



# Participant User Guide

What participants need to know about using myflexaccount.com

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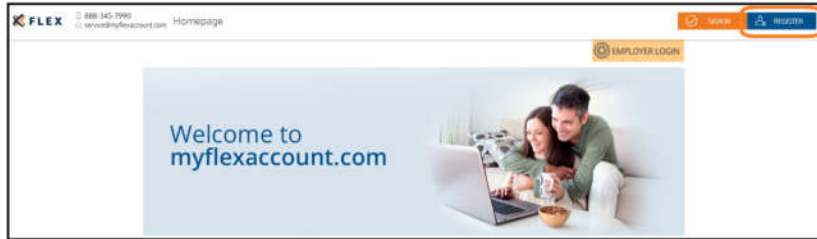
## Getting started

The participant web site can be accessed at: [www.myflexaccount.com](http://www.myflexaccount.com).

## Registration and Enrollment

### Registering Online

**Step 1.** If this is your first time accessing [myflexaccount.com](http://myflexaccount.com), simply click the **REGISTER** button atop the right corner of the home screen.



Enter your First Name, Last Name, and Zip Code.  
Click **NEXT** when completed.  
Please contact Flex at 888-345-7990 if additional assistance is required.

**Step 2.** Select a verification code delivery method and enter the code sent to you. Click **NEXT** when completed. If Flex does not have an email address or mobile phone number on file, users will need their Employer ID and Employee ID in order to register online. These ID numbers can be found in your Welcome email from Flex. You may also contact Flex at 888-345-7990 for the ID numbers.

**Step 3.** Create a unique username and password and enter your email address. Click **NEXT** when completed.

**FLEX** 888-345-7990  
service@myflexaccount.com Registration

STEP 1 STEP 2 **STEP 3** STEP 4 STEP 5 STEP 6

You are on step 3 of 6

Create a user name, email and password for your account.

User Name \*

Email \*

Password \* ?

Password Strength

Confirm Password \*

**Step 4.** Populate the security questions and responses fields.

**FLEX** 888-345-7990  
service@myflexaccount.com Registration

STEP 1 STEP 2 STEP 3 **STEP 4** STEP 5 STEP 6

You are on step 4 of 6

Select Question 1 \*  
In which city was your grandmother born (father's m...

Question 1 Response \*  
Type your answer here

Select Question 2 \*  
What was the last name of your favorite teacher in fl...

Question 2 Response \*  
Type your answer here

Select Question 3 \*  
What is the name of the college you went to?

Question 3 Response \*  
Type your answer here

Select Question 4 \*  
What was your high school mascot?

Question 4 Response \*  
Type your answer here

Please use the select boxes labeled select question 1, select question 2, select question 3, and select question 4 to choose questions which are relevant to you and then enter answers to those questions.

**Step 5.** Confirm your email address. Click **NEXT** when completed.

MENU **FLEX** 888-345-7990  
service@myflexaccount.com Registration

STEP 1 STEP 2 STEP 3 STEP 4 **STEP 5** STEP 6

You are on step 5 of 6

First Name Trent

Last Name Rendon

Confirm Email

*i* The email address entered is used for security encryption only. It is not used for solicitation purposes.

**Step 6.** Confirm information. Click **SUBMIT** when completed.

MENU **FLEX** 888-345-7990  
service@myflexaccount.com Registration

STEP 1 STEP 2 STEP 3 STEP 4 STEP 5 **STEP 6**

You are on step 6 of 6

*i* Your setup information has not yet been submitted. Please verify your information below before clicking Submit. If you need to make a change before submitting, click the appropriate Edit Info link

Questions and Answers

Question 1

In which city was your grandmother born (father's mother)?  
soof

Question 2

What was the last name of your favorite teacher in first year of high school?  
soof

Question 3

What is the name of the college you went to?  
soof

Question 4

What was your high school mascot?  
soof

Personal Information

First Name Trent

Last Name Rendon

Email trenton@myflexaccount.com

**Step 7.** Registration process complete.

MENU **FLEX** 888-345-7990  
service@myflexaccount.com Registration

STEP 1 STEP 2 STEP 3 STEP 4 STEP 5 STEP 6

**Success**  
You have successfully completed the registration process

The next time you sign on to access your account information you will be asked to provide your username and password

*i* To protect your personal information you may occasionally be required to complete additional authentication

