



RETIREE SELF SERVICE FOR MIAMI-DADE COUNTY PUBLIC SCHOOLS

FBMC Benefits Management provides an online enrollment tool which allows you to directly access and update your retiree information via the Internet. Using the retiree self-service platform, you can review and/or update your demographic information, dependents, and benefit elections.

- You can access the retiree self-serve platform from any computer with an internet connection
- Our secure (https) site uses the latest technology to ensure that the information entered is secure and adheres to industry security standards.

1 LOG-IN

1. Launch an internet browser
2. Navigate to **FBMC-Enroll.com**
3. Enter your Username
4. Enter your Password
5. Enter Company Name: **MDCPS**
6. **IF THIS IS YOUR FIRST TIME LOGGING-IN TO YOUR ACCOUNT**; Username and Password are the same: Last Name + Last 6 digits of SSN (ex. **smith456789**). **NOTE:** You may be prompted to change password.

RECOMMENDATIONS/TROUBLESHOOTING IF YOU ARE EXPERIENCING ISSUES:

1. Preferred Internet Browsers are Microsoft Edge, Google Chrome, or Safari. Internet Explorer users may experience difficulties.
2. Be sure to turn off Pop-Up blockers for this website on your computer.
3. Clear Cookies or Browsing History
4. Still need assistance? Contact FBMC Tech Support at **TechSupport@FBMC.com**.

2 EMPLOYEE USAGE AGREEMENT AND LEGAL AGREEMENT

You must read and accept the Employee Usage Agreement and Legal Agreement. This only shows during your initial log-in.

3 CHANGE PASSWORD

Please provide your security questions and answers as well as update your password. When finished select **Save & Continue**. Please note that this only shows during your initial log-in. Your password MUST:

1. Have a minimum of 8 characters
2. Contain at least one numeric digit
3. Contain at least one special character
4. Contain at least one UPPERCASE letter

4 EMPLOYEE HOME SCREEN

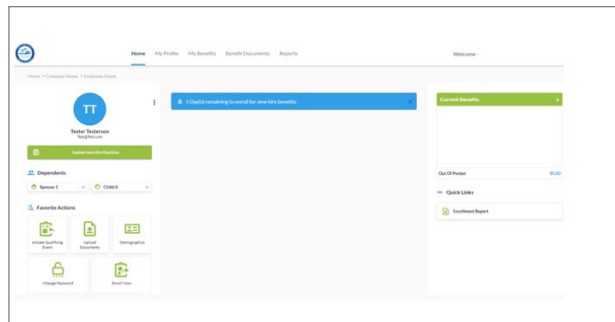
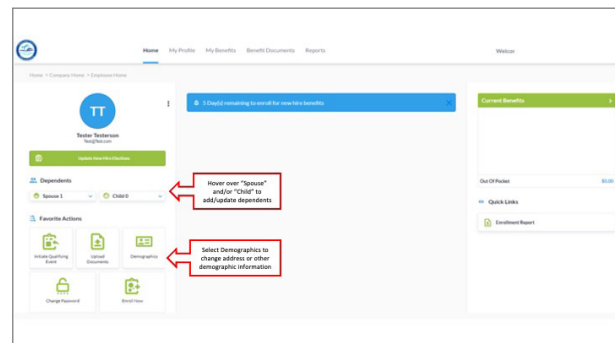
From your Employee Home Screen you can access your benefit elections and benefit documents, view and update dependent information and demographics, upload required documentation, or change your password.

5 DEMOGRAPHICS & DEPENDENTS

You will have an opportunity to review, add, or update your spouse, domestic partner or child information, as well as, your emergency contact information on the next few pages.

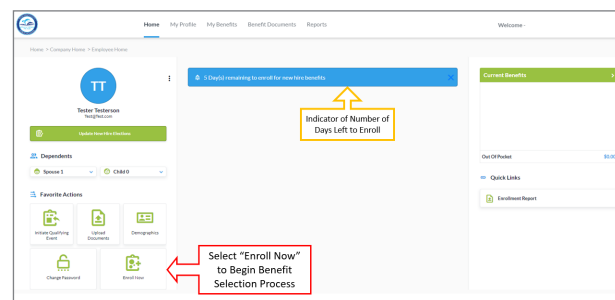
NOTE: Grayed out fields are considered “review only” fields.

Please ensure that all dependents that you would like to cover across any benefit (Medical, Dental, Spouse Life, Child Life, etc...) are entered within these pages.



6 ENROLL IN YOUR BENEFITS

1. Navigate the Employee Home Screen to Select “**Enroll Now**” to begin your enrollment selection process.
2. Indicator Bar at top of page shows how many days are left to enroll.
3. **FOR INITIAL RETIREE ELECTIONS:** If you are electing retiree benefits for the first time, you will be prompted to make your selections for the current plan year, prior to the opportunity to elect in benefits for Open Enrollment for the new plan year. If you fail to enroll in your initial benefit plans, you will not be enrolled in the next plan year.

