

ENROLLING IS EASY

LOG IN

Visit benefits.maricopa.gov from any computer or smart device and **Login** with your **User Name** and **Password**.

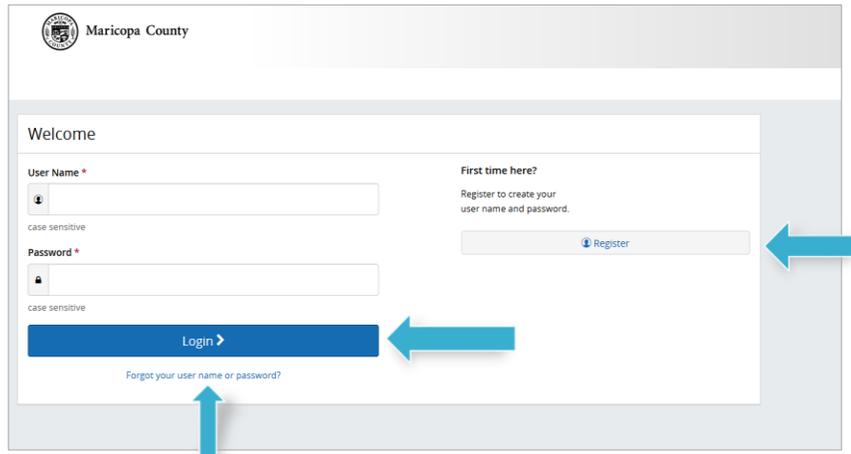
New users must **Register** and answer security questions. Our case-sensitive company key is **maricopa**.

FIND INFORMATION

View plan details, carrier specifics and resources in the **Reference Center**.

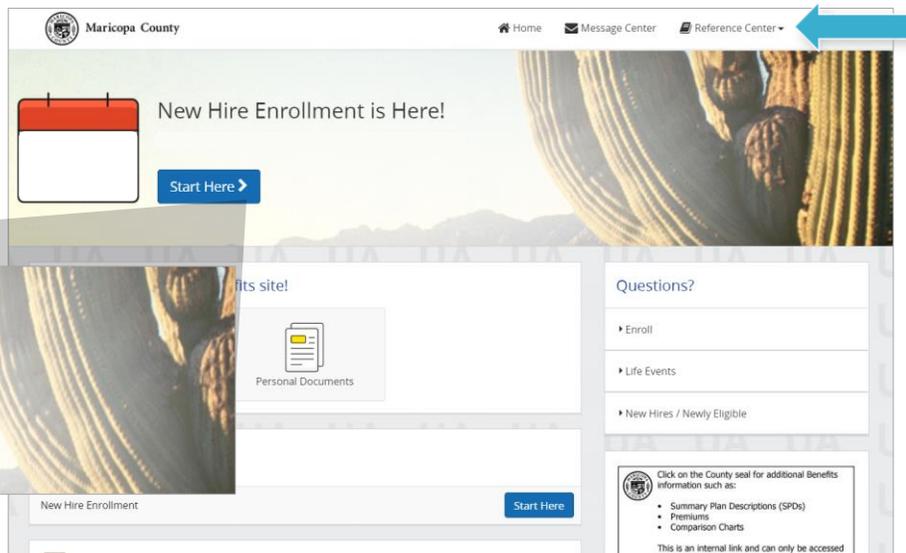
GET STARTED

Click **Start Here** and follow the instructions to make your benefit choices. You must make your elections within 30 calendar days from date of event. If you miss the deadline you will have to wait until the next annual enrollment period to enroll or make changes.



Need to reset your user name or password?

1. Click **Forgot your user name or password?**
2. Enter your Social Security Number, birth date and our company key, **maricopa**.
3. Answer your security question.
4. Enter and confirm your new password, then click **Continue** and **Login** with your new credentials.



