

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

Open Enrollment Period:

You may enroll in these benefits online between _____ and _____ .

You may review a demo of online enrollment through the Consumer Portal at: www.eflex.com/demo. Choose Consumer (Employee) option, then choose All Accounts, Start Demo. Under enrollment, choose Annual Enrollment Home.

Online Enrollment Instructions

HOW TO LOGIN:

1. Open your web browser (e.g. Internet Explorer) and log into the following website:
<https://employee.eflexgroup.com>



The screenshot shows the login page for eflexgroup.com. At the top center is the eflexgroup.com logo. Below it is a blue header bar with the word "Login" in white. Underneath the header bar are two input fields: "Username:" and "Password:". Below the password field is a "Login" button. Further down, there is a "Can't login?" section with two links: "I forgot my username" and "I forgot my password". At the bottom, there is a "New user?" section with a link: "Create your new username and password".

2. Login using the following:

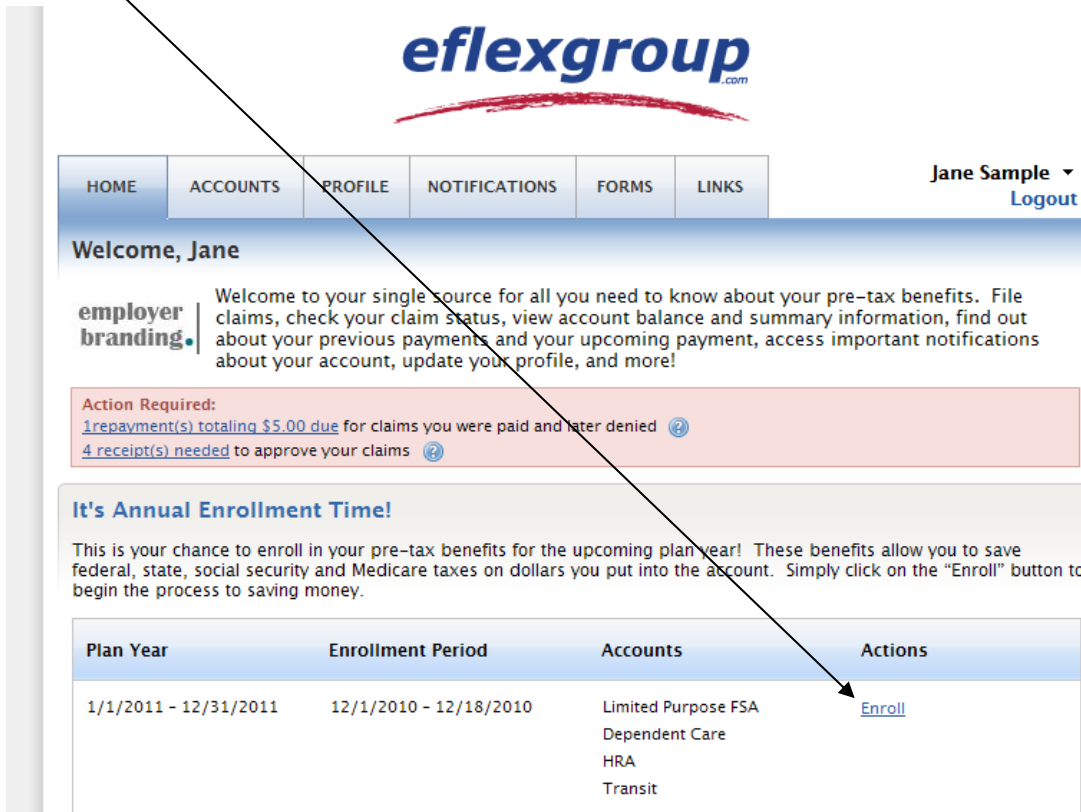
Username: Your user name is your: **first initial, last name and the last 4 digits** of your social security number.

Ex: John Smith 123-45-6789 would have a user name of: **jsmith6789**

Password: *If this is your first time logging onto the system, use **eflex4me** as your password.* You will then be prompted to create a new, unique password before entering the enrollment site.

HOW TO BEGIN ENROLLMENT:

1. Click **Enroll** on the enrollment site to see a summary of the pre-plans offered by your employer.



eflexgroup.com

Jane Sample ▾
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HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS LINKS

Welcome, Jane

employer branding. Welcome to your single source for all you need to know about your pre-tax benefits. File claims, check your claim status, view account balance and summary information, find out about your previous payments and your upcoming payment, access important notifications about your account, update your profile, and more!

