

Online enrollment in your eflex benefit plans!

We are excited to announce that you'll be enrolling in your **2010** Flexible Benefit Plans Online this year!



Online enrollment has begun and will end **Sunday, November 22nd**. Please view the online enrollment demonstration through the Participant Portal at: www.eflex.com/demo. Choose "Participant" option, then choose "Online Enrollment."

HOME	ACCOUNTS	PROFILE	NOTIFICATIONS	FORMS
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Welcome to your single source for all you need to know about your pre-tax benefits. Request payment, check payment status, view account balance and summary information, access important notifications about your account, and more!

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
01012010-12312010	10/21/2009 - 12/1/2009	Health FSA 10 Dependent Care FSA 10 Individual Health Premium 10	Enroll

Online Enrollment Instructions

How to Login

1. Open your web browser (e.g. MS Explorer) and log into: <https://employee.eflexgroup.com>
2. Login using the following:
 - **Username:** first initial, last name, last 4 digits of SSN (Example: jsmith6789)
 - **Password:** If this is your first time logging into the system, use **eflex4me** as your password. You'll be prompted to create a new, unique password before entering the enrollment site.



Login

Username:

Password:

Login

[Forgot Password?](#)

How to Begin Enrollment

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

HOME	ACCOUNTS	PROFILE	NOTIFICATIONS	FORMS
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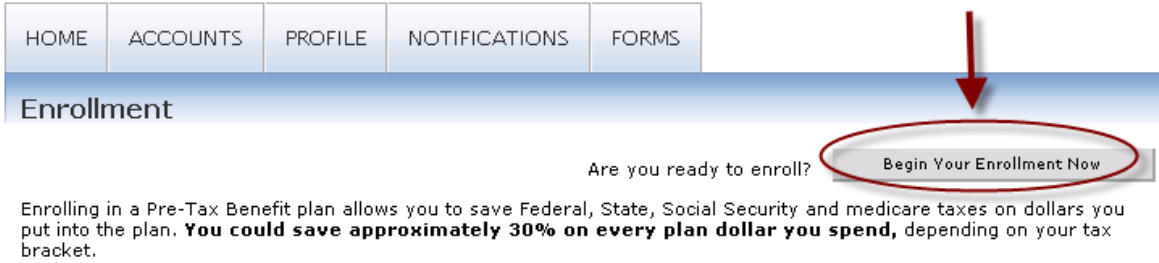
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2. If you're ready to enroll, click **Begin Your Enrollment Now**.



3. You'll be guided step-by-step through the enrollment process. Please follow each step and enter the required information. Click on **Continue** after each screen.

- a. Verify/update your Personal Information
- b. Check "yes or no" to add eligible Dependents.
- c. Enter your dependent information; click **Add to List** to add eligible dependent. Repeat step for each dependent.
- d. Review Plan Rules
 - Your employer has listed important plan rules you should be aware of before enrolling. Please read them carefully.
 - To learn more about any plan, click to view the Summary Plan Description.
 - Check box to confirm that "**I have read and understand the rules**" for each plan to continue.

The screenshot shows a personal information form with the following fields and values:

- First Name: * Ryan
- Middle Initial: []
- Last Name: * K
- Social Security Number: xxx-xx-3638
- Country: * United States
- Address Line 1: * 315 E. Main St
- Address Line 2: []
- City: * []
- State: * Wisconsin
- Zip Code: * 53536
- Home Phone: * (608) 555-5555
- Birth Date: * 3/31/1976 (mm/dd/yyyy)
- Gender: * Female Male
- Marital Status: * Married Single
- Email Address: []

Below the form, there is a red note: "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." and a question "Do you have any dependents?" with radio buttons for Yes and No. A legend at the bottom indicates "* = required field".

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.

Health FSA 10

Eligible expenses must qualify as a medical deduction under Internal Revenue Service rules (Section 213(d)). Sample health care expenses include deductibles, co-pays, eyeglasses, contact lenses, prescription and over-the-counter drugs, chiropractic care, therapy and corrective eye surgery (i.e. Lasik).

