



ONLINE ENROLLMENT IN YOUR FLEXIBLE BENEFIT PLANS!

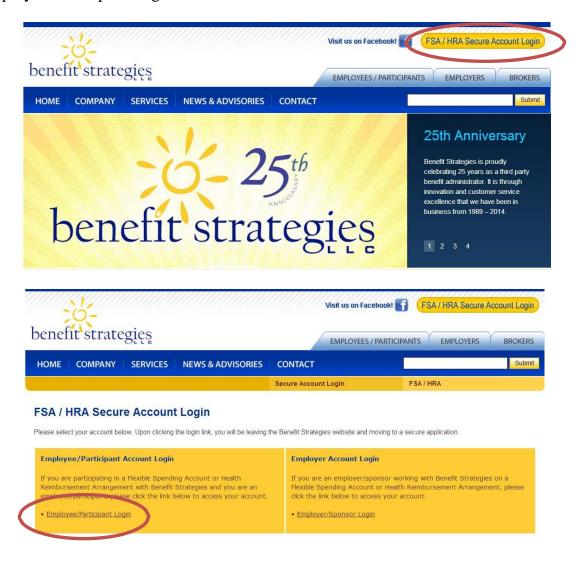
We are excited to announce that you will be enrolling in your Flexible Benefit Plans ONLINE this year!

You may enroll in these benefits online from

NOVEMBER 8 to 22, 2017

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.



Enrolling in a Pre-Tax Benefit plan allows you to save Federal, State, Social Security and Medicare taxes on dollars you put into the plan. You could save approximately 30% on every plan dollar you spend, depending on your tax bracket.

Review your available plans to find out how to best use these programs. To learn more about the benefits offered, click on the appropriate Plan Description link below.

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	
steps: 1 2 3	4 5 6
First Name: * Middle Initial: Last Name: *	Sample 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 not be shared or used for any	will receive communications electronically about your benefits in lieu of paper documents. Your email address other purpose.
Do you have any dependents?	○ Yes ● No
* = required field	

Continue



A red asterisk (*) marks the required fields.

Step 5 (if applicable):

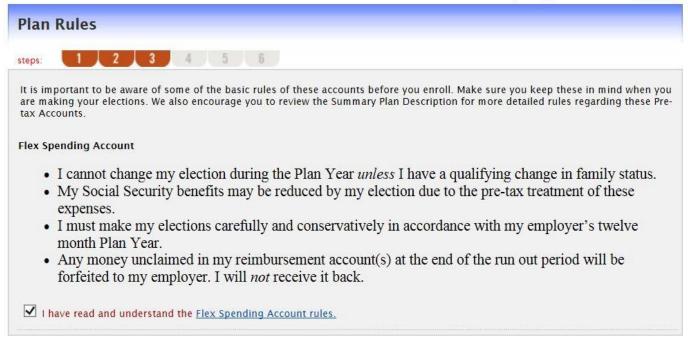
Enter Dependent information and click **Add to List**. The added dependent appears under the **Eligible Dependents** list. Once all dependents are added, click **Continue**.



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.



Continue

<u>Step 7:</u>
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.

Elections

steps:	ded.To ca l culate the to	otal elections, tax savings, and estimated per pay period
deduction select the calculate button. If you	u choose to not enroll in	n a plan leave the field blank.
	Your Election	Max Employee Election
Flex Spending Account	12250	\$2,550.00
Total election for the year:	\$2,250.00	
Total tax savings for the year-:	\$675.00	Calculate
Estimated per pay period deduction:	\$93.75	
"Tax savings estimate is based on a 30% ta	x rate. True tax savin	gs will be based on your individual circumstances.

