

## ONLINE ENROLLMENT IN YOUR FLEXIBLE BENEFIT PLANS!

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

You may enroll in these benefits online between

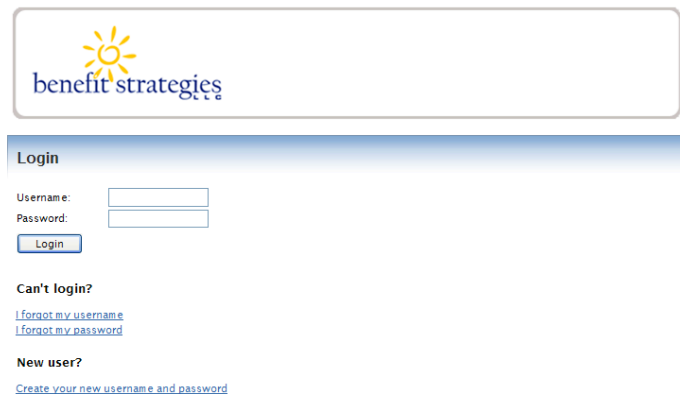
**10/3/2011 through 11/18/2011**

**\*Online enrollment is for existing participants only. New participants will need to fill out paper enrollment forms through their payroll department.**

**\*\*Upon enrollment completion, please print 2 copies of the enrollment confirmation page - keep 1 copy for your records and give 1 copy, signed and dated, to your Payroll Coordinator. Carefully review your election(s): did you sign up for the correct pre-tax benefit and election amount?**

### HOW TO LOGIN :

1. Open your browser (e.g. Internet Explorer) and log into our website: [www.benstrat.com](http://www.benstrat.com) . In the lower right hand corner of the home page, click on the Commonwealth of Massachusetts Group Insurance Commission icon.
2. Then click on the GIC Participant Login button. The following login screen will appear:



The screenshot shows the login interface for benefit strategies. At the top, there is a logo with a sun icon and the text "benefit strategies". Below the logo is a "Login" section with two input fields: "Username:" and "Password:". A "Login" button is positioned below the password field. Underneath the login fields, there are links for "Can't login?" with sub-links for "Forgot my username" and "Forgot my password". At the bottom, there is a "New user?" section with a link for "Create your new username and password".

3. Existing Users can continue to use their existing username and password already created and login.

# 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.

## **Step 2:**

Begin online enrollment by clicking the **Enroll** button in the Annual Enrollment section.

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS LINKS Sample Person ▾  
[Logout](#)

**Welcome, Sample**

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!

**New Mobile Apps**  
Download the free mobile apps for iPhone or Android mobile phones and manage your accounts whenever you want!  
[Learn 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. PLEASE NOTE: Debit Card fees are annual fees.

**PLEASE NOTE: To assure proper set up of your Payroll deductions for the 2012 plan year, please be sure to complete all 6 steps in the upcoming enrollment screens. At the end of the process on the Enrollment Confirmation page, please print 2 copies of your election confirmation - keep 1 copy for your records, and give 1 copy to your Payroll Coordinator. Thank you very much.**

Plan Year	Enrollment Period	Accounts	Actions
Jan 1 12 - Dec 31 12 EXC	9/12/2011 - 9/30/2011	2012 Health Care Reimbursement Acct.	<a href="#">Enroll</a>

## **Step 3:**

Begin Your Enrollment Now.

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS Sample Person ▾  
[Logout](#)

## Enrollment

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.

### 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: \***

**Social Security Number:**

**Country:\***

**Address Line 1: \***

**Address Line 2:**

**City: \***

**State: \***

**Zip Code: \***

**Home Phone: \***

**Birth Date: \***  
(mm/dd/yyyy)

**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

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Are you enrolled in your company's medical insurance plan? \*  Yes  No

Are you enrolled in your company's dental insurance plan? \*  Yes  No

Are you enrolled in your company's vision insurance plan? \*  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**. If a dependent has previously been active, you do **NOT** need to add them again.

### 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:**

\* = required field

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#### Eligible Dependents

Name	SSN	Relationship		
Spouse Consumer		Spouse	<a href="#">Update</a>	<a href="#">Remove</a>
Is enrolled in your company's medical insurance plan? * <input checked="" type="radio"/> Yes <input type="radio"/> No				
Is enrolled in your company's dental insurance plan? * <input checked="" type="radio"/> Yes <input type="radio"/> No				
Is enrolled in your company's vision insurance plan? * <input checked="" type="radio"/> Yes <input type="radio"/> No				

† Currently updating

**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**

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 Flex Spending Account rules.