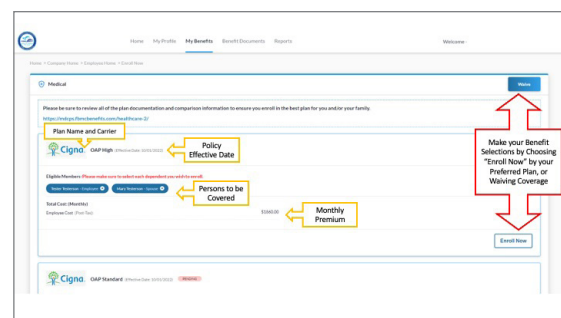


7 PLAN ELECTIONS

1. Select the plans you wish to enroll and WAIVE other plans listed. You will be prompted to give a reason for waiving the plans.
2. Select your eligible members that you would like to enroll in the plan.
3. Click the “**Enroll Now**” button to save the enrollment.

Please note that the following are available for additional information to assist you in choosing your benefits.

- **Compare Plan** – Click the Compare Plan box under each plan to open up a side-by-side comparison of the plans offered to you
- **Additional Tools**
 - Learn about your Health benefits – This houses links to the plan summaries
 - Paycheck Modeling – Allows you to calculate how much your benefits will cost
 - Forms Library – This houses links to additional benefit information
- **Brochure** – This link contains plan information



If you do not elect Cigna medical due to enrolling in a Medicare plan, a popup message will state "If you do not elect Cigna plan, you cannot re-enroll."

Ignore and continue selecting the Medicare plan of choice.

8 ADD NEW OR UPDATE BENEFICIARIES

If you are enrolled in Life Insurance and/or AD&D you must select beneficiaries. You will be required to provide your beneficiary information when enrolling in a Life or AD&D plan.

9 COMPLETING THE ENROLLMENT PROCESS

After completing all of your plan elections you will come to the Confirmation Page. Please review all of your elections for accuracy and enter your pin number in the box provided at the bottom.

Please be sure to keep a copy of the confirmation statement for your records by clicking on the PDF button to download save & print.

After you have clicked on finish, you will be taken to your Employee Home Page.

Your enrollment process is now complete.

10 RETIREMENT PAYMENT SELECTION

This page is where a retiree will select which payment remittance option they opt to utilize (ACH, Check-Pay, FRS); it's a drop-down box where they select A, B, or C (the KEY/LEGEND is immediately above the drop-down selection field on the screen).

Beneficiaries

Instructions:

- Depending on the plan, you may be able to assign a contingent beneficiary this.
- With each line, you may have one or more beneficiaries (as long as the total adds up to 100%).
- You can either choose a beneficiary from your saved dependents or create a new beneficiary.
- Click on the "Add" link to the right of the page for more information on how to manage your beneficiaries.

Please assign beneficiaries for the benefit plans shown below.

Beneficiary Details

Name	Relationship	Percentage (%)
	Relationship	100

[Add Primary Beneficiary](#)

[Add Contingent Beneficiary](#)

Plan and Pending Election Summary

Plan Name	Coverage	Election Date	Election Status
Medical Plan	Medical Insurance	01/01/2023	Completed
Medical Plan	Dental Insurance	01/01/2023	Completed
Medical Plan	Vision Insurance	01/01/2023	Completed
Medical Plan	Life Insurance	01/01/2023	Completed
Medical Plan	AD&D Insurance	01/01/2023	Completed
Medical Plan	Health Savings Account (HSA)	01/01/2023	Completed
Medical Plan	Flexible Spending Account (FSA)	01/01/2023	Completed

Plan and Pending Election Summary

Plan Name	Status	Election Date
Medical Plan	Not Selected	01/01/2023
AD&D Insurance	Not Selected	01/01/2023

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Return Payment Selection Page

Instructions:

- Select the payment method you want to use for your return payments. You can select from the following options:
- A. Direct Deposit (ACH) - Select this option if you want to have your return payments deposited directly into your bank account.
- B. Check - Select this option if you want to have your return payments sent to you by mail.
- C. Other - Select this option if you want to use a different payment method.

Please select your payment method from the drop-down menu above. You must select a payment method in order to proceed with your return. If you do not select a payment method, you will not be able to proceed with your return. The date shown is the date you selected.

Return Payment Selection

Payment Method: ACH

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Direct Deposit ACH Authorization Form

Direct Deposit ACH Authorization Form

By signing this form, I authorize Fidelity Investments to deposit my return payments directly into my bank account. I understand that I am authorizing Fidelity Investments to debit my bank account for the amount of my return payments. I understand that I am authorizing Fidelity Investments to debit my bank account for the amount of my return payments. I understand that I am authorizing Fidelity Investments to debit my bank account for the amount of my return payments.

Authorization

I am an authorized signer on the above referenced account. I hereby authorize Fidelity Investments, Inc. (Fidelity) to debit that account on the 15th day of each month all premium payments due for myself and my eligible dependent(s). I understand that I am authorizing Fidelity Investments to debit my bank account for the amount of my return payments. I understand that I am authorizing Fidelity Investments to debit my bank account for the amount of my return payments. I understand that I am authorizing Fidelity Investments to debit my bank account for the amount of my return payments.

This authorization remains in effect until Fidelity receives my written notification to rescind this authorization and is given reasonable time to act on my instructions. I also understand that until such time that the financial institution has received the direct payment, I must continue to send my monthly premium payments via check or money order direct to Fidelity to avoid any interruption or cancellation of coverage.

A voided check will need to be updated in the Update Documents screen to return ACH.

I acknowledge that the originator of ACH transaction to my account must comply with the provisions of U.S. law and agree not to dispute this recurring billing with my financial institution acting as the transactions counterpart to the payment indicated in this authorization form.

Participant Signature

[Signature]

Printed Name

John Doe

Effective Date

01/01/2023

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