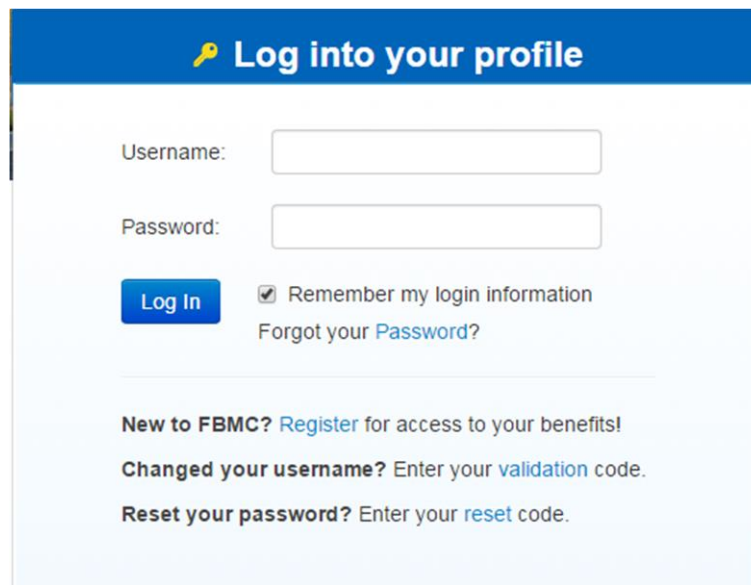# Online Benefits Enrollment System

Office of Human Resources

benefits@palmbeachstate.edu

REGISTRATION PROCESS

- Go to the FBMC Benefits Management System at: https://bmc.myfbmc.com
- If you have already created an account, login using your username and password you created. Proceed to "Enrollment Process". If new to the system, Click on "Register" and follow the instructions that follow for registration.
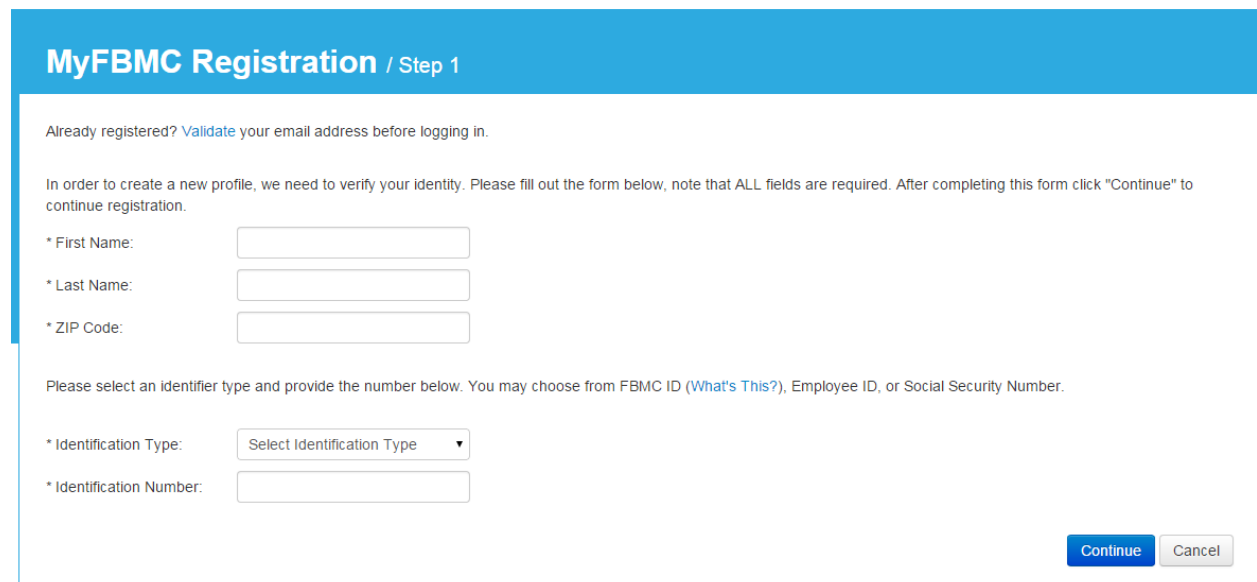

BMC Registration/Step 1

- Enter First Name, Last Name and Zip Code. This information must match exactly with the information you have provided the College.