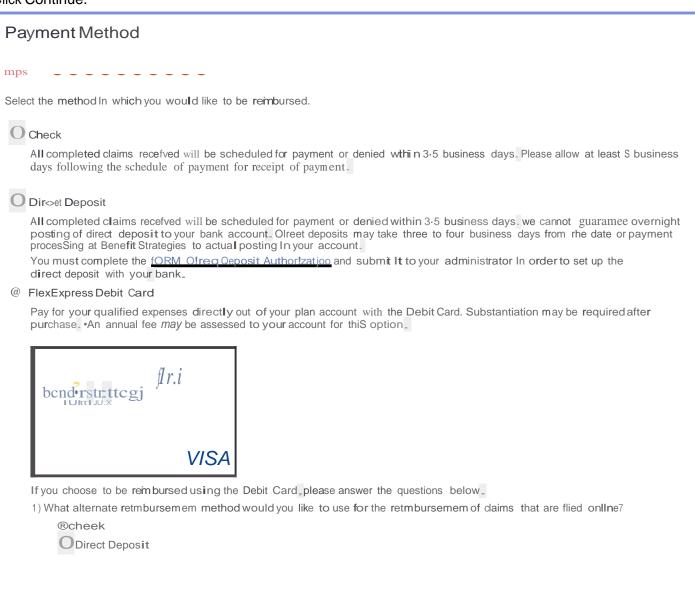
Continue

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 Nate: All cards are issued in sets of two - one for the employee and one for their spouse

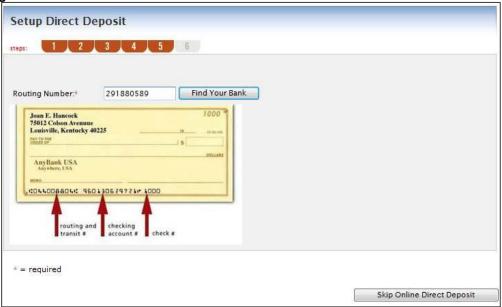
Click Continue.



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.

Routing Number:*	291880589	Change Your B	ank	
Account Number:*	456100			
Account Type:*	Checking ▼			
Account Nickname:	My Checking			
Bank Name:*	WESTCONSIN CREDI	T UNION		
treet Address:*	PO BOX 160		Joan E. Hancock	9
City:*	MENOMONIE		75012 Colson Avenuue Louisville, Kentucky 40225	
tate:*	Wisconsin	*	AnyBank USA	
ip Code:*	54751-0000		July where, Link	
			1044008604: 960130629721× 1000	
			† † †	
			routing and checking transit # account # check #	

Click Continue.

Step 10:

steps:

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.

3 4 5 6

Profile

Sample Consumer

Social Security Number: xxx-xx-8888

123 Sample St.

Address:

Name:

Manchester, NH 03102 United States

Home Phone:

(603) 232-8066

Birth Date:

1/1/1980

Gender:

Male Single

Marital Status: Email Address:

Do you have any dependents? No

Dependents

No dependents specified.

Edit Information

Edit Information

Edit Information

Enrollment Elections

Employee Company Contribution Contribution

Flex Spending Account

\$2,550.00

Total Election for the year:

\$2,550.00

Estimated per pay period reduction:*

\$106.25

Method of Reimbursement

Edit Information

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

Submit

Cancel

^{*} Begins on the first pay date of the Plan Year.

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.

НОМЕ	ACCOUNTS	PROFILE	STATEMENTS & NOTIFICATIONS	TOOLS & SUPPORT	DASHBOARD	Sample Consumer ▼ Last Login: 11/7/2014 - Online Logout
Envo	Ilmant Car	afirmati				

Enrollment Confirmation

Please print this page for your records.

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

Plan Company Contribution Employee Contribution Reduction
Flex Spending Account \$2,550.00 \$106.25

Total Estimated Reductions Per Paycheck:* \$106.25

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 <u>Next Steps</u> document now.

Print

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**.

НОМЕ	ACCOUNTS	PROFILE	STATEMENTS & NOTIFICATIONS	TOOLS & SUPPORT	DASHBOARD	Sample Consumer ▼ Last Login: 11/7/2014 - Online <u>Logout</u>
Enro	llment					
						Update Your Enrollment

Opdate Your Enrollment

Enrolling in a Pre-Tax Benefit plan allows you to save Federal, State, Social Security and Medicare taxes on dollars you put into the plan. You could save approximately 30% on every plan dollar you spend, depending on your tax bracket.

Review your available plans to find out how to best use these programs. To learn more about the benefits offered, click on the appropriate Plan Description link below.

^{*} 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.