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.

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			Update your Add	Update your Address and verify your Personal Data						View, maintain (as ap Pay Plan during the e	oplicable) and/or	r print your pay statements ellation period "only".	, W-4 Information, Bank Inform
	Working Time								5 ¹⁰	Benefits			
			Eligible employe specific period (i	es (i.e., Full-Time, Substitut f available).	es & Bus Drivers/Aides) can viev	v leave balanc	es, days worked and abse	nces for a	100 50	Display the plans in v	which you are cu	urrently enrolled and enroll	in new benefit plans.
		000	Life and Work E	fe and Work Events									
		9	Request a Leave	e of Absence or initiate a Re	signation Request								

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

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	Dependents/Be Enter, change or de Total Compensation Reprint 1095-C Request a duplicate	eneficiaries and Charity Orga elete information about your f ation Statement n Statement : form e of last year's 1095-C Form	nization/Trust Fund Beneficiarie amily members or dependents,	s and your char ek (typically of	ity and/or trust.) Fridays) and are sent via	US Mail to the address th	at we have on record	for the employ	vee. Please accu
	your address is con	rect. If the address is incorre	ct, please update it prior to requ	esting this dup	licate. We cannot provide	an estimated timeline for t	he arrival of the dupl	icate form, ther	efore, please pla
6	Benefits Participation	n							
	Benefits Partici	pation Overview							
	Review and print a	summary of your benefit elec	ctions.						
6	Life Events	liment							

How to Enroll – Step-by-step Instructions

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

Back F	M-DCPS SAP	Portal						
Home	ERP Administration	Backend Landscape	Employee Self-Service	Payroll Human Reso	urces Risk Managem	ent Procurement	Finance Reports	
Overview Employee S	elf-Service > Overview							
New Prev	Hire Enrollment: vious Click here to Contin	Step 1 of 13 (De	pendent Eligibility)					
I+	1 Dependent Eligibility	2 Domestic Partner Affidavit	Opt Out Affidavit COE	4 BRA Initial Notification State	5 ement of Collection FRS	6 Information Person	al and Address data	Dependents a
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			Depende Who is Eligibi Who is an elig is defined as: SPOUSE: You dependent fo DOMESTIC PA for coverage e is of the sa shares you has reside is no less:	nt Eligibility e for Coverage* lible dependent? An eligible depe r as long as you are lawfully married RTNER: Your Domestic Partner is el as long as he/she: me or opposite sex ir permanent residence d with you for no less than one year than 18 years of age and is not rela	CHILDREN: Children ndent stepchildren, adopted have been appointe Domestic Partner ara Domestic Partner is al	can include natural born ch children and children for wh legal guardian. Children c eligible for coverage only so included in the coverage. Dental and Vision benefit jble for coverage through the turn 26. Coverage applies matried or isifs not a student. an eligible child, view the FS. WC.com nefits your upmarried child	ildren, im you f your if the end of hether For the FAQs PD are	Î

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

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			Relationship		Documentation	Requirements					
	1		Domestic Partner		Affidavit of Domestic P	arthership and any two	of the following:		_		
			A copy of the Domestic Partnershi	ip Affidavit is	Joint mortgage of	r lease of residence	n the following.				
	Alfinizia de l'association benevariaji Beneral que construir esta su construir esta su 1 esta su que construir esta su construir esta su 2 esta su que construir esta su construir esta su construir esta 2 esta su construir		available on the Open Enrollment www.dadeschools.net.	Web site at	 Joint ownership o Joint bank or investion 	estment account					
					 Joint credit card (Will naming the p 	or other financial respons artner as the beneficiary	sibility				

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 <u>MDCPSnewhire@fbmc.com</u> before your enrollment deadline. To proceed, you must **Click here to Continue**.

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New Hire Enrollment: Step 3 of 13 (Opt Out Affidavit)									
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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 and Addr										
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Advancement of the second	Declination of	Healthcare Covera	ge Affidavit							
	Declination of H	lealthcare Coverage	Affidavit							
1	I hereby certify that: 1. I have been given an op	oportunity to fully participate in the	e 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**.

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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**.



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

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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.

Back Forwar	CPS SAP	Portal								
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Personal D	ata					Addresses				
	First name:					Permanen	residence			
	Middle name:									
	Last name:									
	Gender:									
	Date of birth.									
Please revie	ew your personal da	ata, if any of your personal d	lata is incorrect, contact E	mployee Service	s at (305) 995-7888	if you wan	to change your add	dress information	, please click o	n the below button.
						Change A	ddress 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.

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Famil	y Members / Dependen	ts				1	you would like to formation on this	be able to sele screen.	ct a trust, will o	r charity organization as a bi	eneficiary dun
Child							xternal Organiza	tions			
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	Date of Birth:						Add/Change Depe	indents and Be	neficiaries		
	Name:										

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.

🙅 Dependents and Beneficiaries - SAP NetWeaver Portal - Google Chrome	_ ×								
erpportal.dadeschools.net/irj/servlet/prt/portal/prtroot/pcd!3aportal_cont	tent!2fevery_user!2fgeneral!2fdefaultAjaxframeworkContent!2fc 🔍 🛃								
Dependents and Beneficiaries Close									
✓ Dependents/Beneficiaries Add ∡	Charity Organization and Trust Fund Beneficiaries Add								

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.

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	Dependent Eligibility	Domestic Partner Affidavit	Opt Out Affidavit COE	BRA Initial Notification	Statement of Collection	FRS Information	Personal and Address data					
Estin	Estimated Total Pre-Tax Cost 100.24 Bi-weekly Estimated Total Post-Tax Cost 2.58 Bi-weekly											
Acti	o Plan Type	Starts On	Status	Plan Name	Coverage		Dependents					
Enr	oll Employee Med	05/08/202	25	EE Only LP Focused Netv	vork Employee Onl	/						
	Flex Credit	05/08/202	25	Employee Medical Plan E	lected							

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).

Pla	an Name	Option	Coverage	Pre-Tax Costs	Post-Tax Costs					
EE	E Only OAP Extended Network	Employee Medical OAP Ext	Employee Only	43.85 USD Bi-weekly						
EE	E Only LP Focused Network	Employee Medical LocalPlus	Employee Only	20.77 USD Bi-weekly						
EE	E Only SureFit Network	Employee Medical SureFit	Employee Only							
Wa	aive Employee Medical	Waive Employee Medical	Waived Coverage							
Pre-Tax or Post-Tax Deduction										
Image: Pre-T	Tax Deduction									
O 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.

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Estimated Total Pre-Tax Cost 100.24 Bi-weekly Estimated Total Post-Tax Cost 2.58 Bi-weekly								
	Actio	Plan Type		Starts On	Status	Plan Name	C	Coverage
	Change	Employee Med		05/08/2025	Changed	EE Only LP Foc	used Network E	mployee Only
		Flex Credit		05/08/2025	Changed	Employee Medic	cal Plan Elected	
	Enroll	Dependent Med		05/08/2025				

Sel	ect 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 Pl	Spouse	211.85 USD Bi-weekly		
	Waive Dependent Medical	Waive Dependent Medical	Waived Coverage			
Pre	-Tax or Post-Tax Deduction					
۲	Pre-Tax Deduction					
C 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						
BCD A (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.

Sel	ect 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			
	PDP Name: Please select a PDP from the list.					
	PDP ID:				Next Cancel	
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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

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.