## Your First Sign In

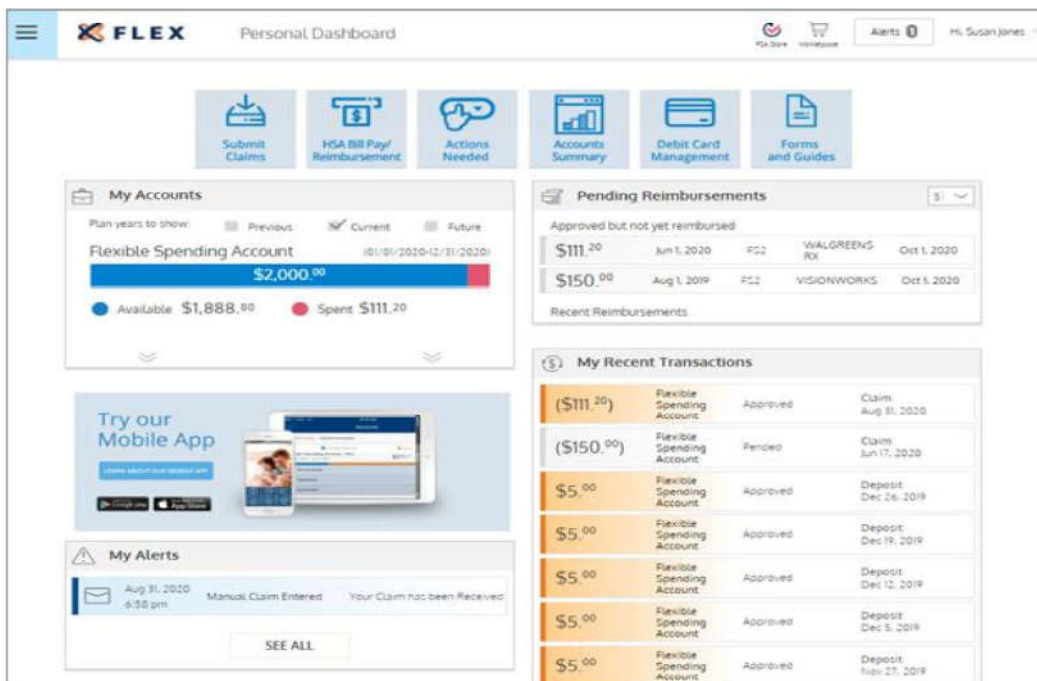
After registering, for all subsequent logins you can click the **Sign in** link in the upper right corner of the home page or by clicking the Account Holder sign in from the home page

You will be prompted to enter your username, two of your four security questions, and your password.



## Website Overview

### Personal Dashboard



| Amount     | Description               | Status   | Date                 |
|------------|---------------------------|----------|----------------------|
| (\$111.20) | Flexible Spending Account | Approved | Claim Aug 31, 2020   |
| (\$150.00) | Flexible Spending Account | Pending  | Claim Jun 17, 2020   |
| \$5.00     | Flexible Spending Account | Approved | Deposit Dec 26, 2019 |
| \$5.00     | Flexible Spending Account | Approved | Deposit Dec 19, 2019 |
| \$5.00     | Flexible Spending Account | Approved | Deposit Dec 12, 2019 |
| \$5.00     | Flexible Spending Account | Approved | Deposit Dec 5, 2019  |
| \$5.00     | Flexible Spending Account | Approved | Deposit Nov 27, 2019 |

The **Personal Dashboard** offers easy access to your account information and allows you to manage your benefit accounts. By clicking the quick link, you can submit & track claims, attach receipts to pending claims, view your account summary and claim activity, manage your debit card (if applicable), and view forms & guides.

- **My Accounts** - provides at-a-glance account information such as account balance, plan dates, and other important details pertaining to your benefit accounts

- **My Recent Transactions** - displays the 10 most recent transactions for the selected account

| Amount     | Description               | Status   | Date                 |
|------------|---------------------------|----------|----------------------|
| (\$111.20) | Flexible Spending Account | Approved | Claim Aug 31, 2020   |
| (\$150.00) | Flexible Spending Account | Perited  | Claim Jun 17, 2020   |
| \$5.00     | Flexible Spending Account | Approved | Deposit Dec 26, 2019 |
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| \$5.00     | Flexible Spending Account | Approved | Deposit Dec 12, 2019 |
| \$5.00     | Flexible Spending Account | Approved | Deposit Dec 5, 2019  |
| \$5.00     | Flexible Spending Account | Approved | Deposit Nov 27, 2019 |
| \$5.00     | Flexible Spending Account | Approved | Deposit Nov 21, 2019 |
| \$5.00     | Flexible Spending Account | Approved | Deposit Nov 14, 2019 |
| \$5.00     | Flexible Spending Account | Approved | Deposit Nov 7, 2019  |

[SEE ALL](#)

- **Alerts** - A display of messages, emails, SMS text messages, and other alerts that are specific to you and your benefit accounts. This includes balance alerts, enrollment confirmations, address change verifications, and other such communications listed.

