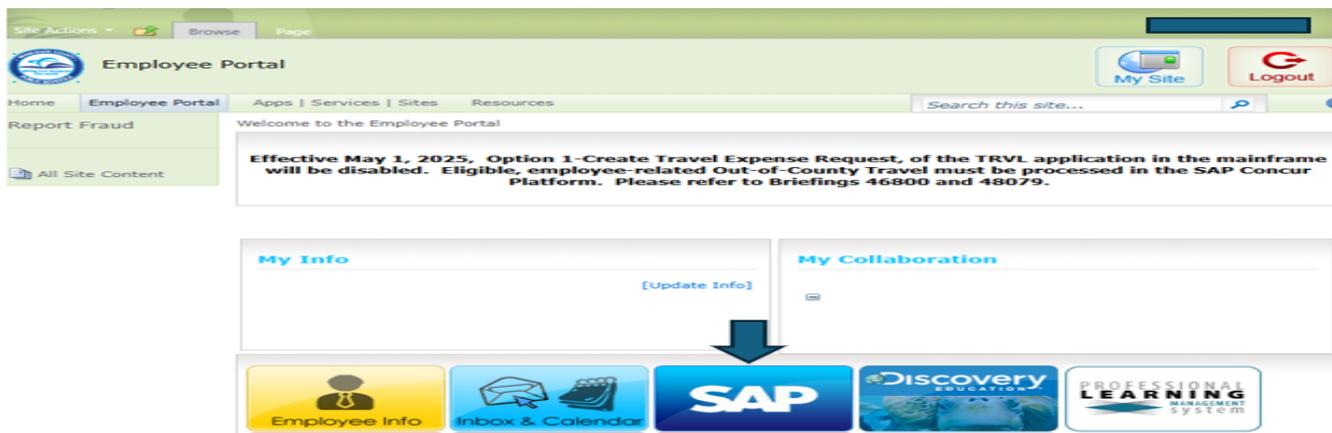


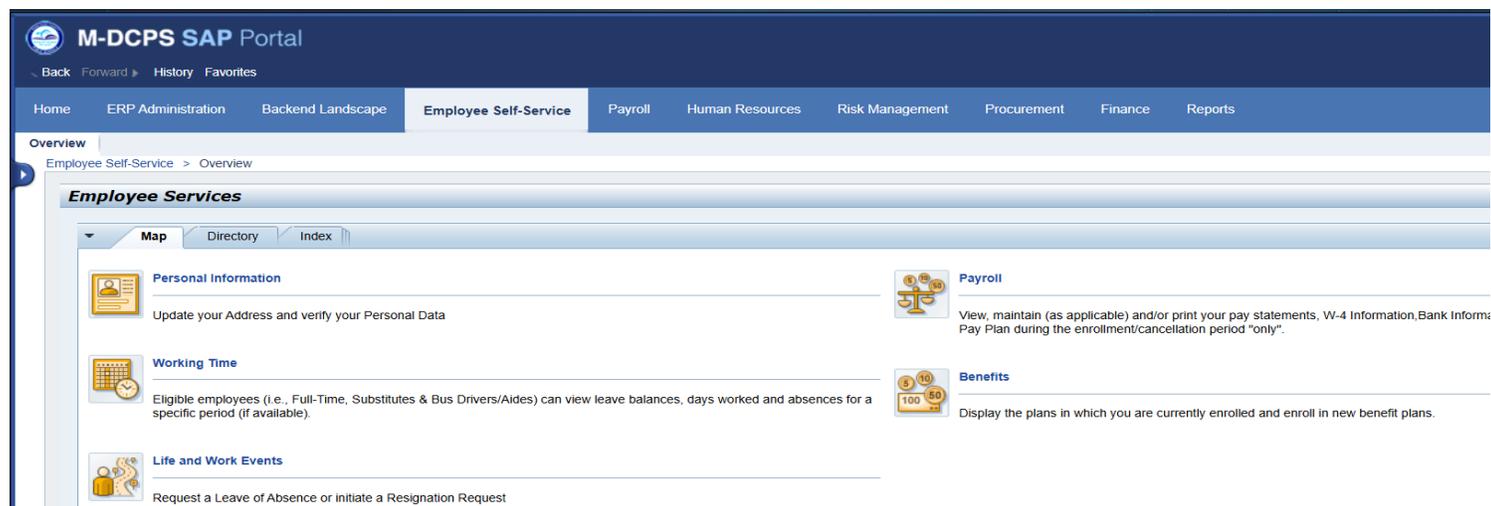
As a new employee you will receive an email notification 60 days after your date of hire prompting you to enroll online for your benefits. The email will provide you with your enrollment deadline.

