

# How to use FBMC's Online System for Open Enrollment

1. Go to <https://www.myfbmc.com/sso/papiMain.aspx>
2. Registered Users – Log in with your email address and password
3. New Users – Click here to register new account

FBMC  
BENEFITS MANAGEMENT

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Contact Us

Welcome to myFBMC.com

Have a Registration Code?  
Enter Registration Code here

Registered Users:  
Email Address:   
Password:  Submit  
Forgot your password?

Need help logging into System?  
Frequently Asked Questions

New Users:  
Click here to register a new account

4. Available Accounts
5. Access Selected Account

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Resources  
Ask our Customer Care Center  
FBMC Learning Center

myFBMC Account Access

Available Account(s):  
STATE OF WEST VIRGINIA

Your employer has chosen to participate in FBMC's Go Green initiative. By checking the box below, you will receive e-mail notifications whenever there is activity on your account, such as when a claim is received or paid.  
NOTE: If the box below is not checked, you will not receive Go-Green notifications.

Send me an e-mail for each active event on my account. For example, when a claim is received or paid, and if applicable, myFBMC CardSM activity.

Go Green

Access Selected Account

Click here to read our Online Account Policy

Update My Profile  
Click the button below to update your email address or password.  
Update Account Profile

6. Online Enrollment – Web Enrollment

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**FBMC**  
BENEFITS MANAGEMENT

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Resources

- Web Enrollment
- Call direct: 844-559-8248
- FBMC Learning Center

**Welcome to myFBMC**

**CUSTOMER ALERTS**

**Online Enrollment:**

- Web Enrollment**

Your Certificates of Coverage are now just a click away!

Your Certificate(s) of Coverage are document(s) issued by the insurance company for benefits Virginia. The insurance certificates are located under the My Benefits tab. If you would like to have your Certificates of Coverage be mailed to you, please call the FBMC Service Center at 1-844-559-8248.

## 7. Open Enrollment 2017/2018

**Mountaineer Flexible Benefits Plan**

Home | Need Help? | LogOut

Welcome to Premier Enrollment!

- DO NOT USE YOUR BROWSER'S BACK BUTTON** after beginning your enrollment session. If you do, you will have to restart your enrollment.
- TURN OFF POP-UP BLOCKERS** before you begin. This is necessary for viewing and printing your confirmation notice at the end of your enrollment session.

**Current Enrollments**

- Open Enrollment 2017/2018**  
Click above to enroll in your 2017/2018 benefits.

**Other Links**

- Enrollment History**  
View past Premier Enroll confirmation notices.

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## 8. The next page will show all of your personal information. You can add new dependents on this screen as well.

Before starting benefit elections, be sure to list all eligible dependents.  
Dependents can be added by clicking the + above.  
Review existing dependents for accuracy, e.g. birth dates.

**Start Benefit Election**

## 9. You will now have the option to move through each of the Mountaineer Flexible Benefits options. You will need to select what type of coverage as well as which dependents you would like to cover if any. **\*\*Please keep in mind that if you do not wish to select a certain benefit, you will need to indicate this by marking "waive coverage".**

# How to use FBMC's Online System for Open Enrollment

10. The last page will be a confirmation of your new benefits. Please make sure to review this information carefully. You will need to agree to the terms and conditions.

## Confirm Elections and Submit Enrollment

Benefit Type	Benefit Selected
Dental	Basic
Vision	Vision-Full Service Plan
Long Term Disability	Waive Coverage
Short Term Disability	Short Term Disability
Health Savings Account	Waive Coverage
Health Care FSA	Waive Coverage
Limited Health Care FSA	Waive Coverage
Dependent Care FSA	Waive Coverage
Legal	Waive Coverage
EPIC Hearing Service Plan	Waive Coverage

\* I Agree to the terms and conditions [Terms and Conditions](#)

You must agree to the Terms and Conditions to confirm and submit your benefit elections.

11. Please electronically sign and then enter the total deduction calculated and select Confirm and Submit.

To Confirm and Submit your benefit elections, please electronically sign your application by completing both steps below:

Step 1: Please enter your name as it appears above:

Step 2: Your calculated total deduction amount for this application is \$   
Please enter the total deduction amount listed in red above: \$

Before confirming your benefit elections, please ensure pop-up blockers are disabled so that your printable confirmation notice will appear.

Previous Step

Confirm & Submit

Save &  
Finish Later

Need further assistance?

800-342-8017 Monday-Friday, 7am to 10pm EST

800-865-3262 (24 hour automated access to your benefits)