FBMC BENEFITS MANAGEMENT

BE INFORMED! KNOW YOUR BENEFITS!

2026 Open Enrollment

Open Enrollment Dates
Dec 1 - Dec 14, 2025

Benefits Effective
Jan 1 - Dec 31, 2026

Dear M-DCPS Employee:

Your child dependent, currently enrolled under your healthcare plan, turned age 26 during this plan year. You may enroll them for the 2026 plan year, by completing and returning the enclosed 2026 Active Adult Child Enrollment form and Affidavit of Eligibility with the below required dependent eligibility documentation by the above enrollment deadline.

- Affidavit of Eligibility (attached)
- Birth certificate or court documentation of adoption/guardianship/legal custody
- Social Security Number
- Driver License

NOTE: You and your adult child dependent must be enrolled in the same healthcare plan.

IMPORTANT RULES GOVERNING DEPENDENT COVERAGE:

A provision in the Patient Protection and Affordable Care Act (PPACA) Healthcare Reform allows for an employee's dependent to be covered under the employee's healthcare plan until the dependent reaches age 26. However, the School Board will continue to provide coverage for regular dependents until the end of the calendar year in which they reach the age of 26. The dependent will be deemed an adult child the following calendar year. Under Florida law, a dependent adult child **ages 26-30** may be considered an eligible dependent for the purpose of "health" insurance.

For healthcare coverage offered under the School Board plan, you may add/continue to cover your eligible adult child dependent until the end of the calendar year in which the child reaches the age of 26-30, if the adult child:

- is dependent upon you for support;
- is not provided coverage as a named subscriber, insured, enrollee or covered person under any other group, blanket, or franchise health insurance policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act.

Healthcare premiums will be deducted via payroll on a bi-weekly basis based on your pay schedule.

Adult Child Dependent Healthcare Premiums:

CIGNA HEALTHCARE	PER PAY RATE ADULT CHILD DEPENDENT		
	10 Month	11 Month	12 Month
OAP Extended Network	$546.60	$455.50	$420.46
LocalPlus Extended Network	$530.40	$442.00	$408.00
SureFit* Network	$515.40	$429.50	$396.46

** At the time of enrollment, a Primary Care Physician (PCP) is required, and you must live in the tri-county area (Miami-Dade, Broward and Palm Beach Counties). If a PCP is not selected, Cigna will assign a participating provider based on ZIP code. This plan does not require referrals.*

To view the 2026 Benefits, visit **www.mdcpsbenefits.com**, then click on Full-time under Employee Groups. For questions or additional information, please contact FBMC Service Center at 1.855.MDC.PS4U (1.855.632.7748) Monday – Friday, 7:00 a.m. – 7:00 p.m., ET. Your enrollment form, dependent eligibility documentation and affidavit must be received by the above deadline for coverage effective **January 1, 2026.**

Enclosures

AFFIDAVIT OF ADULT CHILD ELIGIBILITY

FBMC
BENEFITS MANAGEMENT

I, _____, M-DCPS Healthcare Participant, hereby swear or affirm that I am the natural or adoptive parent, step-parent (natural child of spouse or domestic partner), legal guardian or custodian of _____, who is between the ages of 26 and 30.

I further swear or affirm that the above mentioned dependent child:

- Is dependent upon me for support;
- Is living in my household, or is a full-time or part-time student;
- Is unmarried and does not have any dependent children of his or her own;
- Is a resident of the State of Florida or a full-time or part-time student; and
- Is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health insurance policy or individual health benefit plan, or is not entitled to benefits under Title XVIII of the Social Security Act.

I have provided this information for use by FBMC for the purpose of determining eligibility of my adult dependent child for and participation in the M-DCPS sponsored healthcare plans. I affirm that the information in this Affidavit of Support is true to the best of my knowledge and belief.
I understand that any misinterpretation by me or my dependent in this Affidavit may result in retroactive termination of coverage in any and all M-DCPS healthcare plans (as applicable) and retroactive denial of claims previously processed.