Enter your Employee ID number OR full Social Security Number. If using your Employee ID number, enter number as is appears on you ID card preceded by zeros to equal a 9-digit number. Example: E11125, enter 000011125.

BMC Registration/Part 2

- The system will verify that your information was located in the system. Verify that all information provided is correct. If any information is incorrect, please contact the Office of Human Resources.

- Create your username (email address) and password and verify. Password must be 8 to 20 characters in length with at least one number and one special character excluding "<", ">", or "&".

- If you would like to receive mobile alerts, please enter your Mobile Phone Number.

- Accept and complete registration.

MyFBMC Registration / Step 2

We were able to locate you in the system. Please verify this information is correct, and proceed in creating your username and password. Fields marked with an asterisk (*) are required.

First Name:

Last Name:

ZIP Code:

Based on this information we matched you to the following employer(s). Please review this information before proceeding. If you do not see the expected employer(s) please contact the FBMC Service Center at 1-855-5MYFBMC for assistance.

Client Name	FBMC Employee ID
PALM BEACH STATE COLLEGE	

Username and Password

Please fill out the fields below to setup your username and password. Your email address will be your username for logging in to MyFBMC to access the Benefits Management Center (BMC). Please be sure you have access to receive email at the address, as you will be sent a verification email with a code that must be validated before you can log in.

* Email Address:

* Confirm Email Address:

Please create a password for your profile using the fields below. Your password must be 8 to 20 characters in length, with at least one number and one special character. Please do not use <, > or & as a special character.

* Password:

* Confirm Password:

Mobile Alerts

If you would like to receive mobile alerts, please enter your mobile number below. Messaging rates may apply. Please contact your carrier for more information.

Mobile Phone Number: (XXX) XXX-XXXX

By clicking on the 'I accept' below you are agreeing that FBMC has the right to monitor, track and record all activity conducted by you while accessing the website. Information obtained in the course of such monitoring may be used to document misconduct or criminal activity, with no notification or statement of cause. Under no circumstances will you assume or attempt a different level of access that what is granted to you with this registration. Access to this website is restricted to persons with authorized accounts. Any access that is not explicitly authorized is prohibited.

[I accept. Complete my registration] [Cancel]

MyFBMC Registration / Step 3

You're almost done!

Please check the inbox for the email address you provided for your username. An email has been sent with a validation code to activate your profile. Simply click the URL included in the email, or click the link below to manually enter the validation code. Note that your validation code is unique and will expire in **72 hours**.

Enter Validation Code

If you do not receive a validation code in your email, please check your spam filter, or contact the FBMC Service Center at 1-855-5MYFBMC.

Your email address has been verified. Please log in to continue. For new users, please use the password you entered during registration. For existing users, your temporary password is in the email message containing your Validation Code.   ✕

Username: [   ]

Password: [   ]

[Log In]   ☐ Remember my login information
Forgot your Password?