- Click Sign Up to register your mobile number to receive text alerts

### Alerts

Right now you're only receiving email alerts. Click below to maximize the value of your account. Link your mobile phone and get real-time balance updates!

[SIGN UP](#)

|                      |                           |   |
|----------------------|---------------------------|---|
| Aug 11, 2017 5:01 am | HSADisclosureAlert        | FINAL REMINDER: UMB HSA Account Disclosures |
| Aug 11, 2017 3:02 am | Account Balance Statement | Account Balance Statement                   |
| Aug 10, 2017 9:11 am | Participant Claim Entry   | Subject                                     |
| Aug 9, 2017 1:48 pm  | Participant Claim Entry   | Subject                                     |
| Aug 9, 2017 1:47 pm  | Participant Claim Entry   | Subject                                     |


[SEE ALL](#)

### Get Reimbursed Faster

Add your bank account for direct deposit reimbursement [+](#) ADD

**FSA Store**

Wondering what your FSA Covers?



LEARN MORE

## Main Menu

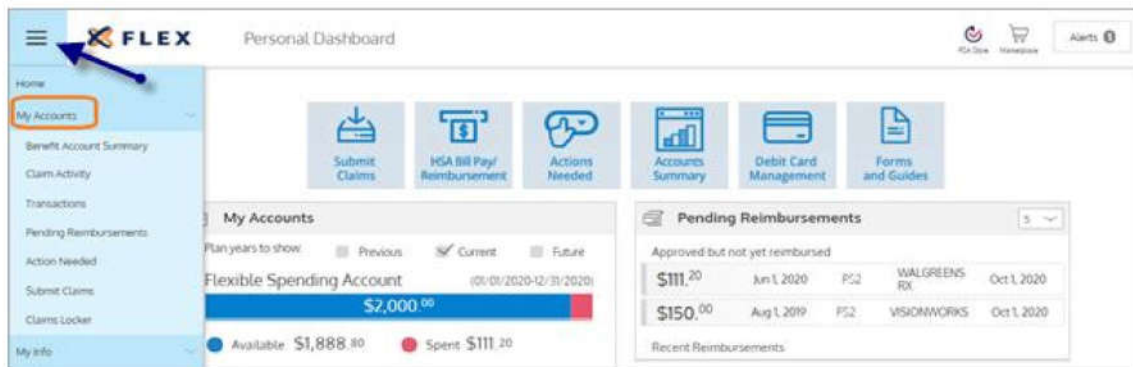
To access the Main Menu, Click on the three bars in the top left corner of the home page.

Here you will find a menu drop down where you can access important details pertaining to your benefit accounts.

## My Accounts

The My Accounts tab is where you access basic account information and manage all of your benefit accounts.

You can view your benefit account summary, claim activity, transactions, items that need action, submit claims, or enter claims for future reimbursement.



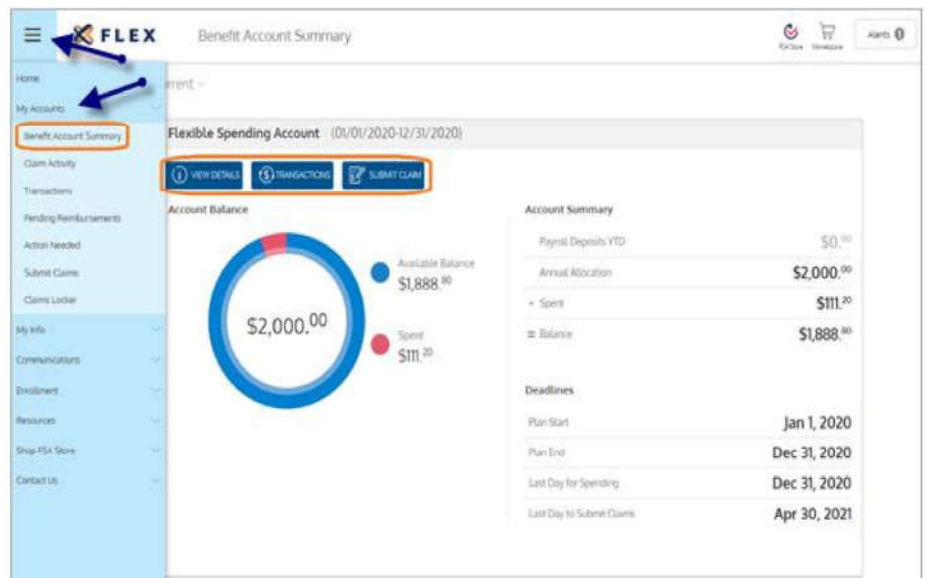
## Benefit Account Summary

The Benefit Account Summary page provides at-a-glance account information such as account balance, plan dates, and other important details pertaining to your benefits accounts.