_____

Signature

Subscribed and Sworn/Affirmed personally to before me, a Notary Public, this _____ day of _____, 20____, by _____, who is personally known to me or who has provided satisfactory proof of identification.

_____

Notary Public

My Commission Expires _____

MAKE A COPY OF THIS FORM FOR YOUR RECORDS.

FBMC
BENEFITS MANAGEMENT

ACTIVE ADULT CHILD
2026 ENROLLMENT FORM

Please print in **ALL CAPS** using a black or blue ink pen. Make a copy for your records.

1. EMPLOYEE INFORMATION

APPROVED BY: _____ **DATE:** _____

EMPLOYEE NAME (LAST)	(FIRST)	(MI)	EMPLOYEE ID	HOME PHONE	FAX NUMBER

EMAIL ADDRESS	HOME ADDRESS (NO. & STREET)	CITY	STATE	ZIP

OFFICE USE ONLY	SOCIAL SECURITY #	DUE DATE	EFF DATE	PAYROLL DATE	RECEIVED BY & DATE	PROCESSED BY & DATE
	- -					

2. ADULT CHILD HEALTHCARE PLAN SELECTION ☐ ADD ☐ DELETE

CIGNA HEALTHCARE PLAN* (check one)	**Cost Per Pay/Per Covered Adult Child****		
	10 MONTH	**11 MONTH**	**12 MONTH**
☐ OAP Extended Network	$546.60	$455.50	$420.46
☐ LocalPlus Focused Network	$530.40	$442.00	$408.00
☐ SureFit Network (PCP# is **required**) _____	$515.40	$429.50	$396.46

* Your adult child must be covered under the same healthcare plan as yourself.
** The premium for the adult child is in addition to the children/family rate.

3. ADULT CHILD DEPENDENT INFORMATION

Name	DOB	Social Security #	M/F	Cost/Per Pay	SureFit PCP #
				$	
				$	

Please add my adult child(ren) listed above to the healthcare plan selected. I understand that if I cover more than one eligible adult child, the cost per pay is per adult child and that my adult child(ren) must be covered under the same healthcare plan as me. If I cover other children under age 26, I understand that this cost is in addition to any other child(ren) premium.

To re-enroll your currently enrolled adult child, the following dependent eligibility documentation must be submitted with your completed enrollment form prior to the dependent being re-enrolled in to your healthcare coverage:

- Affidavit of Eligibility
- Birth certificate or Court Documents of Adoption/guardianship/legal custody
- Proof of Florida Residence (Florida Driver's License)

To enroll your newly eligible adult child, you must provide proof of loss of creditable coverage within 63 days, in addition to the required eligibility documentation listed above.

I have completed all required information above and I have included the required adult eligibility documentation with this election form. Furthermore, I understand that if I do not provide the required information and eligibility documentation, this form will not be processed and my adult child will not have healthcare coverage effective January 1, 2026. I also understand that I will not be able to add my adult child until next open enrollment, at which time proof of creditable coverage will be required. "Any person who knowingly and with the intent to injure, defraud, or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree. F.S. Section 817.234(1)(b")

You may FAX form and documents to FBMC Benefits Management at 1-877-217-0269, or U.S. MAIL to P.O. Box 12241, Miami, FL 33101

EMPLOYEE SIGNATURE	**DATE SIGNED**

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, employee dependents, and other individuals for the following purposes, which are noted as either required or authorized by law to be collected. The collection of social security numbers is either specifically authorized by law or imperative for the performance of the District's duties and responsibilities as prescribed by law [Fla. Stat. § 119.071(5)(a)2. & 3.].