Accessing the New Hire Enrollment Link

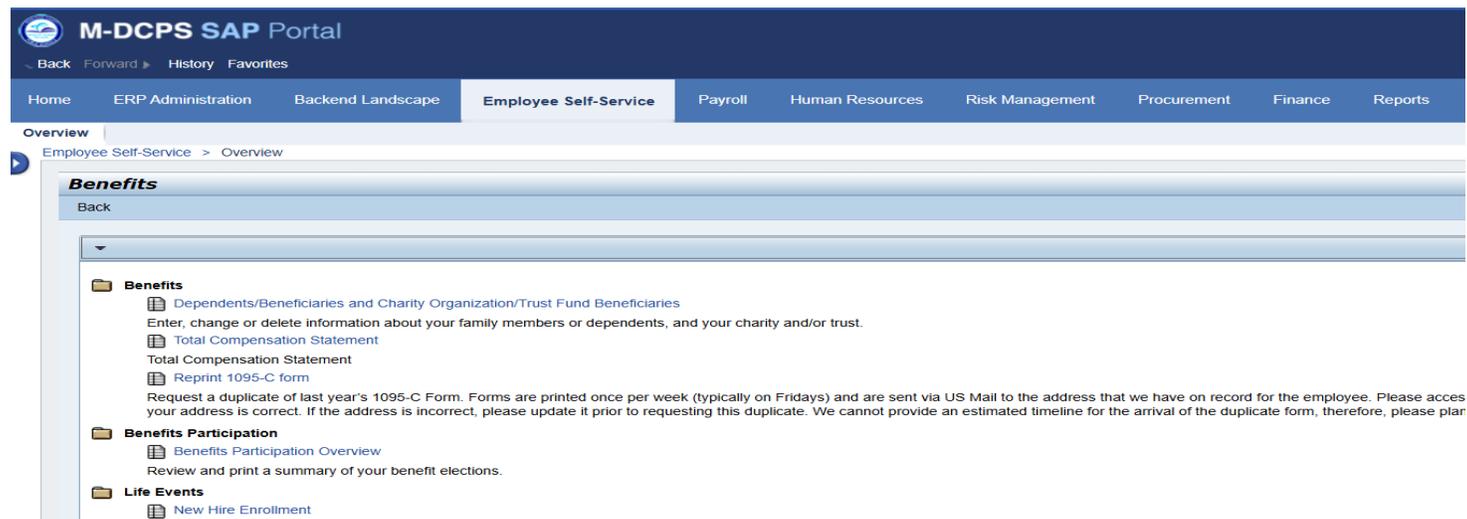
1. Log on to your Employee Portal through dadeschools.net and click on the **SAP** icon.



2. Click on the **Employee Self Service** Tab. Then, click on the **Benefits** link.



3. Under Life Events, click on the **New Hire Enrollment** link.



How to Enroll – Step-by-step Instructions

Step 1 – Review Dependent Eligibility documentation. To proceed, you must **Click here to Continue**.