Use the dropdown menu to select the plan year and accounts displayed on this page.

To view all available information on a specific benefit account, click the View Details button.

This takes you to the Benefit Account Details page for that account. You can also click the Transactions button to view the most recent transactions or the Submit Claim button to submit a claim for reimbursement (as shown at the bottom of the page).



## Claim Activity

The Claim Activity page displays your claims that require action, are approved/paid/submitted, and your year to date spending. You can click the Search for Claims button to search for claims by a specified date range or claim amount. You can also Add Expense for future reimbursement or Submit Claim for immediate reimbursement.

The screenshot shows the 'Claim Activity' page in the FLEX system. The left sidebar is highlighted, with 'Claim Activity' selected. The main content area displays a table of claims under the heading 'Approved/Paid/Submitted'. The table has columns for amount, status, provider, and dates. A search bar and several action buttons are visible at the top right.

| Amount     | Status    | Provider                       | Date of Service | Date of Transaction |
|------------|-----------|--------------------------------|-----------------|---------------------|
| (\$111.20) | Paid      | Pharmacy ServicesWALGREENS RX  | Jun 1, 2020     | Aug 31, 2020        |
| \$150.00   | Submitted | Pharmacy CopyWALGREENS #150600 | Jun 3, 2020     | Jun 17, 2020        |
| (\$150.00) | Paid      | Vision ServicesVISIONWORKS     | Aug 1, 2019     | Oct 25, 2019        |
| (\$1.00)   | Paid      | Test Provider                  | Aug 1, 2019     | Sep 18, 2019        |
| (\$1.50)   | Paid      | Test Provider                  | Sep 1, 2019     | Sep 15, 2019        |

## Transactions

As shown below, this section displays the 10 most recent transactions for the selected account. The transaction status updates in real time as claims are processed.

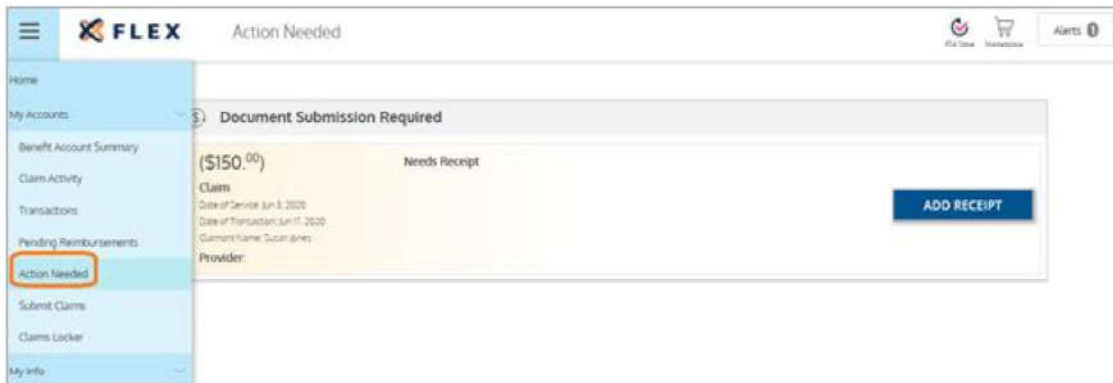
The screenshot shows the 'Transactions' page in the FLEX system. The left sidebar is highlighted, with 'Transactions' selected. The main content area displays a table of transactions with columns for amount, status, provider, and dates. A search bar and several action buttons are visible at the top right.

| Amount     | Status                             | Provider                      | Date         |
|------------|------------------------------------|-------------------------------|--------------|
| (\$111.20) | Flexible Spending Account Approved | Pharmacy ServicesWALGREENS RX | Aug 31, 2020 |
| (\$150.00) | Flexible Spending Account Pending  | Pharmacy CopyWALGREENS        | Jun 17, 2020 |



## Action Needed

In the Action Needed section, the page will display the items that require your attention. You will have the option to directly add receipts to any action items from this page.