1. **Employment eligibility, report to IRS, SSA, UC, and FAWI, including for W-4's and I-9's** [Required by 26 U.S.C. 6051; 26 C.F.R. 31.6011(b)-2, 301.6109-1 and 31.3402(f)(2)-1; and Fla. Stat. § 119.071(5)(a)6.]
2. **Receipts to employees for wages and Statements required in case of sick pay paid by third parties** [Required by 26 U.S.C. 6051 and Fla. Stat. § 119.071(5)(a)6.]
3. **Verification of an alien's eligibility for employment, including I-9** [Authorized by 8 U.S.C. 1324 and 8 C.F.R. 274.2]
4. **Income tax withholding (including for annuity and sick leave)/Payroll deductions on Form W-2** [Required by 26 U.S.C. 3402; 26 C.F.R. 31.6051-1; and Fla. Stat. § 119.071(5)(a)6.]
5. **Teacher retirement system benefits and contributions** [Authorized by Fla. Stat. § 238.01, *et seq*., including 238.07, and Fla. Stat. § 119.071(5)(a)6.]
6. **Retirement contributions required for enrollment in Florida Retirement System (FRS) Investment Plan, second election retirement plan enrollment, or for participation in and contributions to FRS** [Required by Fla. Admin. Code 19-11.010, 19-11.006, and 19-11.007; Fla. Stat. § 119.071(5)(a)2. & 6.; or by Fla. Stat. §§ 121.051, 121.071; Fla. Admin. Code 19-13.003]
7. **Reports pertaining to deferred vested retirement programs** [Required by 26 C.F.R. 301.6057-1 and Fla. Stat. § 119.071(5)(a)6.]
8. **Payments and plan relating to the retiree prescription drug subsidy under 42 C.F.R. §§ 423.34 and 423.886** [Authorized by 42 C.F.R. 423.884 and Fla. Stat. § 119.071(5)(a)6.]
9. **Educator Certification or licensure application, renewal, or add-on, or non-employee registration for professional development for in-service points or incentive pay** [Required by Fla. Stat. §§ 119.071(5)(a)6., 1012.56, and/or authorized by Fla. Stat. §§ 1012.21, 119.071(5)(a)6.]
10. **Criminal history, Level 1 and level 2 background checks / Identifiers for processing fingerprints by Department of Law Enforcement, if SSN is available** [Required by Fla. Stat. §§ 1012.56, 119.071(5)(a)6.]
11. **Registration Information regarding sexual predators and sexual offenders** [Authorized by Fla. Stat. § 943.04351 and required by Fla. Stat. § 119.071(5)(a)2. & 6.]
12. **Reports on staff required to be submitted to Florida Department of Education (DOE), including but not limited to Out-of-County/Out-of-State Verification of Highly Qualified** [Authorized and required by Fla. Stat. § 119.071 (5)(a)2. & 6. and/or Education Department General Administrative Regulations (EDGAR) at 34 C.F.R. 80.40(a) or Fla. Stat. § 1008.32]
13. **Social security contributions** [Authorized Fla. Stat. § 119.071 (5)(a)2. & 6.]
14. **State directory of new hires (including for determining support obligations and eligibility for several federal and state programs)** [Required by federal law 42 U.S.C. 653a and Fla. Stat. §§ 409.2576, 119.071(5)(a)]
15. **Notice to Payor and Income Deduction notices for child support, or for alimony and child support** [Required by Fla. Stat. § 61.1301(2)(e), 119.071(5)(a)]
16. **Child support enforcement** [Required by 45 C.F.R. 307.11 and Fla. Stat. §§ 61.13, 742.10, 409.2563, or 742.031]
17. **Garnishment payment pursuant to a Notice of Levy** [Required by Fla. Admin. Code 12E-1.028m and Fla. Stat. § 119.071(5)(a)]
18. **Request from depository for support payments** [Required by Fla. Stat. §§ 61.181(3)(b), 119.071(5)(a)]
19. **Record of remuneration paid to employees** [Required by 20 C.F.R. 404.1225, Fla. Admin. Code 73B-10.032, and Fla. Stat. § 119.071 (5)(a)6.]
20. **Unemployment benefits and short term compensation plan** [Required by Fla. Stat. Ch. 443, including 443.1116, and Fla. Stat. § 119.071(5)(a)6.]
21. **Unemployment reports from District** [Required by Fla. Admin. Code 73B-10.032 and Fla. Stat. § 119.071(5)(a)6.]