The screenshot shows the M-DCPS SAP Portal interface. The top navigation bar includes 'Home', 'ERP Administration', 'Backend Landscape', 'Employee Self-Service', 'Payroll', 'Human Resources', 'Risk Management', 'Procurement', 'Finance', and 'Reports'. The 'Employee Self-Service' tab is active. Below the navigation bar, the 'Overview' section is visible. The main content area displays 'New Hire Enrollment: Step 1 of 13 (Dependent Eligibility)'. A progress bar shows steps 1 through 7, with step 1 highlighted. Step 1 is labeled 'Dependent Eligibility'. Below the progress bar, there is a document viewer showing a document titled 'DependentEligibility'. The document content includes the following sections:

Dependent Eligibility

Who Is Eligible for Coverage*
Who is an eligible dependent? An eligible dependent is defined as:

- SPOUSE:** Your spouse is considered your eligible dependent for as long as you are lawfully married.
- DOMESTIC PARTNER:** Your Domestic Partner is eligible for coverage as long as he/she:
 - is of the same or opposite sex
 - shares your permanent residence
 - has resided with you for no less than one year
 - is no less than 18 years of age and is not related to you by blood in a manner that would bar marriage
- CHILDREN:** Children can include natural born children, stepchildren, adopted children and children for whom you have been appointed legal guardian. Children of your Domestic Partner are eligible for coverage only if the Domestic Partner is also included in the coverage.
 - For Healthcare, Dental and Vision benefits: your dependent is eligible for coverage through the end of the year that they turn 26. Coverage applies whether they are/are not married or is/is not a student. For the full definition of an eligible child, view the FSA FAQs at www.myFBMC.com.
 - For all other benefits: your unmarried children are

Step 2 – Review Domestic Partner Eligibility Documentation Requirements. To proceed, you must **Click here to Continue**.

The screenshot shows the M-DCPS SAP Portal interface. The top navigation bar is the same as in Step 1. The 'Employee Self-Service' tab is active. Below the navigation bar, the 'Overview' section is visible. The main content area displays 'New Hire Enrollment: Step 2 of 13 (Domestic Partner Affidavit)'. A progress bar shows steps 1 through 7, with step 2 highlighted. Step 2 is labeled 'Domestic Partner Affidavit'. Below the progress bar, there is a document viewer showing a document titled 'DomesticPartnerAffidavit'. The document content includes the following sections:

Domestic Partner Eligibility Documentation Requirements

Relationship	Documentation Requirements
Domestic Partner A copy of the Domestic Partnership Affidavit is available on the Open Enrollment Web site at www.dadeschools.net .	Affidavit of Domestic Partnership and any two of the following: <ul style="list-style-type: none">• Joint mortgage or lease of residence• Joint ownership of a motor vehicle• Joint bank or investment account• Joint credit card or other financial responsibility• Will naming the partner as the beneficiary

Step 3 – Review Declination of Healthcare Coverage Affidavit. If you are declining healthcare coverage, you will need to complete and submit this form with current proof of other group or state funded healthcare coverage to FBMC at MDCPSnewhire@fbmc.com before your enrollment deadline. To proceed, you must **Click here to Continue**.

M-DCPS SAP Portal

Back Forward History Favorites

Home ERP Administration Backend Landscape **Employee Self-Service** Payroll Human Resources Risk Management Procurement Finance Reports

Overview

Employee Self-Service > Overview

New Hire Enrollment: Step 3 of 13 (Opt Out Affidavit)

Previous Click here to Continue

1 2 3 4 5 6 7

Dependent Eligibility Domestic Partner Affidavit **Opt Out Affidavit** COBRA Initial Notification Statement of Collection FRS Information Personal and Address data Dependents ar

OptOutAffidavit 1 / 1 - 125%

Declination of Healthcare Coverage Affidavit

Declination of Healthcare Coverage Affidavit

I hereby certify that:

1. I have been given an opportunity to fully participate in the group medical plans provided through Miami-Dade County

Step 4 – Review Employee Eligibility Notice of Group Health Continuation Coverage Under COBRA documentation. To proceed, you must **Click here to Continue**.

