

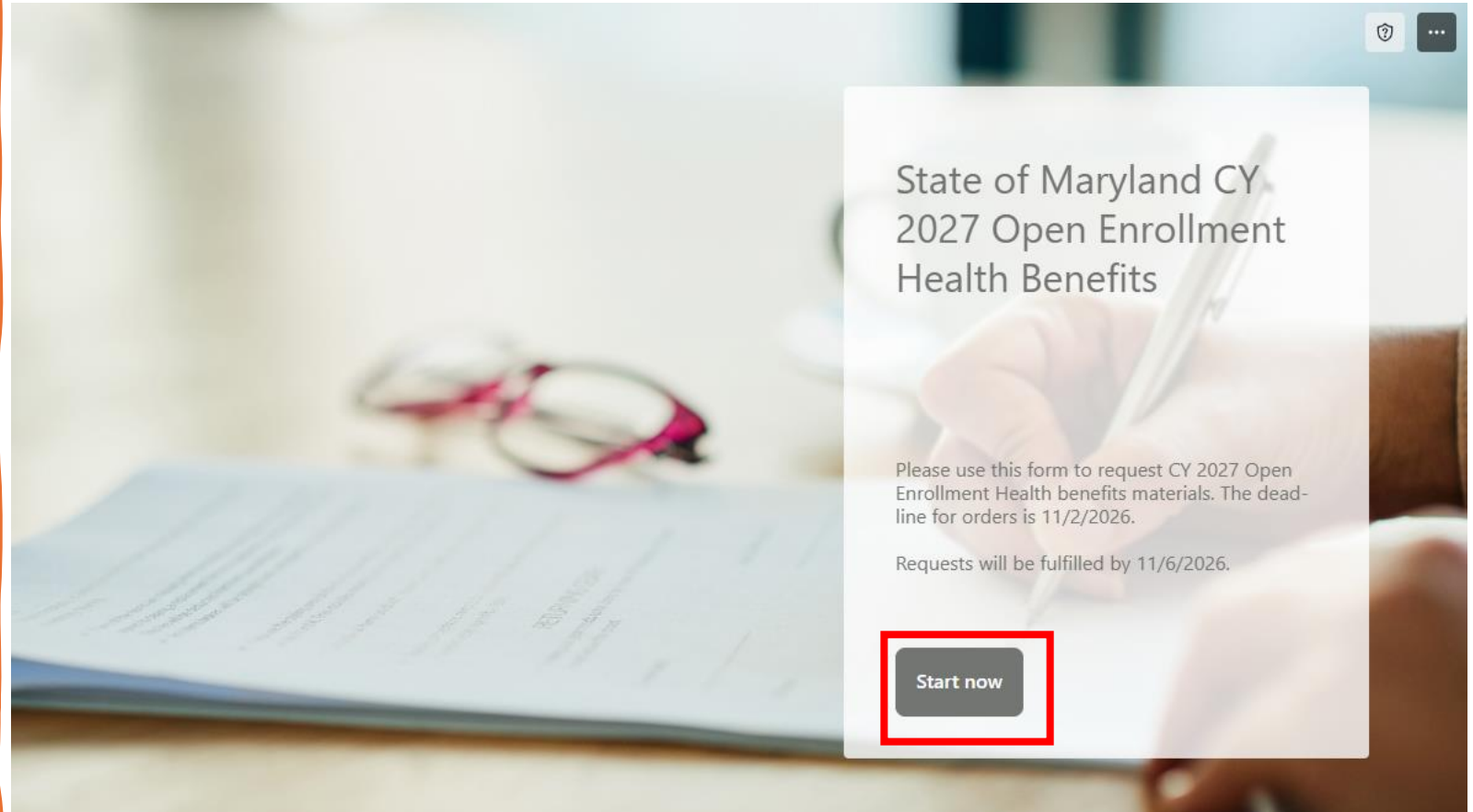
State of Maryland Agency Benefit Coordinator CY 2027 Open Enrollment Material Request Instructions

**Agency Benefit Coordinator (ABC)
Form Entry Instructions**



You will now be able to request health benefits materials using the new online request form!

Select **“Start Now”** to begin your material request.



AGENCY CONTACT INFORMATION

- The first screen requires ABC and Agency information.
- Each required field has a red asterisk “*” to ensure delivery to the correct contact and agency.
- Once completed, select the “**Next**” button to proceed to material delivery instructions.

State of Maryland CY 2027 Open Enrollment Health Benefits Materials Request

When you submit this form, it will not automatically collect your details like name and email address unless you provide it yourself.

