When completing a change in status enrollment you will need to upload supporting documentation. To complete the change in status enrollment you will need to login to <u>www.myfbmc.com</u> using the email address and password that you registered the account with.

LOGIN:
Email Address:
Password: Submit
Forgot your password? Click Here
New Users:
Click here to register a new account
Have a Registration Code?
Click here to enter a registration code
Need help logging into the System?
Click here for Frequently Asked Questions

Once logged in, you will select change in status enrollment.



Then from the drop-down box, you will select the qualifying change and enter the date this change took place. This date cannot be a future date.

If adding dependents, you will need to click on the Dependent / Beneficiary information tab and add them as a dependent.

After clicking C enrollment to in	ontinue, it may take several seconds for t itialize. Please do not click multiple times,	he as it
just forces the p	process to start over.	
Select Qualifying	g Event	
Loss of Cover	age Under Another Employers Plan	~
Loss of Covera	• • • •	
Event Date		
Event Date	m	

Welcome! Current Benefits	Dependent / Beneficiary Information ( 3 ) Please review the information below. If any changes are necessary, please use the buttons provided to make the changes. You can view additidetails for a dependent / beneficiary by clicking their name.
Dependent / Beneficiary Information      Document Upload	<ul> <li>All: If you add any new dependent(s), and elect coverage for them, Dependent Verification will be required. For more information, click here. Failure to submit dependent documentation within 72 hours of submitting this enrollment will result in the newly added dependent(s) being removed from coverage.</li> <li>Dependent verification documents should be submitted to the Employee Benefits Department ONLY. You may email them securely to wbgray@fbmc.com and Idaigle@fbmc.com. For quicker handling, please send to both.</li> </ul>
Dependent Verification Select Benefits	Anyone listed as a dependent can be selected as a dependent and also as a beneficiary. Anyone listed as a beneficiary can only be selected as a beneficiary. You should not add the same person twice.           Dependents         • Add Depen           If you have an individual(s) you will utilize as a dependent AND beneficiary, add him/her here.         Name         Relationship         Action

Once you have added the dependents, you will need to click on the Document Upload tab and then select if this is an event or a dependent. If the change is due to an event, you will click event and then select from the options listed that best describes the documents you are uploading. The document must be saved as a PDF, JPEG, TIFF, PNG, JPG. The file name cannot contain any special characters only letters and numbers. Click on the Browse button to select and then click the upload button.

Current Benefits	verification. Click the 'Brow name(s) the document veri	Upload your supporting documents here. Please select if the document you're uploading is for a change in status event or dependent verification. Click the 'Browse' button to select the file you wish to upload. Then select the document type(s) and the event type or dependent name(s) the document verifies.				
Employee	File Name:		Browse			
	Files must be less than 50MB in size and one of the following formats: .PDF, .TIFF, .PNG, .JPEG, .JPG					
Dependent /	Document Verification:	Event				
Beneficiary	Choose the reason for the	Chappen the reason for the file unlead: dependent varification or event varification				
	choose the reason for the	me uprodu. dependent vermedilori e	event verneation.			
Document Upload	Document Type(s):	Marriage License (Event)	Current Course Schedule (Event)			
		Driver's License (Event) IRS Tax Return (Event)				
Dependent Verification		Final Court Documents (Event)     Birth Certificate (Event)				
Select Benefits		Final Adoption Papers (Event) Death Certificate (Event)				
	School Documentation (Event) Divorce Decree (Event)					
		<ul> <li>Letter from Employer (Event)</li> </ul>				
		Letter of Eligibility from Medic	are/Medicaid (Event)			
		Loss of Coverage Letter (Eve	nt) 🗌 COBRA Notice (Event)			
		Domestic Partner Affidavit (Ev	vent)  Medicaid ID Card (Event)			
		Medicare ID Card (Event)	Obituary (Event)			
		Proof of Coverage Under Employed Coverage Under Employed Coverage Covera	oloyer's Plan (Event)			
		<ul> <li>Employer Open Enrollment C Termination (Event)</li> </ul>	onfirmation Notice as Proof of Coverage or			

Under Documents, you will see the document that you just uploaded. Once this is complete you can then click on the Select Benefits Tab and begin making the necessary changes to your benefits.

## **Documents**

Date	File Name	Document Type(s)	Dependent(s)/Event(s)	Action
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Please be sure to go all the way to the end of the enrollment and check out, you will then click the "I agree button" then enter the first 4 of your SS# and then click confirm and submit, you should receive a confirmation number once submitted. Your enrollment will then be pending until your enrollment and documentation can be verified by the Employee Benefits Department.