22. **Income information disclosure to HUD** [Required by 24 C.F.R. 5.214, *et seq*., and Fla. Stat. § 119.071(5)(a)6.]
23. **Vendors/Consultants that District reasonably believes would receive a 1099 form if a tax identification number is not provided Including for IRS form W-9** [Required by 26 C.F.R. § 31.3406-0, 26 C.F.R. § 301.6109-1, and Fla. Stat. § 119.071(5)(a) 2. & 6.]
24. **Tort claims and tort notices of claim against the School Board** [Required by Fla. Stat. § 768.28(6), 119.071(5)(a)6.]
25. **Reporting to and reports of worker's compensation injury or death, including for DWC-1** [Required by Fla. Stat. § 440.185 and Fla. Admin. Code 69L-3.003, *et seq*., and Fla. Stat. § 119.071(5)(a)6.]
26. **Worker's compensation petitions for benefits and responses thereto** [Authorized by Fla. Admin. Code 60Q-6.103 and Fla. Stat. § 119.071(5)(a)6.]
27. **The disclosure of the social security number is for the purpose of the administration of retirement or health benefits for a District employee or his or her dependents** [Required by Fla. Stat. § 119.071(5)(a)6.]
28. **The disclosure of the social security number is for the purpose of the administration of a pension fund administered for the District employee's retirement fund, deferred compensation plan, or defined contribution plan** [Required by Fla. Stat. § 119.071(5)(a)6.]
29. **Use of motor vehicle information from the Department of Motor Vehicles for the District to carry out its functions and to verify the accuracy of information submitted by agent or employee to District, including to prevent fraud, in connection with insurance investigations, and to verify a commercial driver's license** [Authorized by 18 U.S.C. 2721, *et seq*., and Fla. Stat. § 119.071 (5)(a)6.]
30. **Authorization for direct deposit of funds by electronic or other medium to a payee's account** [Required by Fla. Admin. Code 6A-1.0012 and Fla. Stat. § 119.071(5)(a)6.]
31. **Identification of blood donors** [Authorized by 42 U.S.C. 405(c)(2)(D)(i)]
32. **Employee's and former employee's request for report of exposure to radiation** [Authorized by 41 C.F.R. 50-204.33]
33. **Collection and/ or disclosure are imperative or necessary for the performance of the District's duties and responsibilities as prescribed by law, including but not limited for password identification to the District's network** [Authorized by Fla. Stat. § 119.071(5)(a)6., and required by Fla. Stat. § 119.071(5)(a)2.]
34. **The disclosure of the social security number is expressly required by federal or state law or a court order** [Required by Fla. Stat. §§ 1012.56 and 119.071(5)(a)6.]
35. **The individual expressly consents in writing to the disclosure of his or her social security number** [Allowed by Fla. Stat. § 119.071(5)(a)6.]
36. **The disclosure of the social security number is made to prevent and combat terrorism to comply with the USA Patriot Act of 2001, Pub. L. No. 107-56, or Presidential Executive Order 13224** [Required by Fla. Stat. § 119.071(5)(a)6.]
37. **The disclosure of the social security number is made to a commercial entity for the permissible uses set forth in the federal Driver's Privacy Protection Act of 1994, 18 U.S.C. Sec. 2721 et seq.; Fair Credit Reporting Act, 15 U.S.C. Sec. 1681 et seq.; or the Financial Services Modernization Act of 1999, 15 U.S.C. Sec. 6801 et seq., provided that the authorized commercial entity complies with the requirements of paragraph 5 in Fla. Stat. § 119.071** [Allowed by Fla. Stat. § 119.071(5)(a)6.]
38. **The disclosure of the social security number is for the purpose of the administration of the Uniform Commercial Code by the office of the Secretary of State** [Required by Fla. Stat. § 119.071(5)(a)6.]

Note: This form states the reasons for collecting, using or releasing the social security numbers only of employees and individuals other than students, parents and volunteers. A separate written statement sets forth the reasons for collecting, using or releasing the social security numbers of students and parents, and a separate written statement exists for collecting, using or releasing the social security numbers of volunteers as part of the volunteer application.

Office of the General Counsel
New: October 1, 2009
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