* Required

Agency Contact information

1. Date of request *

Please input date (M/d/yyyy)

2. Agency *

Enter your answer

3. Agency Benefit Coordinator contact name. *

Enter your answer

4. Agency Benefit Coordinator contact phone number. *

Enter your answer

5. Agency Benefit Coordinator contact email address. *

Enter your answer

Next

MATERIALS DELIVERY INSTRUCTIONS

- Each required field must be completed to ensure delivery.
- The Additional Delivery Instructions field is used to specify how materials should be delivered, for example: *Please use the back entrance for deliveries.* If there are no special delivery instructions, this field can remain blank.
- Press the **“Next”** button to select benefit materials for each carrier.
- Select the **“Back”** button to return to the previous screen to make edits to information previously entered.

State of Maryland CY 2027 Open Enrollment Health Benefits Materials Request

* Required

Materials Delivery Address and Delivery Instructions

Please include the full address, suite (if applicable), city, state, and zip code in the next section. *(Please Note: Deliveries cannot be made to P.O. Boxes)*

6. Materials Delivery Street Address *

Enter your answer

7. Address 2 *

Please enter additional address information if applicable (i.e. suite, floor, room number). Please enter "N/A" if not applicable.

Enter your answer

8. Delivery Address City *

Enter your answer

9. Delivery Address Zip Code *

Enter your answer

10. Additional Delivery Instructions:

Please enter any additional delivery instructions in the space below.

Enter your answer

Back Next



REQUESTING MATERIALS FROM EACH CARRIER

- To request Health Benefit Materials:
 - Each carrier will appear individually for you to indicate “Yes” or “No” to request materials for each.
 - If you select “Yes”, the screen will expand for you to indicate the quantity of materials being requested. If you select “No”, you can proceed to the next carrier within each benefit section.
- Repeat the steps above to request materials from additional carriers.
- Select the **“Next”** button to proceed to the final section to submit your request.
- Select the **“Back”** button to return to the previous screen if you need to make edits to the information previously entered.

State of Maryland CY 2027 Open Enrollment Health Benefits Materials Request

* Required

Medical Carriers

Select the number of health benefits materials needed for each medical carrier below.

11. **CareFirst** health benefits material requested: *

☒ Yes

☐ No

Back Next

Select “Yes” or “No” for each carrier.

State of Maryland CY 2027 Open Enrollment Health Benefits Materials Request

* Required

Medical Carriers

Select the number of health benefits materials needed for each medical carrier below.

11. **CareFirst** health benefits material requested: *

☒ Yes

☐ No

12. Please select the quantity of CareFirst health benefits materials needed: *

☒ 25

☐ 50

☐ 100

☐ 150

13. **Kaiser Permanente** health benefits material requested: *

☐ Yes

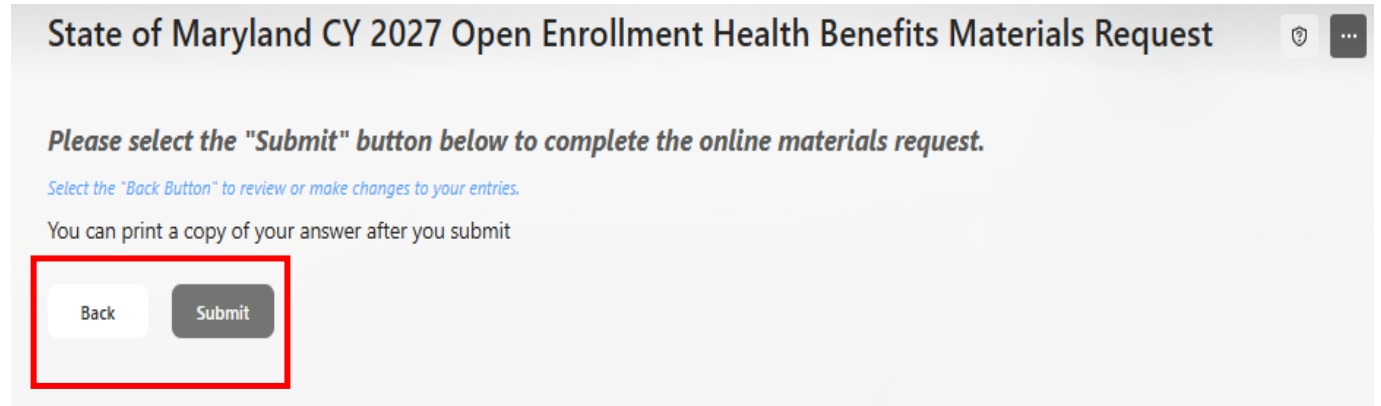
☐ No

Back Next

Select the quantity of materials requested.