M-DCPS SAP Portal

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Home ERP Administration Backend Landscape **Employee Self-Service** Payroll Human Resources Risk Management Procurement Finance Reports

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Employee Self-Service > Overview

New Hire Enrollment: Step 4 of 13 (COBRA Initial Notification)

Previous Click here to Continue

1 2 3 4 5 6 7

Dependent Eligibility Domestic Partner Affidavit Opt Out Affidavit **COBRA Initial Notification** Statement of Collection FRS Information Personal and Address data Dependents ar

Microsoft Word - Initial Notification Statement - COBRA 1 / 2 - 125%

INITIAL NOTIFICATION STATEMENT

EMPLOYEE ELIGIBILITY NOTICE

OF

GROUP HEALTH CONTINUATION COVERAGE UNDER COBRA

for the employee

Step 5 – Review Statement on the Collection, Use or Release of Social Security Numbers of Employees and Others documentation. To proceed, you must **Click here to Continue**.

M-DCPS SAP Portal

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Home ERP Administration Backend Landscape **Employee Self-Service** Payroll Human Resources Risk Management Procurement Finance Reports

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Employee Self-Service > Overview

New Hire Enrollment: Step 5 of 13 (Statement of Collection)

Previous Click here to Continue

1 2 3 4 5 6 7 8

Dependent Eligibility Domestic Partner Affidavit Opt Out Affidavit COBRA Initial Notification **Statement of Collection** FRS Information Personal and Address data Dependents and

Microsoft Word - Statement on Collection - Employees and Others - FI... 1 / 2 - 125% +

THE SCHOOL BOARD OF MIAMI-DADE COUNTY

Statement on the Collection, Use or Release of Social Security Numbers of Employees and Others***

The School Board of Miami-Dade County is authorized to collect, use or release social security numbers (SSN) of employees,

Step 6 – Review FRS information. To proceed, you must **Click here to Continue**.

M-DCPS SAP Portal

Back Forward History Favorites

Home ERP Administration Backend Landscape **Employee Self-Service** Payroll Human Resources Risk Management Procurement Finance Reports

Overview

Employee Self-Service > Overview

New Hire Enrollment: Step 6 of 13 (FRS Information)

Previous Click here to Continue

1 2 3 4 5 6 7 8

Dependent Eligibility Domestic Partner Affidavit Opt Out Affidavit COBRA Initial Notification Statement of Collection **FRS Information** Personal and Address data Dependents and

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YOUR Money YOUR Choice

YOUR M

Step 7 – Review your personal data. If any of your personal data is incorrect, contact Personnel Records at 1.305.995.7212. To proceed, you must **Click here to Continue**.

If your address or phone number is not correct, use the **Change Address Information** button to make corrections.

M-DCPS SAP Portal

Home ERP Administration Backend Landscape **Employee Self-Service** Payroll Human Resources Risk Management Procurement Finance Reports

Overview
Employee Self-Service > Overview

New Hire Enrollment: Step 7 of 13 (Personal and Address data)

← Previous Click here to Continue →

1 2 3 4 5 6 7 8
 Dependent Eligibility Domestic Partner Affidavit Opt Out Affidavit COBRA Initial Notification Statement of Collection FRS Information **Personal and Address data** Dependents and Beneficiaries

Personal Data

First name:
 Middle name:
 Last name:
 Gender:
 Date of birth:

Please review your personal data, if any of your personal data is incorrect, contact Employee Services at (305) 995-7888

Addresses

Permanent residence

If you want to change your address information, please click on the below button.
[Change Address Information](#)

Step 8 – If you wish to select coverage for your dependents or list them as a beneficiary on any plan, you must add their information in this section. Click on **Add/Change Dependents and Beneficiaries** button. Adding a dependent or beneficiary in this section DOES NOT provide them insurance coverage or list them as your beneficiary. This is the list of people you will be able to select from during your enrollment session.