Maricopa County

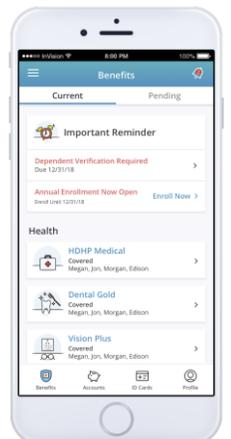
benefits.maricopa.gov

Company Key: **maricopa**

Employee Benefits: 602-506-1010

Download the MyChoiceSM Mobile App

1. Visit your device's app store and download the **MyChoice by Businessolver[®]** Mobile App.
2. Visit benefits.maricopa.gov to **Get Access Code**.
3. Activate the app with your access code. (If you don't use the code within 20 minutes, you'll need to generate a new one.)
4. Follow the instructions within the Mobile App to have easy access to your benefits on the go.



MAKE YOUR ELECTIONS

Using **Previous** and **Next** to navigate, review your options as you move through the enrollment process. Select plan(s) and who you would like to cover. Track your choices and costs along the left side.

REVIEW AND CONFIRM

Make sure your personal information, elections, dependents and beneficiaries are accurate and **Approve** your enrollment.

To finalize your enrollment, click **I Agree**.

FINALIZE

When your enrollment is complete, you will receive a confirmation number and you can also **Print Benefit Summary**.

Your **To Do** list will notify you if you have any additional actions needed to complete your enrollment.

Dependent Verification

If you add a dependent to your Coverage you must provide the required supporting documentation within 45 days from date of event.

Review your benefits

You have year-round access to a Benefits Summary that shows your personal selections. Click **Benefit Summary** on the homepage to review your current benefits at any time.

Maricopa County
Total Employee Cost: \$165.66
1. About You 2. MyChoice 3. Election Information 4. Review
Medical
Watch to Learn More About Your Medical Plan Options
Compare plans by reviewing Plan Details, or by clicking each plan you want to compare and then 'Compare Plan'.
I Want Coverage Drop Coverage
Select your plan
Medical HDHP
Plan Pricing
Your Cost: \$130.00
Employee Only
Medical HMO
Save & Exit Previous Next

Maricopa County
New Hire Enrollment
Review Enrollment
Please review the following information. After you have verified that all your information is correct, click on the "Approve" button. If you would like to make changes or new selections, simply click on the "Edit" link to the right of the area in which you would like to make the changes.
About You
Personal Information
Date of Birth: [redacted] Marital Status: Married
Your Enrollment is Almost Complete!
Please click the "I Agree" button below to submit your enrollment information.
If you have any questions, please use the Live Chat feature or call the Benefits Service Center at 877-344-9098 between 7:00 AM and 7:00 PM Central Time.
Total Employee Cost: \$165.66
Disagree I Agree Approve

Thank You!
Transaction Complete
Print Benefit Summary
Your information has been submitted.
Select Home to return to your benefits home page or Log Out to end this session.
Confirmation Number: 714-62-09-311
Home Logout
To Do
New Hire Enrollment - In Progress
Continue

Make Mid-Year Changes

Once approved, your benefit elections will remain in effect until the end of the plan year, unless you have a qualifying life event such as marriage, divorce or having a baby. Find detailed information in the **Reference Center**.

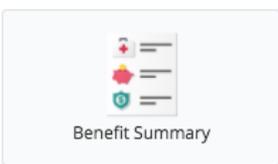
1. Click on **Change My Benefits**.
2. Select **Life Event** and the event type.
3. Review your options and follow the election steps outlined above to complete your changes.

****IMPORTANT:** You must make changes within **30 calendar days** of the event, and provide required documentation.

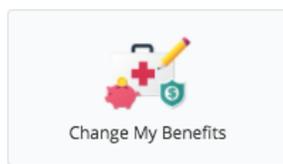
Change your beneficiary(ies)

Beneficiary changes can be made at any time of the year.

1. Click on **Change My Benefits**
2. Select **Basic Info** and **Change of Beneficiary**.
3. Follow the prompts to complete your change.



Benefit Summary



Change My Benefits

Select the reason for change that applies and enter the date of the event.

BASIC INFO
Examples:
Change of Address
Change of Beneficiary

LIFE EVENT
Examples:
Marriage/Divorce
Birth/Death



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