



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.



FSA / HRA Secure Account Login

Please select your account below. Upon clicking the login link, you will be leaving the Benefit Strategies website and moving to a secure application.

Employee/Participant Account Login

If you are participating in a Flexible Spending Account or Health Reimbursement Arrangement with Benefit Strategies and you are an employee/participant, please click the link below to access your account.

• [Employee/Participant Login](#)

Employer Account Login

If you are an employer/sponsor working with Benefit Strategies on a Flexible Spending Account or Health Reimbursement Arrangement, please click the link below to access your account.

• [Employer/Sponsor 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: *

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

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**.

Dependents

steps: 1 2 3 4 5 6

First Name: *

Middle Initial:

Last Name: *

Social Security Number:

Birth Date: * (mm/dd/yyyy)

Gender: *

☐ Female ☐ Male

Full Time Student: *

☐ Yes ☒ No

Relationship:

Spouse

* = required field

Add to List

Cancel

Eligible Dependents

Name	SSN	Relationship
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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.

Plan Rules

steps: 1 2 3 4 5 6

It is important to be aware of some of the basic rules of these accounts before you enroll. Make sure you keep these in mind when you are making your elections. We also encourage you to review the Summary Plan Description for more detailed rules regarding these Pre-tax Accounts.

Flex Spending Account

- I cannot change my election during the Plan Year *unless* I have a qualifying change in family status.
- My Social Security benefits may be reduced by my election due to the pre-tax treatment of these expenses.
- I must make my elections carefully and conservatively in accordance with my employer's twelve month Plan Year.
- Any money unclaimed in my reimbursement account(s) at the end of the run out period will be forfeited to my employer. I will *not* receive it back.

☒ I have read and understand the [Flex Spending Account rules](#).


Continue

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.

Elections

steps: - - - - -

Enter your actual elections in the field provided. To calculate the total elections, tax savings, and estimated per pay period deduction select the calculate button. If you choose to not enroll in a plan leave the field blank.

	Your Election	Max Employee Election
Flex Spending Account 	<div>12250</div>	\$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% tax rate. True tax savings 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 Note: All cards are issued in sets of two – one for the employee and one for their spouse

Click Continue.

Payment Method

mps - - - - -

Select the method in which you would like to be reimbursed.

☐ Check

All completed claims received will be scheduled for payment or denied within 3-5 business days. Please allow at least 5 business days following the schedule of payment for receipt of payment.

☐ Direct Deposit

All completed claims received will be scheduled for payment or denied within 3-5 business days. We cannot guarantee overnight posting of direct deposit to your bank account. Direct deposits may take three to four business days from the date of payment processing at Benefit Strategies to actual posting in your account.

You must complete the [FORM: Direct Deposit Authorization](#) and submit it to your administrator in order to set up the direct deposit with your bank.

☐ FlexExpress Debit Card

Pay for your qualified expenses directly out of your plan account with the Debit Card. Substantiation may be required after purchase. An annual fee may be assessed to your account for this option.



If you choose to be reimbursed using the Debit Card, please answer the questions below.

1) What alternate reimbursement method would you like to use for the reimbursement of claims that are filed online?

☐ Check

☐ Direct Deposit

Continue

Step 9 (if applicable):

Enter your **Routing Number** and click **Find Your Bank**.

Setup Direct Deposit

steps: 1 2 3 4 5 6

Routing Number:* 291880589 Find Your Bank

Joan E. Hancock
75012 Colson Avenue
Louisville, Kentucky 40225

PAY TO THE ORDER OF \$

AnyBank USA
Anywhere, USA

960130629721 1000

routing and transit # checking account # check #

* = required

Skip Online Direct Deposit

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.

Setup Direct Deposit

steps: 1 2 3 4 5 6

Routing Number:* 291880589 Change Your Bank

Account Number:* 456100

Account Type:* Checking

Account Nickname:* My Checking

Bank Name:* WESTCONSIN CREDIT UNION

Street Address:* PO BOX 160

City:* MENOMONIE

State:* Wisconsin

Zip Code:* 54751-0000

Joan E. Hancock
75012 Colson Avenue
Louisville, Kentucky 40225

PAY TO THE ORDER OF \$

AnyBank USA
Anywhere, USA

960130629721 1000

routing and transit # checking account # check #

* = required

Continue

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

steps:

1

2

3

4

5

6

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

Profile[Edit Information](#)

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[Edit Information](#)

No dependents specified.

Enrollment Elections[Edit Information](#)

	Employee Contribution	Company Contribution
Flex Spending Account	\$2,550.00	
Total Election for the year:	\$2,550.00	
Estimated per pay period reduction:*	\$106.25	

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

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](#)

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.

HOME	ACCOUNTS	PROFILE	STATEMENTS & NOTIFICATIONS	TOOLS & SUPPORT	DASHBOARD	Sample Consumer ▼ Last Login: 11/7/2014 - Online Logout
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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	Estimated Per Paycheck Reduction
Flex Spending Account		\$2,550.00	\$106.25
Total Estimated Reductions Per Paycheck:*			\$106.25

* 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.

[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**.

HOME	ACCOUNTS	PROFILE	STATEMENTS & NOTIFICATIONS	TOOLS & SUPPORT	DASHBOARD	Sample Consumer ▼ Last Login: 11/7/2014 - Online Logout
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Enrollment

[Update 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.