Security Question Set-up

- The first time you login the system will require you to set up a security question that will be utilized for password reset.
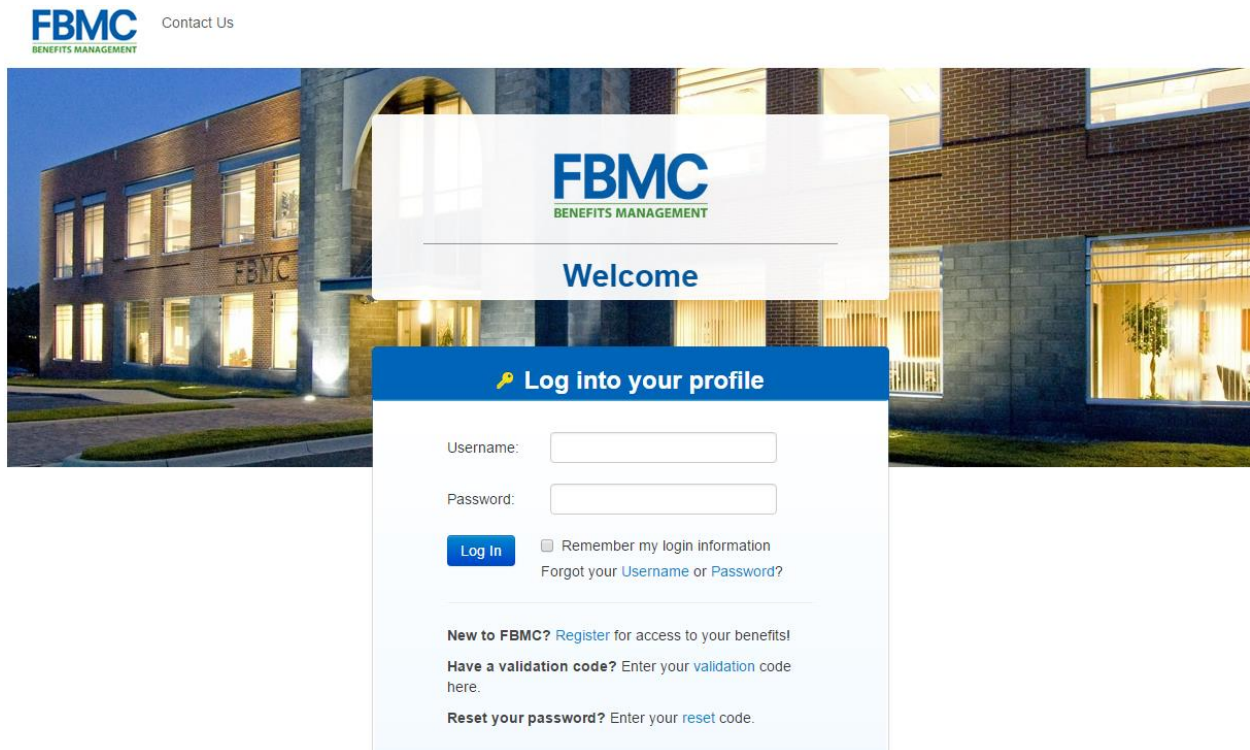
ONLINE BENEFITS ENROLLMENT SYSTEM

Before You Begin…

- Health Insurance – if you choose to waive health coverage, the College provides you with employee only PPO Dental and Vision coverage at no cost. You can choose to cover your dependents under either plan by paying the cost of coverage.

- If choosing HMO Health Insurance, you must have available the 10-digit National Provider ID # for your primary care physician as well as each covered dependent's primary care physician in order to complete your enrollment. National Provider ID # can be found at www.FloridaBlue.com

- If selecting HMO Dental, you must provide the 6-digit provider number for your dentist as well as each covered dependent's dentist in order to complete your enrollment. Provider numbers can be found at www.deltadental.com

- Please have available full first and last name, social security number, date of birth and address for each dependent/beneficiary. If you are listing someone as both dependent and beneficiary, add only as a dependent and you will have the ability to designate them as a beneficiary later in the enrollment process. If you add them as a beneficiary first, you WILL NOT be able to designate them as a dependent.