M-DCPS SAP Portal

Home ERP Administration Backend Landscape **Employee Self-Service** Payroll Human Resources Risk Management Procurement Finance Reports

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Employee Self-Service > Overview

New Hire Enrollment: Step 8 of 13 (Dependents and Beneficiaries)

← Previous Click here to Continue →

1 2 3 4 5 6 7 8
 Dependent Eligibility Domestic Partner Affidavit Opt Out Affidavit COBRA Initial Notification Statement of Collection FRS Information Personal and Address data **Dependents and Beneficiaries**

Family Members / Dependents

Child

Name:
 Date of Birth:

Name:
 Date of Birth:

Name:

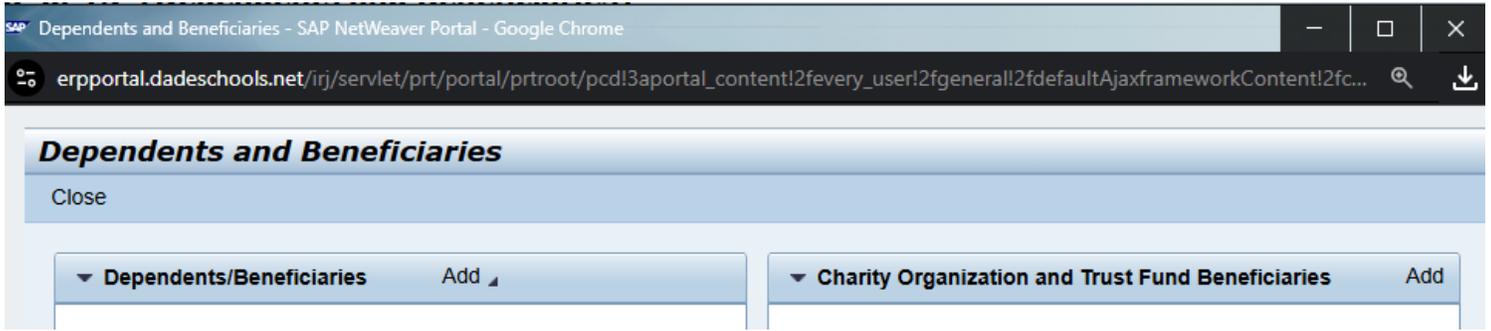
If you would like to be able to select a trust, will or charity organization as a beneficiary during information on this screen.

External Organizations

No data available

If you want to add or change your Dependents/Beneficiary data or External Organizations
[Add/Change Dependents and Beneficiaries](#)

