

We are excited to announce that you will be enrolling in your eflex plans ONLINE.

**Open Enrollment Period:**

You may enroll in your eflex plan(s) online between \_\_\_\_\_ and \_\_\_\_\_ .

**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>



**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.

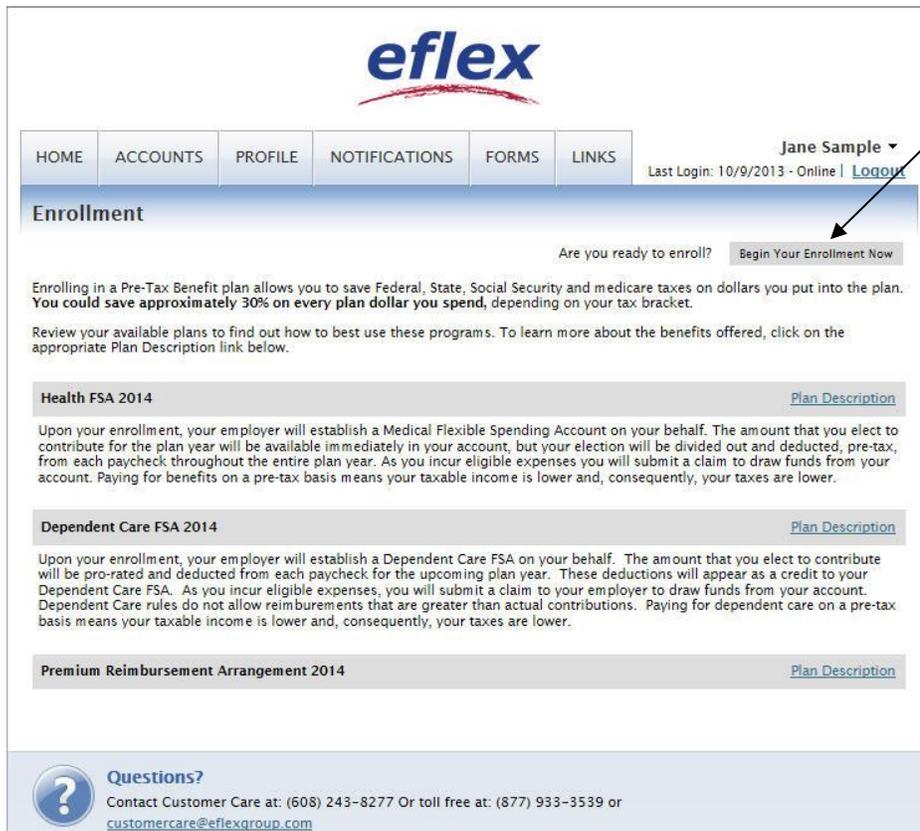
**HOW TO BEGIN ENROLLMENT:**

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



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

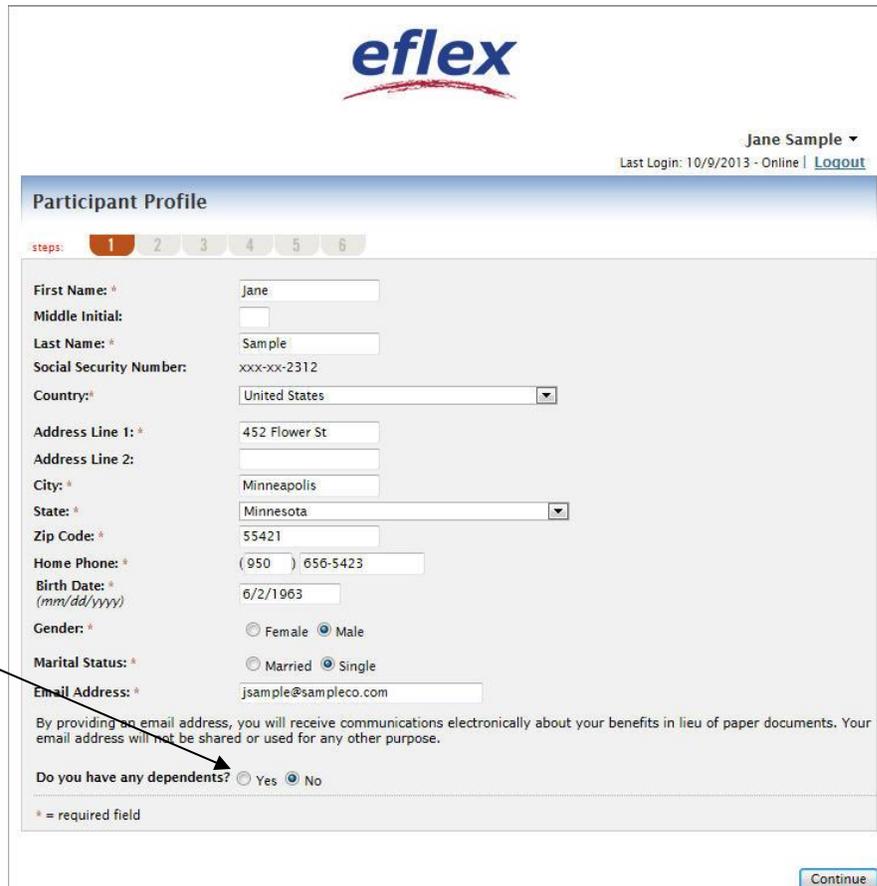
*NOTE: To read more about your plans, click on "Plan description" for helpful, easy-to-read information!*