Enrollment Process

Log into the FBMC Benefits Management Center at https://bmc.myfbmc.com

- Once logged in, click "Enroll Now". You will then be required to choose under which category you will be adding/changing benefits. Only those options for which you are eligible for will be displayed. These can include: New Hire Enrollment, Open Enrollment or Change in Status. If you are only updating your beneficiaries for life insurance, you will need to choose Change in Status and select "Update Beneficiaries".
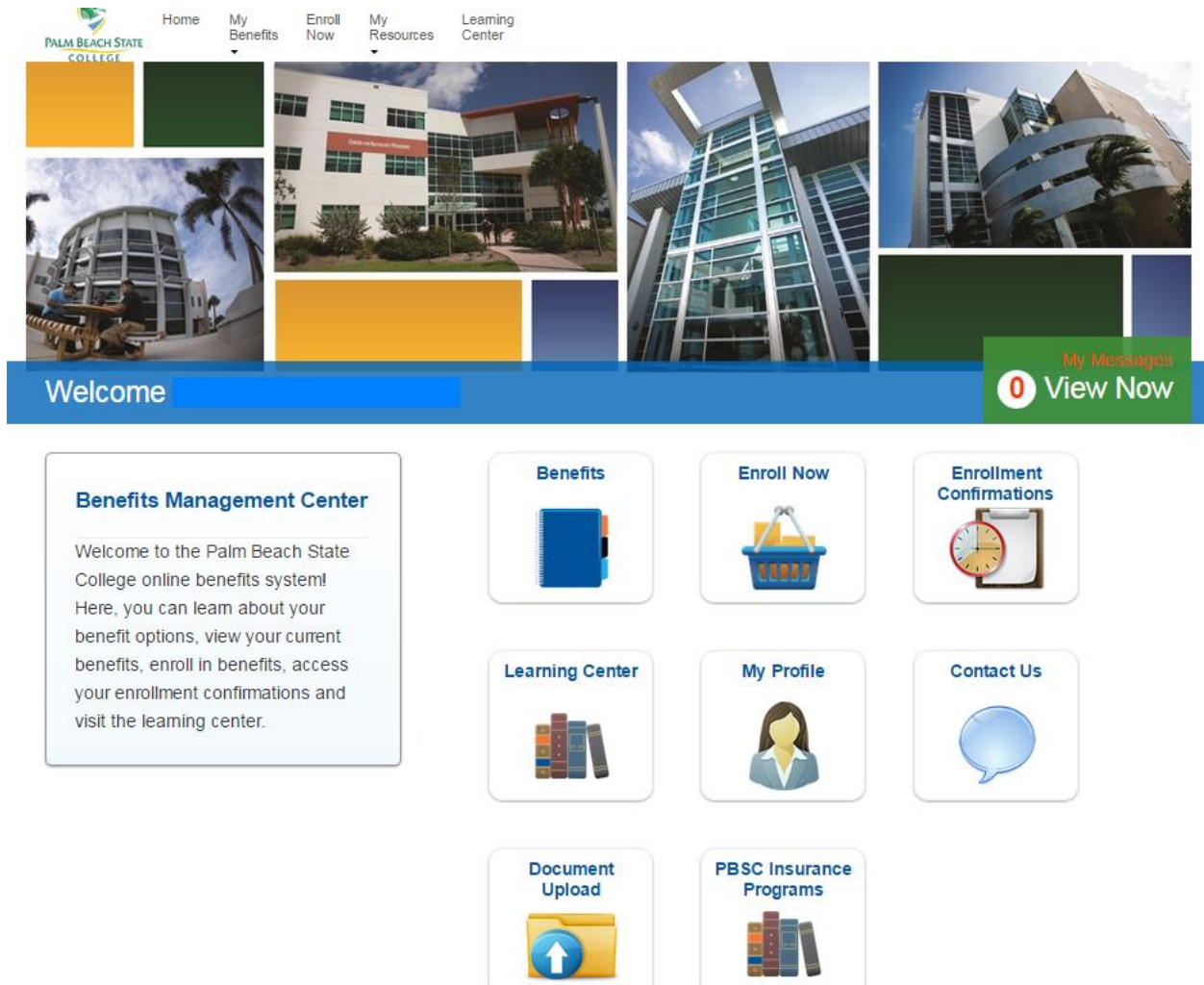
- Verify your Employee Information. If any information is incorrect, please contact the Office of Human Resources at benefits@palmbeachstate.edu
- Add Dependent/Beneficiary information.

HINT: If choosing to have as your beneficiary your "Trust" or "Estate", enter "Trust" or "Estate" as a first name, last name and relationship.

- If adding a dependent to your health plan for the first time, you will be required to submit verification of their eligibility during the online enrollment process. You will also be required to upload documentation which provides proof of a qualifying event during the year. Please note, dependent enrollment is pending until documentation is verified. On the "Document Upload" page you have the ability to upload the required verification documents.