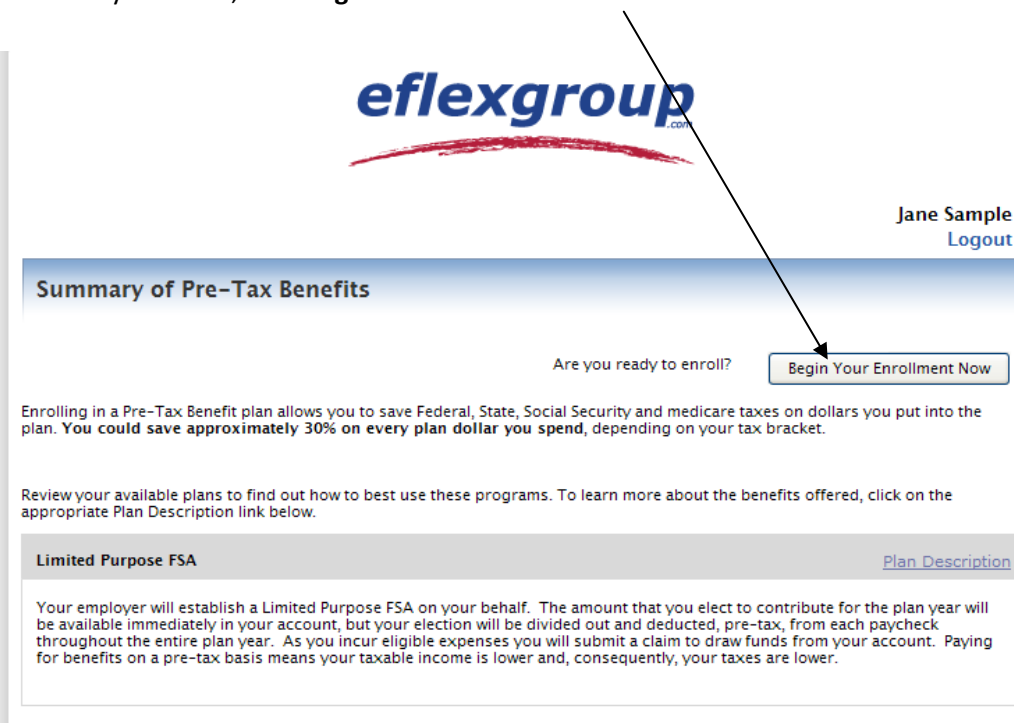
Action Required:
[1 repayment\(s\) totaling \\$5.00 due](#) for claims you were paid and later denied [?](#)
[4 receipt\(s\) needed](#) to approve your claims [?](#)

It's Annual Enrollment Time!

This is your chance to enroll in your pre-tax benefits for the upcoming plan year! These benefits allow you to save federal, state, social security and Medicare taxes on dollars you put into the account. Simply click on the "Enroll" button to begin the process to saving money.

Plan Year	Enrollment Period	Accounts	Actions
1/1/2011 - 12/31/2011	12/1/2010 - 12/18/2010	Limited Purpose FSA Dependent Care HRA Transit	Enroll

2. If you are ready to enroll, click **Begin Your Enrollment Now**.



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Summary of Pre-Tax Benefits

Are you ready to enroll? [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.

Limited Purpose FSA [Plan Description](#)

Your employer will establish a Limited Purpose FSA on your behalf. The amount that you elect to contribute for the plan year will be available immediately in your account, but your election will be divided out and deducted, pre-tax, from each paycheck throughout the entire plan year. As you incur eligible expenses you will submit a claim to draw funds from your account. Paying for benefits on a pre-tax basis means your taxable income is lower and, consequently, your taxes are lower.

NOTE: To read more about your plans, click on "Plan description" for helpful, easy-to-read information!

ENROLLING IN BENEFITS:

You will be guided step-by-step through the enrollment process, so just follow along, enter the required information and click on "Continue" after each screen.

Step 1: Verify/ update your Personal Information

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Participant Profile

steps: 1 2 3 4 5 6

First Name:*

Middle Initial:

Last Name:*

Social Security Number:* - -

Address Line 1:*

Address Line 2:

City:*

State:*

Zip Code:*

Home Phone:* ()

Birth Date:*

Gender:* Female Male

Marital Status:* Married Single

Email Address:*

Email address will be used only for the purpose of sending communications to you about your benefit plans and claims. This information will not be used for any solicitations.

Do you have any dependents? Yes No

* = required field

Continue

Step 2: Add Dependents to the system.

Enter your dependent's information, and click **Add to List** to add this dependent.

Repeat this step for each eligible dependent you would like to add.

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Dependents

steps: 1 2 3 4 5 6

First Name:*

Middle Initial:

Last Name:*

Social Security Number:* - -

Birth Date:*

Gender:* Female Male

Full Time Student:* Yes No

Relationship:*

* = required field

Eligible Dependents

Name	SSN	Relationship	Update	Remove
Spouse Sample	111-23-1123	Spouse	Update	Remove
Child Sample	111-23-0001	Dependent	Update	Remove

‡ Currently updating

Continue

Step 3: Review Plan Rules.

- Your employer has listed important plan rules you should be aware of before you enroll. Please read these rules carefully.
- Check **I have read and understand the Rules** for each plan, then continue.

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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.

Limited Purpose FSA

Money you choose to put into this account is only available for reimbursement during the plan year. If there is money left in your account at the end of the year you lose it, so be careful to estimate your eligible medical expenses carefully.

The elections you make for this account during enrollment are your elections for the entire plan year. You may change them only if you have a qualified change in status.