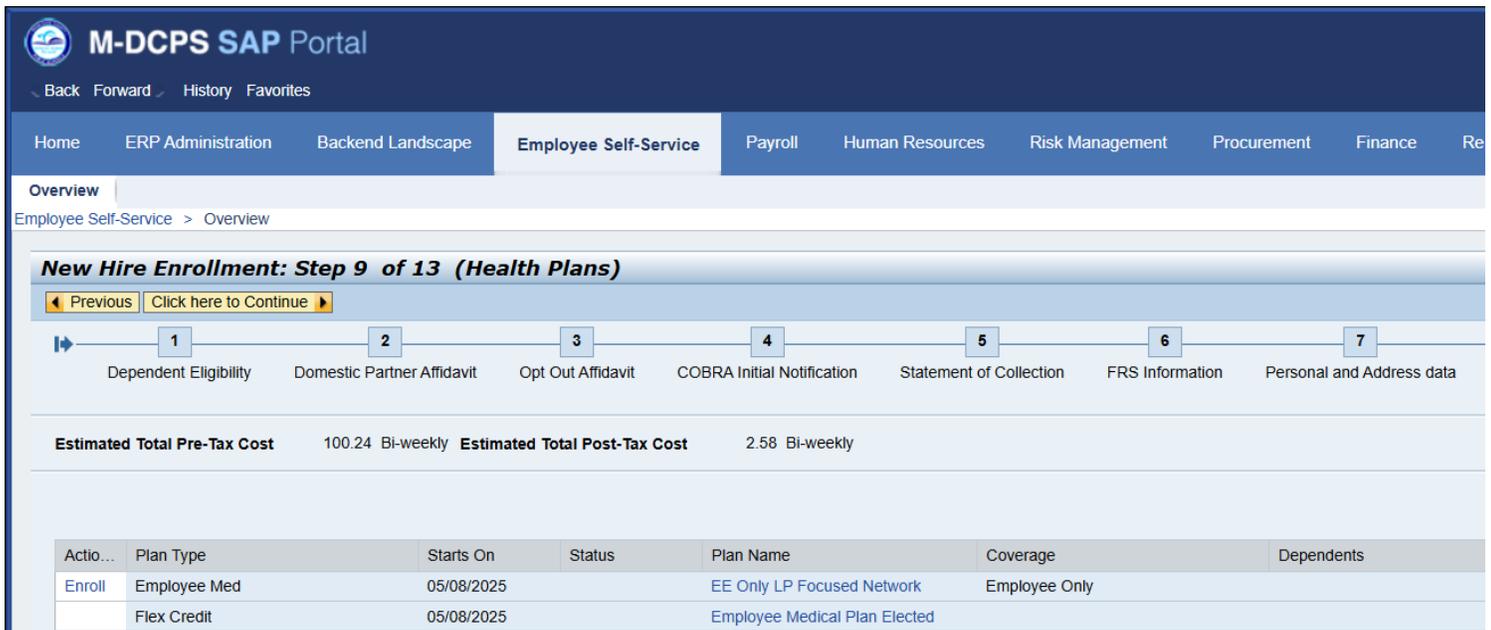
You may add a charity organization or add a will or trust designation by clicking on the appropriate box. If you would like to select a trust, will or charity organization as a beneficiary during your Employee Benefits enrollment process, please add their information in this section. You do not need to include an address when adding a NATIONAL charity or organization.



Review your selection carefully before you click **SAVE**. If you do NOT have changes, **Click here to Continue** to proceed to the next step.

If you need to make any other type of correction, please contact The Office of Risk & Benefits Management at 1.305.995.7129.

Step 9 – Elect your benefits: You must click on the **Enroll** button for each benefit. Either enroll in the plan or waive the benefit. During the enrollment process, you will be able to view the per pay deductions for each benefit.



Select the medical plan that best meets your needs. If you wish to have your per pay deduction from your paycheck, on a post-tax basis. Just unclick the box next to pre-tax deductions.

Click **Next** to continue.

Select a Employee Med Plan

At this time, you are selecting your employee only healthcare plan. Dependent healthcare plan selection is made on the next step. If you select to "Waive Employee Medical", you will be required to submit proof of active group or state-funded healthcare coverage with a current date. If you enroll in the Cigna SureFit Network healthcare plan, the selection of a Primary Care Physician (PCP) is required at the time of enrollment. You must select your PCP from the drop-down box. If you are re-enrolling in the Cigna SureFit Network plan for the 2025 plan year and wish to change your PCP on record for January 1, 2025, you must contact Cigna directly. You must reside in the tri-county area (Miami-Dade, Broward, and Palm Beach Counties).

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
EE Only OAP Extended Network	Employee Medical OAP Ext	Employee Only	43.85 USD Bi-weekly	
EE Only LP Focused Network	Employee Medical LocalPlus	Employee Only	20.77 USD Bi-weekly	
EE Only SureFit Network	Employee Medical SureFit	Employee Only		
Waive Employee Medical	Waive Employee Medical	Waived Coverage		

Pre-Tax or Post-Tax Deduction

Pre-Tax Deduction
 Post-Tax Deduction

If you select a plan that requires a deduction from your paycheck and you wish to have the deduction taken on a post-tax basis, please select the Post-Tax Deduction option. If a Pre-Tax/Post-Tax Deduction option does not appear, this premium deduction is only eligible to be taken on a post tax basis.