SUBMIT YOUR MATERIALS REQUEST

- Select the **“Back”** button to return to the previous screens to make edits or do a final review before selecting the **“Submit”** button.
- You will be able to print a copy of your request on the next screen.



The screenshot shows a web form titled "State of Maryland CY 2027 Open Enrollment Health Benefits Materials Request". The form contains the following text:

Please select the "Submit" button below to complete the online materials request.

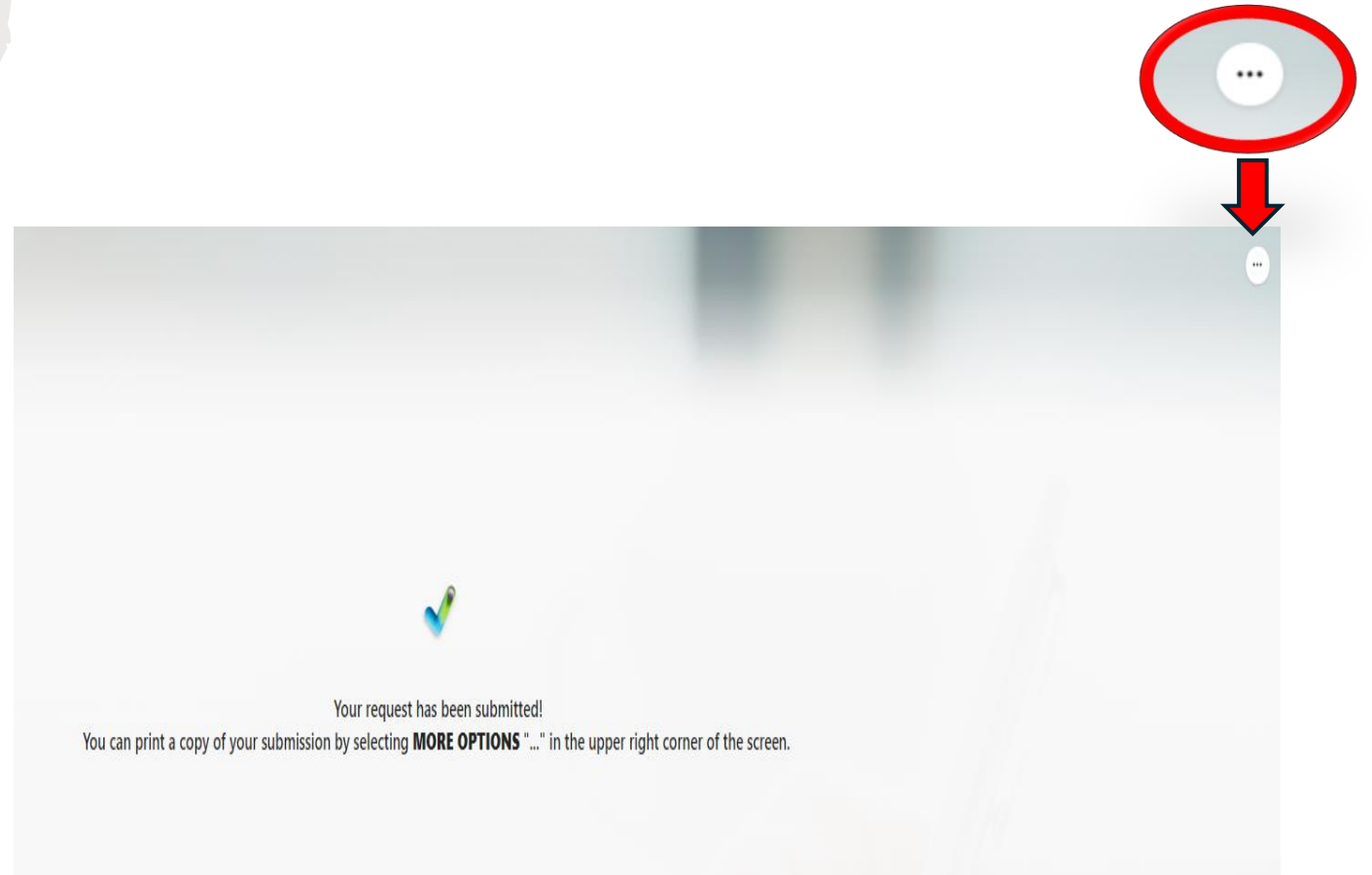
Select the "Back Button" to review or make changes to your entries.

You can print a copy of your answer after you submit

At the bottom of the form, there are two buttons: "Back" and "Submit". The "Back" button is highlighted with a red rectangular border.

REQUEST SUBMITTED!

- Congratulations! Your request has been submitted!
- To print a copy of your submission, select **More Options** “...” and select **Print Response**.



Select **Print Response** →