Benefit Selection Process

- Choose your coverage level for each benefit by clicking "Select". The selected benefit will move to the top of the page. You must "save" the selection before continuing to the next benefit.

- Your saved benefit will appear in the right-hand corner under Payroll Deductions with the appropriate benefit cost. This will allow you the opportunity to view your total payroll deductions as you continue through your enrollment session.

- At any time you may exit the enrollment process and return later. Benefits that you have saved up to that point will remain selected. **Please note:** your enrollment is not completed until you receive a confirmation number at the end of the process.

Benefit Issues

- If the "Benefit with Issues" page appears, you will not be allowed to submit your enrollment. This page includes benefits that require a correction or a required benefit was not elected. Once you have reviewed and corrected any errors, you can proceed to checkout.

- Accept and complete confirmation.

You have selected the following benefits for the 2015 plan year.

You're almost done! The following benefits have been selected for the 2015 plan year. You can change any of your selected benefits prior to completing your enrollment. If you would like to change benefit selections, click the "Back" button and go to the benefit(s) you want to change. To complete your enrollment, scroll down to the bottom of this page and follow the instructions.

Your enrollment selections will be pended and subject to review when you submit the enrollment. You will receive a message to your BMC My Messages Inbox after the enrollment has been accepted or denied. ✕

Current Benefits

Medical

Medical - HMO 51

$0.00
Deduction Per Paycheck

Employee Only
Coverage Level

Future Benefits

Medical

Medical - HMO 51

$258.50
Deduction Per Paycheck
04/01/2015   04/15/2015
Effective   Payroll Begin

Employee + Spouse
Coverage Level

Dental

Dental - HMO

Dental

Delta Care USA HMO

Scroll down to see more. ↓

Payroll Deductions	
TOTAL	**$288.31**
PRE-TAX	
Medical	$ 258.50
Dental	$ 11.66
Basic Life & ADD	$ 0.00
Long Term Disability	$ 0.00
EAP	$ 0.00
SUBTOTAL	$ 270.16
POST-TAX	
Supplemental Life	$ 12.38
Supplemental ADD	$ 1.35
Short Term	$ 4.42
SUBTOTAL	$ 18.15

Hide Cart ▲

Please read the following instructions carefully.

1 You must agree to the terms and conditions in order to submit these elections.
☐ I agree to the Terms and Conditions.

2 You must confirm your authorization to submit these elections.
Enter the first 4 digits of your SSN: [   ] XXX-X

3 OPTIONAL: Please send a completed enrollment notice to this email address:
Email Address: [   ]

Confirm and Submit

Back   **Exit Enrollment**

Step 1: Welcome ☑   Step 2: Benefit Selection ☑   **Step 3: Checkout**   Step 4: Confirmation

HINT: If you would like a copy of your confirmation, please provide an email address before confirming.

Print and Keep Your Confirmation Notice

- Complete enrollment and receive a confirmation number. You can download or print a copy of your enrollment for your records.

- If you have not done so during your enrollment process, please upload dependent verification documents on the Benefits Management Center or you may provide them to the office of Human Resources within your 30-day enrollment period or prior to the end of Open Enrollment, if applicable.

- You can view your application 24 hours a day, 7 days a week.

Enroll Now for 2015! / Enrollment Confirmation

Thank You!
Your confirmation number is:

1014132

Confirmation Details

This confirmation contains a summary of the benefits that were selected during the enrollment session identified by the confirmation number. Please retain a copy of this confirmation for your records.

Confirmation Number :   1014132

Enrollment Date :   Jun 16, 2015 03:11 PM

Enrollment Type :   New Hire for 2015

> Some of the benefits selected as part of this enrollment have been pended, and will be reviewed prior to being accepted. Please see the benefits on this confirmation for further information. If additional forms are required e.g. Evidence of Insurability, you can find them under Online Materials in the My Resources area.