Your enrollment or waiver is binding for the plan year, unless you experience a qualified change in status under the rules of the plan. Pre-Tax Payroll reductions will begin upon the first payroll after the Plan Year Start Date.

I have read and understand the Health FSA 10 rules.

4. Make Plan Elections

- Enter your annual election for each plan for which you wish to enroll (election must be within the “Max Employee Election” located to the right of the election box).

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.

5. Select

	Your Election	Max Employee Election
Health FSA 10	<input type="text" value="1500"/>	
Dependent Care FSA 10	<input type="text" value="5000"/>	\$5,000.00
Individual Health Premium 10	<input type="text"/>	
Total election for the year:		
Total tax savings for the year*:		<input type="button" value="Calculate"/>
Estimated per pay period deduction:		

Would you like an estimate of your tax savings based on your elections? Simply click the **Calculate** button and continue

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

Reimbursement

At eflex, we believe in being “green.” We encourage you to join us in protecting the environment by choosing direct deposit over paper checks for your reimbursement method.

If you’ve selected direct deposit in the past, please verify that the account information is accurate.

If this is your first time utilizing direct deposit, please complete the **Automatic Direct Deposit Form** and submit form to your eflex administrator.

Please note: If your employer offers the debit card, it will be your default method of payment unless you select an alternative.

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

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
- 2) Are any of your dependents using, or would like to use separate debit cards?
 - Yes
 - No

6. Complete your Enrollment

Enrollment Elections			<input type="button" value="Edit Information"/>
	Employee Contribution	Company Contribution	
Medical Flex Account	\$500.00	\$300.00	
Dependent Care Account	\$0.00		
HRA	Not Eligible		
Individual Premium	\$0.00		
Mass Transit	\$0.00 /mo	\$25.00 /mo	
VEBA	Not Eligible		
Total Election for the year:		\$500.00	
Per pay period deduction:*		\$20.83	

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

Don't forget to click Submit!

Method of Reimbursement

You have chosen **Direct Deposit** as your method of payment.

You will need to complete the [Automatic Direct Deposit Form](#) and submit it to your administrator in order to set up the direct deposit with your bank.

7. Print 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.

Plan	Company Contribution	Employee Contribution	Per Paycheck Deduction
Medical Flex Account	\$300.00	\$500.00	\$20.83
Dependent Care Account		\$0.00	\$0.00
HRA		Not Eligible	\$0.00
Individual Premium		\$0.00	\$0.00
Mass Transit	\$25.00/mo	\$0.00	\$0.00
VEBA		Not Eligible	\$0.00
Total Deductions Per Paycheck:			\$20.83

You have chosen to be reimbursed by Direct Deposit

You will need to complete the [Automatic Direct Deposit Form](#) and submit it to your administrator in order to set up the direct deposit with your bank.

The payroll deduction to fund your spending accounts will begin on 5/2/2005 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 5/1/2005. All claims must be filed for expenses incurred while you are a participant, within the plan year 5/1/2005 - 4/30/2006

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.

Helpful Tips

Go Green! Be sure that you've completed/submitted the Automatic Direct Deposit Form.

Include your email address. If you provided an email address, you'll receive a confirmation email that contains further detailed plan instructions. If you didn't provide an email address, click **Next Steps** to print the confirmation and instruction documents.

Enrollment Changes/Updates. If there are any errors in your enrollment or you wish to make changes during the enrollment period, simply return the Home page or log in at a later time (with your new password).

Web Self Service

Log into your eflex account (<http://account.eflexgroup.com/portal/signin.asp>) anytime of the day or night to view up-to-date account information and manage your eflex plan.

- Select **Payment History** to see detail for paid claims.
- Click on **View Detail** for more information about any claim.
- Select **Profile** to review your personal and dependent information.
- Choose **Account Balance** to check the balances of any account. You can also check the claims history by clicking the Claims History link.
- **Plans Tab:** To view your plan information, click Plan Descriptions under the Accounts tab.
- **Forms:** Download a variety of forms under the **Forms** tab.

Questions? Visit www.eflexgroup.com for access to our Customer Care Support available 24 hours a day by email Live Chat or telephone.

Welcome to eflex