ONLINE ENROLLMENT IN YOUR FLEXIBLE BENEFIT PLANS!

We are excited to announce that you will be enrolling in your Flexible Benefit Plans ONLINE this year!

You may enroll in these benefits online from

NOVEMBER 2 to 22, 2016

HOW TO LOGIN:

1. Open your browser (e.g. Internet Explorer) and log into our website: www.benstrat.com.
2. Click the link on the top right called “FSA/HRA Secure Account Login” then choose Employee/Participant Login.
Existing Users
Existing Users can continue to use their existing username and password already created.

New Users
New Users to the website may create a new account anytime by selecting the “New User” link.

Consumer Online Open Enrollment Quick Reference Guide

You may enroll online for your benefits during the open enrollment period. Please refer to the steps below for additional information on online enrollment.

**Step 1:**
Log in to the Consumer Portal to begin online enrollment using the two options listed on the previous page.

**Step 2:**
Begin online enrollment by clicking the **Enroll Now** button.

**Step 3:**
Begin Your Enrollment Now.
Step 4:
Enter the **Participant Profile** information. Entering an email address allows you to receive notifications regarding claims submission, claims reimbursement and other important information.

**Participant Profile**

**First Name:** * Sample  
**Middle Initial:**  
**Last Name:** * Consumer  
**Social Security Number:** xxx-xx-8888  
**Consumer Communication ID:** 8888  
**Country:** * United States  
**Address Line 1:** * 123 Sample St.  
**Address Line 2:**  
**City:** * Manchester  
**State:** * New Hampshire  
**Zip Code:** * 03102  
**Home Phone:** *  
**Birth Date:** * (mm/dd/yyyy) 1/1/1980  
**Gender:** *  
- Female  
- Male  
**Marital Status:** *  
- Married  
- Single  
**Email Address:**  

By providing an email address, you will receive communications electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

**Do you have any dependents?**  
- Yes  
- No  

* = required field

A red asterisk (*) marks the required fields.
Step 5 (if applicable): Enter Dependent information and click Add to List. The added dependent appears under the Eligible Dependents list. Once all dependents are added, click Continue.

Step 6: Read the Plan Rules for the plans you are enrolling in, check the box(es) I have read and understand the Plan rules and click Continue. The system will not allow you to move past this page, until the box(es) have been checked.
Step 7:
Enter Your Election amount for the appropriate plans and click Calculate. The system will automatically calculate your payroll deductions based on your payroll periods. Click Continue.

<table>
<thead>
<tr>
<th>Flex Spending Account</th>
<th>Your Election</th>
<th>Max Employee Election</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2250</td>
<td>$2,550.00</td>
</tr>
<tr>
<td>Total election for the year:</td>
<td>$2,250.00</td>
<td></td>
</tr>
<tr>
<td>Total tax savings for the year:</td>
<td>$675.00</td>
<td></td>
</tr>
<tr>
<td>Estimated per pay period deduction:</td>
<td>$93.75</td>
<td></td>
</tr>
</tbody>
</table>

* Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances.
Step 8: Choose your primary form of reimbursement. If Debit Card is chosen, a secondary form of reimbursement must be chosen and also if dependents over 18 would like to use separate debit cards.

Please Note: All cards are issued in sets of two – one for the employee and one for their spouse

Click Continue.
Step 9 (if applicable): Enter your Routing Number and click Find Your Bank.

Your bank information will populate, or you will have the option to fill in your bank account information. Click Change Your Bank if you need to update the routing number.

Click Continue.
Step 10:
Review and verify enrollment information. To update information, click Edit Information next to the appropriate area. Once verified, click Submit to complete enrollment.

Enrollment Verification

You must click submit at the bottom of this page to complete your enrollment.

Profile
Name: Sample Consumer
Social Security Number: xxx-xx-8888
Address: 123 Sample St.
Manchester, NH 03102 United States
Home Phone: (603) 232-8066
Birth Date: 1/1/1980
Gender: Male
Marital Status: Single
Email Address:
Do you have any dependents? No

Dependents
No dependents specified.

Enrollment Elections

<table>
<thead>
<tr>
<th></th>
<th>Employee Contribution</th>
<th>Company Contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flex Spending Account</td>
<td>$2,550.00</td>
<td></td>
</tr>
<tr>
<td>Total Election for the year</td>
<td>$2,550.00</td>
<td></td>
</tr>
<tr>
<td>Estimated per pay period reduction:*</td>
<td>$106.25</td>
<td></td>
</tr>
</tbody>
</table>

* Begins on the first pay date of the Plan Year.

Method of Reimbursement
You have chosen FlexExpress Debit Card as your method of payment.
Your alternate reimbursement method is Direct Deposit.
Separate debit cards will be issued to the following dependents:
No dependent debit cards issued
Step 11: The Enrollment Confirmation displays. Click **Next Steps** to view the Next Steps documents and also click **Print** to print the Enrollment Confirmation for your records.

**Enrollment Confirmation**

Please print this page for your records.

Congratulations, you have successfully enrolled in the following Pre-tax Benefit Plans.

<table>
<thead>
<tr>
<th>Plan</th>
<th>Company Contribution</th>
<th>Employee Contribution</th>
<th>Estimated Per Paycheck Reduction</th>
<th>Total Estimated Reductions Per Paycheck</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flex Spending Account</td>
<td>$2,550.00</td>
<td>$106.25</td>
<td></td>
<td>$106.25</td>
</tr>
</tbody>
</table>

*Pay check reductions are based on your election and the number of scheduled pay periods within the plan year. True reductions will be determined by your employer.*

You have elected Debit Card as your reimbursement option. Your alternate reimbursement method is Direct Deposit.

The payroll deduction to fund your spending accounts will begin on 1/15/2015 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 1/1/2015. All claims must be filed for expenses incurred while you are a participant, within the plan year 1/1/2015 - 12/31/2015.

Because we don’t have an email address on record for you, please print this enrollment confirmation page and the **Next Steps** document now.

**Congratulations!** You have now successfully completed your benefits enrollment! If you have questions please contact: Benefit Strategies, LLC toll free at 1-888-401-FLEX (3539) or e-mail info@benstrat.com.

Once your enrollment is completed, you can update your enrollment at anytime during the open enrollment period from the home page, by clicking **Update Your Enrollment**.