Employee Information

Scroll down to see more. ↓

⬇ Download   **🖶 Print**   **Done**

Step 1: Welcome ☑   Step 2: Benefit Selection ☑   Step 3: Checkout ☑   **Step 4: Confirmation**

DEPENDENT VERIFICATION

Supporting Documentation List

Office of Human Resources

benefits@palmbeachstate.edu

Eligibility Requirements	Acceptable Supporting Documentation

SPOUSE
Your spouse under a legally valid existing marriage.
	Submit one document from **PROOF A** <u>AND</u> one document from **PROOF B**:
	
	<u>PROOF A:</u>
	
	• Valid legal or religious marriage certificate, which must include:
	    o Name of the employee and spouse
	    o Date of marriage
	    o Certifier's signature/official seal
	    (Employees married within the last 6 months do not need to provide Proof B.)
	• Legal household/family registry, must show spousal relationship (*This is only acceptable if you were married outside the U.S. and do not have a marriage certificate.)*
	AND
	<u>PROOF B:</u>
	• Your Federal 1040 or State income tax return, which must:
	    o Be from current or previous tax year
	    o Contain name of employee and spouse
	    o Indicate married filing jointly or married filing separately
	    (Only the page listing filing status and exemptions is required)
	• Utility bill, which must:
	    o Be dated within the last 12 months
	    o Contain name of employee and spouse as joint owners
	    o Contain name of utility company
	• Document from a bank account or financial institution, which must:
	    o Be dated within the last 12 months
	    o Contain name of employee and spouse as joint owners of the account
	    o Contain name of financial institution
	• Insurance document such as homeowner, renter or automobile, which must:
	    o Be dated within the last 12 months
	    o Show employee and spouse as joint account owners
	    o Contain name of insurance company
	• Mortgage document or current lease, which must:
	    o Be dated within the last 12 months
	    o Contain name of employee and spouse as joint owners or joint renters
	    o Contain name of mortgage company, landlord or rental company
	• Valid vehicle registration, which must:
	    o Be dated within the last 12 months
	    o Contain name of employee and spouse as joint owners
	    o Contain name of state or county in which issued

Eligibility Requirements	Acceptable Supporting Documentation
DOMESTIC PARTNER Your same or opposite sex domestic partner who, along with you, meets all of the following eligibility requirements: • both individuals are each other's sole Domestic Partner and intend to remain so indefinitely; and • individuals are not related by blood to a degree of closeness (e.g., siblings) that would prohibit legal marriage in the state in which they legally reside; and • both individuals are unmarried, at least 18 years of age, and are mentally competent to consent to the Domestic Partnership; and • both individuals are financially interdependent and have resided together continuously in the same residence for at least 12 calendar months prior to applying for coverage under the Blue Cross and Blue Shield of Florida, Inc.'s Contract and intend to continue to reside together indefinitely; and • the employee has completed and submitted a notarized Affidavit Of Domestic Partnership to his employer and the employer has approved this Affidavit of Domestic Partnership.	Submit one document from **PROOF C** <u>AND</u> one document from **PROOF D:** **PROOF C:** • Valid Florida Blue Cross Blue Shield Affidavit of Domestic Partnership, which must include: o Names of the employee and domestic partner o Date of Notarization o Signature of Notary • State-issued Certificate of Domestic Partnership, which must include o Names of the employee and domestic partner o Date of Certificate o Certifier's signature/official state seal **AND** **PROOF D:** • Utility bill, which must: o Be dated within the last 12 months o Contain name of employee and domestic partner as joint owners o Contain name of utility company • Document from a bank account or financial institution, which must: o Be dated within the last 12 months o Contain name of employee and domestic partner as joint owners of the account o Contain name of financial institution • Insurance document such as homeowner, renter or automobile, which must: o Be dated within the last 12 months o Show employee and domestic partner as joint account owners o Contain name of insurance company • Mortgage document or current lease, which must: o Be dated no later than 12 months before the Affidavit or Certificate date o Contain name of employee and domestic partner as joint owners or joint renters o Contain name of mortgage company, landlord or rental company • Valid vehicle registration, which must: o Be dated within the last 12 months o Contain name of employee and spouse as joint owners o Contain name of state or county in which issued • Designation as beneficiary for the employee's will or life insurance, which must: o Be dated before within the last 12 months o Include names of domestic partner and employee o Include date of notarization and signature of Notary • Your Federal 1040 or State income tax return, which must: o Be from current or previous tax year o Name employee as person filing o Name domestic partner as dependent (Only the page listing filing status and exemptions is required)