**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**



**Participant Profile**

steps: 1 2 3 4 5 6

First Name: \* Jane  
Middle Initial:   
Last Name: \* Sample  
Social Security Number: xxx-xx-2312  
Country: \* United States  
Address Line 1: \* 452 Flower St  
Address Line 2:   
City: \* Minneapolis  
State: \* Minnesota  
Zip Code: \* 55421  
Home Phone: \* (950 ) 656-5423  
Birth Date: \* 6/2/1963  
(mm/dd/yyyy)  
Gender: \*  Female  Male  
Marital Status: \*  Married  Single  
Email Address: \* jsample@sampleco.com

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

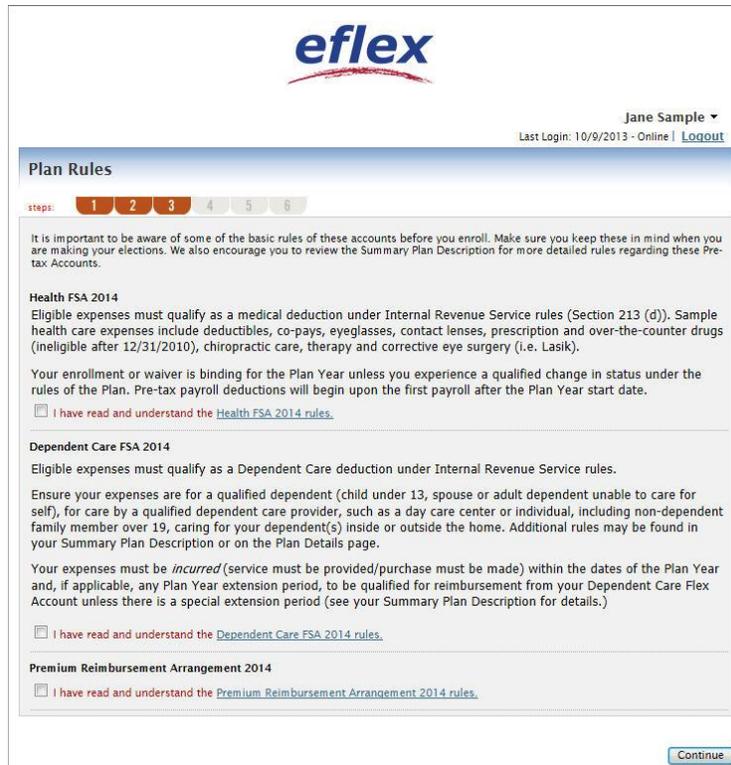
\* = required field

Continue

**Step 2: Add Dependents** to the system. Enter your dependent's information, and click **Add to List**. Repeat this step for each eligible dependent you would like to add.

**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.



Jane Sample ▾  
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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.

**Health FSA 2014**  
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 (ineligible after 12/31/2010), 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 deductions will begin upon the first payroll after the Plan Year start date.  
 I have read and understand the [Health FSA 2014 rules](#).