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**HRA**

Require enrollment in:  Medical Ins  Dental Ins  Vision Ins

The Health Reimbursement Arrangement is funded wholly by your employer.

I have read and understand the HRA 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: 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 deduction select the calculate button. If you choose to not enroll in a plan leave the field blank.

	Company Contributions	Your Election	Max Employee Election
Flex Spending Account		<input type="text" value="2000.00"/>	
HRA	\$600.00	Enrolled	
Total election for the year:		\$2,000.00	
Total tax savings for the year*:		\$600.00	<input type="button" value="Calculate"/>
Estimated per pay period deduction:		\$38.46	

\* 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. Click **Continue**.

## Payment Method

steps:

1

2

3

4

5

6

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

Check

This is the check description

Direct Deposit

This is the description of debit card.

Lighthouse1 Benefits Card

This feature offers you to use a debit card for immediate reimbursement versus filing a claim online.



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

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

AnyBank USA  
Anywhere, USA

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

AnyBank USA  
Anywhere, USA

routing and transit # checking account # check #

\* = required

Continue

Click **Continue**.

**Step 10:**

Select the Dependent(s) to have separate debit cards. The dependent must be over 18 to receive a debit card. Click **Continue**.

### Issue Dependent Cards

steps: 1 2 3 4 5 6

Select the dependents you would like to have a separate debit card issued to. For each dependent selected, specify the address the card should be sent to and the plans that dependent should have access to use the debit card for. If a dependent is not listed, you must add that dependent on Step 2 of this enrollment process.

**Please note, a one-time fee of \$5.00 will be charged to your account for each debit card that is issued to a dependent.**

Name	Issue Card?	Plan Access	Ship To
Spouse Consumer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> FSA <input checked="" type="checkbox"/> HRA	Participant Address

[Continue](#)

**Step 11:**

Review and verify enrollment information. To update information, click **Edit Information** next to the appropriate area. Once verified, click **Submit** to complete the enrollment.

### Enrollment Verification

steps: **1** 2 3 4 5 6

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

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#### Profile

[Edit Information](#)

Name: Test Consumer  
Social Security Number:  
Address: 500 Any St  
Tomah, WI 54015 United States  
Home Phone: (715) 555-5555  
Birth Date: 6/6/1960  
Gender: Male  
Marital Status: Married  
Email Address: noemail@noemail.com

Do you have any dependents? Yes  
Are you enrolled in your company's medical insurance plan? Yes  
Are you enrolled in your company's dental insurance plan? Yes  
Are you enrolled in your company's vision insurance plan? Yes

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#### Dependents

[Edit Information](#)

Full Name	SSN	Birth Date	Gender	Full Time Student	Relationship
Spouse Consumer		7/10/1963	Female	No	Spouse

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#### Enrollment Elections

[Edit Information](#)

	Employee Contribution
Flex Spending Account	\$2,000.00
HRA	\$650.00
-----	
Total Election for the year:	\$2,000.00
Estimated per pay period reduction:*	\$38.46

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

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#### Method of Reimbursement

[Edit Information](#)

You have chosen **Lighthouse 1 Benefits Card** as your method of payment.  
Your alternate reimbursement method is Direct Deposit.

Separate debit cards will be issued to the following dependents:  
- Spouse Consumer

[Submit](#) [Cancel](#)

## Step 12:

The Enrollment Confirmation displays. Click **Next Steps** to view the Next Steps documents and also click **Print** to print out 2 copies: one for your records and one that must be signed and dated and given to your payroll office.

HOME	ACCOUNTS	PROFILE	NOTIFICATIONS	FORMS	LINKS	Sample Person ▾ <a href="#">Logout</a>
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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
2012 HCA		\$2,750.00	\$114.59
2012 DCA		\$0.00	\$0.00
Total Estimated Reductions Per Paycheck:*			<b>\$114.59</b>

\* 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 1/3/2012 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 1/1/2012. All claims must be filed for expenses incurred while you are a participant, within the plan year 1/1/2012 - 12/31/2012

SIGNATURE: \_\_\_\_\_  
EMPLOYEE \_\_\_\_\_  
ID: \_\_\_\_\_  
DATE: \_\_\_\_\_

PLEASE NOTE: Please print 2 copies of your election confirmation and keep 1 copy for your records, and GIVE 1 COPY TO YOUR PAYROLL COORDINATOR. Thank you very much!

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.

[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 [flexdept@benstrat.com](mailto:flexdept@benstrat.com).

**\*\*Reminder:** please print 2 copies of the enrollment confirmation page - keep 1 copy for your records and give 1 copy, **signed and dated**, to your Payroll Coordinator. Carefully review your election(s): did you sign up for the correct pre-tax benefit and election amount?

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

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