Eligibility Requirements	Acceptable Supporting Documentation

Child until age 26
Your children until the end of the calendar year that they reach age 26 which includes:
• a natural child, or a child placed with you for adoption
• a stepchild;
• foster child; or
• any other child for whom you have legal guardianship or court-ordered custody.
	Submit a copy of one document from **PROOF E:**
	
	PROOF E:
	
	• Your Federal 1040 or State income tax return, which must:
	  o Be from current or previous tax year
	  o List your dependent with the relationship as daughter, son or child
	  (Only the page listing filing status and exemptions is required)
	• Child's legal or hospital birth certificate or affidavit of parentage, which must:
	  o Contain the name of the employee or spouse
	  o Contain the name of the child
	  o Indicate date of birth
	• Legal household/family registry, must show relationship *(This is only acceptable if the child was born outside the U.S. and you have no legal birth certificate.)*
	• Final divorce decree, parental custody agreement or Qualified Medical Child Support Order (QMCSO), which must:
	  o Contain the name of the employee or spouse indicating parentage of the child
	  o Contain the name of the child
	  o Official signature or stamp indicating document has been filed
	• Legal adoption, guardianship or legal custody papers, which must:
	  o Contain the name of the employee or spouse
	  o Contain the name of the child
	  o Official signature or stamp indicating document has been filed

Newborn Child of a Covered Dependent Child
• Covered for 18 months after the birth of the newborn child, or until the Covered Dependent Child becomes 26.
	Submit a copy of the document from **PROOF F:**
	
	PROOF F:
	
	• Child's legal or hospital birth certificate or affidavit of parentage, which must:
	  o Contain the name of the enrolled child of the employee or employee's spouse as the parent of the newborn
	  o Contain the name of the child
	  o Indicate date of birth

Covered Dependent Child beyond the end of the calendar year in which he or she reaches age 26,
provided he or she is:
• unmarried and does not have a dependent;
• a Florida resident or a full- or part-time student;
• not enrolled in any other health coverage policy or group health plan;
• not entitled to benefits under Title XVIII of the Social Security Act.
	Submit a copy of one document from **PROOF G AND** a copy of one document from **PROOF H:**
	
	PROOF G:
	
	• Any one of the documents listed for Child under age 26.
	AND
	PROOF H:
	
	• Official college/university/institution documentation that indicates student status for Fall 2015 Session, which must include the following pre-printed information:
	  o name of the child
	  o name of the school and semester or quarter in which the student is enrolled
	• Copy of the child's presently valid driver's license or state ID showing the current address of the child to be within the state of Florida.
	• Copy of the child's bank statement, credit card statement, rental lease, utility bill showing the current address to be within the state of Florida and dated within the last 6 months.

Child beyond the age of 26
Any dependent disabled child, over the age of 26 who otherwise meets the criteria for "eligible child" and is:
• incapable of self-sustaining employment because of a physical or mental disability;
• chiefly dependent on the Participant for support and maintenance because of the disability which started prior to the date the child reached age 26.
	Submit a copy of one document from **PROOF I AND** a copy of one document from **PROOF J:**
	
	PROOF I:
	
	• Any one of the documents listed for Child until age 26 (listed above).
	AND
	PROOF J:
	
	• Physician statement certifying that the dependent child:
	  o Cannot support them self because of a physical or mental disability.
	  o All information must be included on physician's letterhead or form.

Also required to prove the relationship between you and your stepchild: *If you are an employee providing documentation for a child of your legal spouse or Domestic Partner, Human Resources must receive the required proofs listed for Spouse (Proof A and B) or Domestic Partner (Proof C and D), even if you do not currently cover your spouse or domestic partner.*	