Enroll or Waive Dependent Medical Coverage: Elect the dependent(s) you would like to enroll in the medical plan or waive the coverage. Once you've selected your dependent(s), Click **Next** to continue.

M-DCPS SAP Portal

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Home ERP Administration Backend Landscape **Employee Self-Service** Payroll Human Resources Risk Management

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Employee Self-Service > Overview

New Hire Enrollment: Step 9 of 13 (Health Plans)

Dependent Eligibility Domestic Partner Affidavit Opt Out Affidavit COBRA Initial Notification Statement of Collection F

Estimated Total Pre-Tax Cost 100.24 Bi-weekly **Estimated Total Post-Tax Cost** 2.58 Bi-weekly

Action	Plan Type	Starts On	Status	Plan Name	Coverage
Change	Employee Med	05/08/2025	Changed	EE Only LP Focused Network	Employee Only
	Flex Credit	05/08/2025	Changed	Employee Medical Plan Elected	
Enroll	Dependent Med	05/08/2025			

Select a Dependent Med Plan

If you have selected any healthcare coverage that includes your domestic partner, you will be responsible for the taxes on the premium and the Board subsidy. Domestic partnership eligibility documents must be submitted annually. Additionally, you will be required to provide dependent documentation for all covered dependents, if not previously submitted. If not submitted, your dependent coverage will be terminated.
 If applicable, the Spousal Surcharge Affidavit will appear once you click on "Next". Please be sure to select the answer that best describes your spouse/domestic partner's medical coverage status.

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Dep Med LP Focused Network	Dependent Medical LocalPlus PI	Spouse	211.85 USD BI-weekly	
Waive Dependent Medical	Waive Dependent Medical	Waived Coverage		

Pre-Tax or Post-Tax Deduction

Pre-Tax Deduction
 Post-Tax Deduction

If you select a plan that requires a deduction from your paycheck and you wish to have the deduction taken on a post-tax basis, please select the Post-Tax Deduction option. If a Pre-Tax/Post-Tax Deduction option does not appear, this premium deduction is only eligible to be taken on a post tax basis.

Enroll Dependents

BCDA (Spouse)

Next **Cancel**

If applicable, the Spousal/Domestic Partner Surcharge Affidavit will appear if you cover your spouse or domestic partner on your medical plan. Answer the question that best describes your spouse's/domestic partners' medical coverage status and click accept. Click on **Accept**.

Spousal Surcharge

If you cover your spouse/domestic partner on an M-DCPS medical plan and your spouse/domestic partner has coverage available from their own employer, an additional annual surcharge of \$800 will be charged and deductions will be taken effective January 1st on a per pay basis.

To continue with your enrollment, you must click on the below appropriate box describing your dependent's access to care:

My spouse/domestic partner does not have medical coverage available through their own employer

My spouse/domestic partner has access to medical coverage through their own employer and has elected to decline the coverage.

My spouse/domestic partner has access to medical coverage through their own employer and is enrolled

Accept **Cancel**

Enroll or Waive Dental Coverage: To select your dental plan, click next to the plan you wish to enroll in and whether the coverage will be Employee only or Employee + Family. Your eligible dependents will be listed below. Select which dependents you are enrolling in the dental plan.

You must click **Next** to proceed.

If you select DeltaCare DHMO Low or High, you will need to select a PDP. Click on the small box next to PDP Name and search for your dentist then click **Search** for provider names to populate. Select your provider, then you must click **Next** to proceed.

Select a Dental Plan

Please select a Dental plan or click Waive Dental Coverage.