The money you elect to put into this account must only be used for eligible medical expenses for you or your dependents. For example, you cannot have daycare expenses reimbursed from this account because this account is designated for medical expenses only.

The money you elect to put into this account is available at the beginning of the plan year, but paycheck deductions to fund the account are spread throughout the year.

I have read and understand the Limited Purpose FSA rules.

Step 4: Make Plan Elections.

- Enter your annual election for each plan in which you want to enroll within the “Max Employee Election” as indicated to the right of the box.
- Would you like an estimate of your tax savings based on your elections? Simply click the **Calculate** button.

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Elections

steps: 1 2 3 4 5 6

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

	Company Contributions	Your Election	Max Employee Election
Limited Purpose FSA		<input type="text"/>	
Dependent Care		<input type="text"/>	\$5,000.00
HRA	\$600.00	Enrolled	
Transit		<input type="text"/>	\$120.00 / mo

Total election for the year: _____

Total tax savings for the year*: Calculate

Estimated per pay period reduction: _____

* Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances.

Continue

Step 5: Select the payment method for reimbursement.

- If you select Direct Deposit, you must also complete the "Direct Direct Deposit Form."

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Payment Method

steps: 1 2 3 4 5 6

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

Check
All reimbursements paid by sending you a check.

Direct Deposit
You can set up direct deposit your direct deposit online or you must complete the [Direct Deposit Form](#) and submit it to your administrator in order to set up the direct deposit with your bank.

Benefits Debit Card
The Benefits Debit Card may be used toward qualified purchases at point of sale. Certain purchases may be automatically approved, but many may require substantiation to ensure that the expense is qualified per IRS regulations.

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Setup Direct Deposit

steps: 1 2 3 4 5 6

Routing Number: *

Joan E. Hancock
75012 Colson Avenue
Louisville, Kentucky 40225

AnyBank USA
Anywhere, USA

MEMO: 960130629721000

routing and transit # checking account # check #

* = required field

at are filed online?

Step 6: Complete your enrollment.

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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: Jane Sample

Social Security Number: 475682312

Address: 452 Flower St.
Minneapolis, MN 55421

Home Phone: (950) 656-5423

Birth Date: 6/15/1948

Gender: Female

Marital Status: Married

Email Address: jsample@sampleco.com

Do you have any dependents? Yes

Dependents Edit Information

Full Name	SSN	Birth Date	Gender	Full Time Student	Relationship
Spouse Sample	123231123	9/15/1965	Male	No	Spouse
Child Sample	111230001	6/1/2000	Female	Yes	Dependent

Enrollment Elections Edit Information

	Employee Contribution	Company Contribution
Limited Purpose FSA	\$2,000.00	\$0.00
Dependent Care	\$5,000.00	\$0.00
HRA	\$0.00	\$600.00
Transit	\$1,200.00	\$0.00
Total Election for the year:		\$8,200.0
Total tax savings for the year:*		\$2,460.00
Estimated per pay period reduction:		\$341.66

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

Reimbursement Method Edit Information

Primary Reimbursement Method: Debit Card

Secondary Reimbursement Method: Direct Deposit

When all information is correct, click on Submit

Congratulations! You've just completed your online enrollment. The confirmation page verifies that your enrollment is complete. You may wish to print this page for your records.

[Jane Sample](#)
[Logout](#)

Enrollment Confirmation

Please print this page for your records.
 Congratulations, you have successfully enrolled in the following Pre-tax Benefit Plans.

Plan	Company Contributions	Your Election	Estimated Per Paycheck Reduction
Limited Purpose FSA	\$0.00	\$2,000.00	\$83.33
Dependent Care	\$0.00	\$5,000.00	\$208.33
HRA	\$600.00	\$0.00	\$0.00
Transit	\$0.00	\$1,200.00	\$50.00
Estimated per pay period reduction:*			\$341.66

*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 chosen to be reimbursed by Debit Card and Direct Deposit.

The payroll reduction to fund your spending accounts will begin on 1/1/2010 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 1/1/2010. All claims must be filed for expenses incurred while you are a participant, within the plan year 1/1/2010 - 12/31/2010.

You will receive a confirmation email with instructions on how to file a claim, check your account balance, and obtain additional information about your pre-tax benefit plans. You can also view this information now by downloading the [Next Steps](#) document.

What Now?

Email Address? If you provided an email address, you'll receive a confirmation email that contains information on how to file a claim, and additional information. If you did *not* provide an email address, click **Next Steps** to print the next steps document.

Enrollment Changes/Update? If there are any errors in your enrollment, or if you wish to make changes *during the enrollment period*, you may do so by returning to the **Home** page from here, or logging in again later (with your new password).

Home Page Options After Enrollment:

- View up-to-date account information and balances at any time.
- File claims for reimbursement and download forms.
- Select **View Claim History** to see claims that have been paid. You can click on the Claims Number for more information about any claim.
- Select **Profile** to review/update your personal and dependent information.
- See an overview of all your pre-tax accounts by choosing **Account Summary**.

Questions? We're here to help! Call eflex Customer Care anytime at 1.877.933.3539 or Chat with a Flexpert at www.eflexgroup.com.