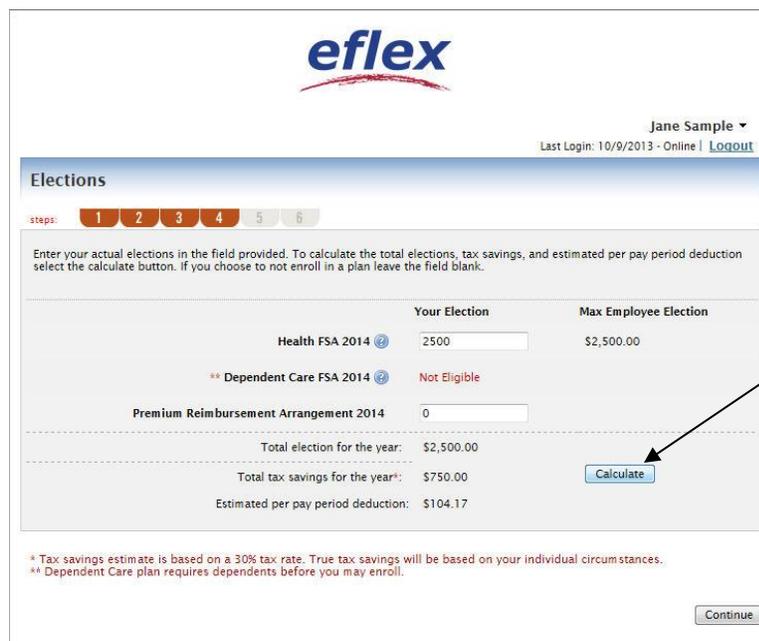
**Dependent Care FSA 2014**  
Eligible expenses must qualify as a Dependent Care deduction under Internal Revenue Service rules.  
Ensure your expenses are for a qualified dependent (child under 13, spouse or adult dependent unable to care for self), for care by a qualified dependent care provider, such as a day care center or individual, including non-dependent family member over 19, caring for your dependent(s) inside or outside the home. Additional rules may be found in your Summary Plan Description or on the Plan Details page.  
Your expenses must be *incurred* (service must be provided/purchase must be made) within the dates of the Plan Year and, if applicable, any Plan Year extension period, to be qualified for reimbursement from your Dependent Care Flex Account unless there is a special extension period (see your Summary Plan Description for details).  
 I have read and understand the [Dependent Care FSA 2014 rules](#).

**Premium Reimbursement Arrangement 2014**  
 I have read and understand the [Premium Reimbursement Arrangement 2014 rules](#).

[Continue](#)

**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.



Jane Sample ▾  
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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 deduction select the calculate button. If you choose to not enroll in a plan leave the field blank.

|  | Your Election | Max Employee Election |
|--|---------------|-----------------------|
| Health FSA 2014                              | 2500          | \$2,500.00            |
| ** Dependent Care FSA 2014                   | Not Eligible  |                       |
| Premium Reimbursement Arrangement 2014       | 0             |                       |
| Total election for the year: \$2,500.00      |               |                       |
| Total tax savings for the year*: \$750.00    |               |                       |
| Estimated per pay period deduction: \$104.17 |               |                       |

[Calculate](#)

\* Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances.  
\*\* Dependent Care plan requires dependents before you may enroll.

[Continue](#)

**Step 5: Select the payment method for reimbursement.**

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

**Note: If you have previously enrolled in the plan and already completed a Direct Deposit Form, you do NOT need to complete a new form.**

Step 6: Complete your enrollment.

Jane Sample ▾  
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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: xxx-xx-2312  
Address: 452 Flower St  
Minneapolis, MN 55421 United States  
Home Phone: (950) 656-5423  
Birth Date: 6/2/1963  
Gender: Male  
Marital Status: Single  
Email Address: jsample@sampleco.com  
Do you have any dependents? No

#### Dependents

[Edit Information](#)

No dependents specified.

#### Enrollment Elections

[Edit Information](#)

|   | Employee Contribution |
|---|-----------------------|
| Health FSA 2014                               | \$2,500.00            |
| Dependent Care FSA 2014                       | Not Eligible          |
| Premium Reimbursement Arrangement 2014        | \$0.00                |
| Total Election for the year: \$2,500.00       |                       |
| Estimated per pay period reduction:* \$104.17 |                       |

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

#### Method of Reimbursement

[Edit Information](#)

You have chosen **Benny Card** as your method of payment.  
Your alternate reimbursement method is Check.

Separate debit cards will be issued to the following dependents:  
No dependent debit cards issued

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

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.

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| 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.**