Plan Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs
Delta Dental PPO Strd	PPO Strd	Employee Only	9.88 USD BI-weekly	
DeltaCare USA DHMO Low	DHMO Low	Employee Only	4.09 USD BI-weekly	
DeltaCare USA DHMO Low	DHMO Low	Employee + Family	10.42 USD BI-weekly	
DeltaCare USA DHMO High	DHMO High	Employee Only	6.63 USD BI-weekly	
DeltaCare USA DHMO High	DHMO High	Employee + Family	16.92 USD BI-weekly	
Delta Dental PPO Strd	PPO Strd	Employee Only	9.88 USD BI-weekly	
Delta Dental PPO Strd	PPO Strd	Employee + Family	30.26 USD BI-weekly	
Delta Dental PPO High	PPO High	Employee Only	15.93 USD BI-weekly	
Delta Dental PPO High	PPO High	Employee + Family	47.63 USD BI-weekly	
UHC Solstice DHMO Strd	UHC Solstice DHMO Strd	Employee Only	3.50 USD BI-weekly	
UHC Solstice DHMO Strd	UHC Solstice DHMO Strd	Employee + Family	8.98 USD BI-weekly	
UHC Solstice DHMO High	UHC Solstice DHMO High	Employee Only	4.69 USD BI-weekly	
UHC Solstice DHMO High	UHC Solstice DHMO High	Employee + Family	12.06 USD BI-weekly	
UHC PPO Dental Strd	UHC PPO Dental Strd	Employee Only	8.79 USD BI-weekly	
UHC PPO Dental Strd	UHC PPO Dental Strd	Employee + Family	26.94 USD BI-weekly	
UHC PPO Dental High	UHC PPO Dental High	Employee Only	16.84 USD BI-weekly	
UHC PPO Dental High	UHC PPO Dental High	Employee + Family	51.42 USD BI-weekly	
Waive Dental Coverage	Waive Dental Coverage	Waived Coverage		

Pre-Tax or Post-Tax Deduction

Pre-Tax Deduction
 Post-Tax Deduction

If you select a plan that requires a deduction from your paycheck and you wish to have the deduction taken on a post-tax basis, please select the Post-Tax Deduction option. If a Pre-Tax/Post-Tax Deduction option does not appear, this premium deduction is only eligible to be taken on a post tax basis.

Enroll Dependents

BCDA (Spouse)

PDP Information (Employee)

PDP Name:
PDP ID:

[Next](#) [Cancel](#)

Search: PDP Name

Search Criteria Personal Value List Hide Search Criteria ?

Physician Name is
Facility Name is
City is
ZIP Code is

Maximum Number of Results:

[Search](#) [Clear Entries](#) [Reset to Default](#)

Once you have enrolled or waived all the benefits in Step 9, you must [Click here to Continue](#) to proceed to the next step.

Step 10 – You must click on the **Enroll** button for each benefit. Either enroll in the plan or waive the benefit. During the enrollment process, you will be able to view the per pay deductions for each benefit. [Click here to Continue](#) to proceed to the next step.

Step 11 – You must click on the **Enroll** button for each benefit. Either enroll in the plan or waive the benefit. During the enrollment process, you will be able to view the per pay deductions for each benefit. [Click here to Continue](#) to proceed to the next step.

Step 12 – You can elect to assign beneficiaries to your Sick/Vacation. [Click here to Continue](#) to proceed to the next step.

Step 13 – Review and Submit your enrollment election. Click to print a copy of your Employee Confirmation Statement.

Benefits Participation Overview

 [Print Participation Overview](#)

Your benefits displayed are as of today. If you would like to view your benefits for a different timeframe, please change the date in the box next to, "Display your benefits as of" and click on the Display button. To print your Benefit Participaton form, click on the 'Print Participation Overview' button above. To view further details about a plan, click on the corresponding 'Plan Name' column.