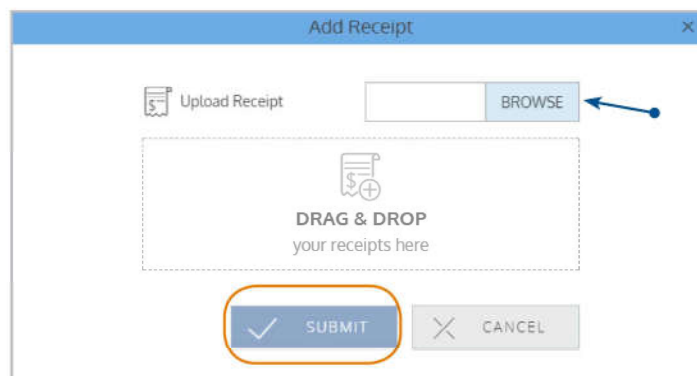
## Attach Receipts

To upload a receipt to a pending claim, follow these simple instructions.

**Step 1.** Click the **Add Receipt** button.



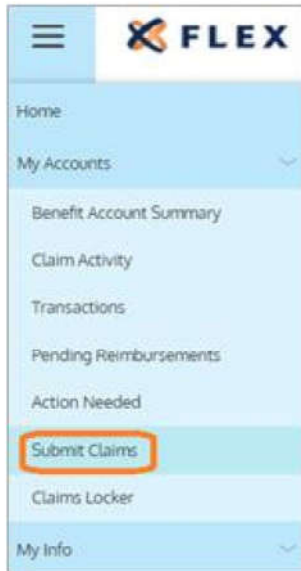
**Step 2.** Click the choose Browse button, and navigate to the receipt file or Drag & Drop a file.



**Step 3.** Once you have selected the receipt file you wish to upload, click Submit.

## Submit Claims

Use this page to submit a request for reimbursement electronically. Complete the claim form. Items with an asterisk (\*) are required. Be sure to add a receipt file if you have one. You can also drag and drop receipts into the designated area. When complete, click the **Next** button.



The screenshot shows the 'Claim Form Instructions' page. It includes the following information:

- Claim Form Instructions**
- Please complete the following:
  - Claimant
  - Service Dates
  - Claim Amount
  - Select to Pay Yourself or Pay Provider
  - If you have selected Yes to Pay Provider, please complete the provider information as requested.
- Once you have entered the required information you will need to either upload or drag and drop your documentation. Next, check the box to acknowledge your submission and click Submit.
- If you don't have your documentation ready, you have the option to upload it later. Your submitted claims will remain in the "Action Needed" section under the "My Accounts" tab until you are ready to upload your documents.

Required Field:

- Service Start Date \*
- Service End Date \*
- Claimant \*
- Claim Amount \*
- Whom should we pay?

Pay Provider:  Pay Me

Provider Name:

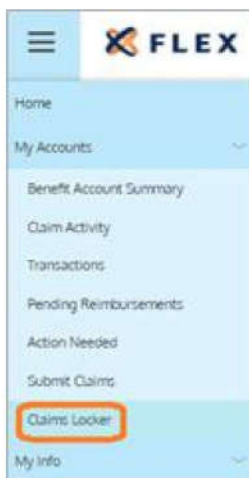
Account Number:

Buttons: CANCEL, NEXT

## Claims Locker

Adding a claim in this section allows you to enter your claim details, upload supporting documentation and save for reimbursement later. You control when you want to have the claim processed for reimbursement. You can then submit the claim for reimbursement by going to "Claim Activity" under the My Accounts menu option.

Complete the claim form. Items with an asterisk (\*) are required. Be sure to add a receipt file if you have one. You can also drag and drop receipts into the designated area.



The screenshot shows the 'Claims Locker' form. It includes the following information:

Adding a claim in this section allows you to enter your claim details, upload supporting documentation and save for reimbursement later. You control when you want to have the claim processed for reimbursement. You can then submit the claim for reimbursement by going to "Claim Activity" under the My Accounts menu option.

Required Field:

- Service Start Date \*
- Service End Date \*
- Claimant \*
- Provider \*
- Description \*

Amount Your Provider Charged or Invoice Total:

Amount Your Provider Charged:

Insurance Allowed Amount:

Amount Covered by Insurance:

Amount You Paid Out-Of-Pocket:

Comments:

My Responsibility:

Reimbursed from My Accounts:

My Remaining Responsibility:

Upload Receipt:  UPLOAD

DRAG & DROP your receipts here

Buttons: CANCEL, SUBMIT

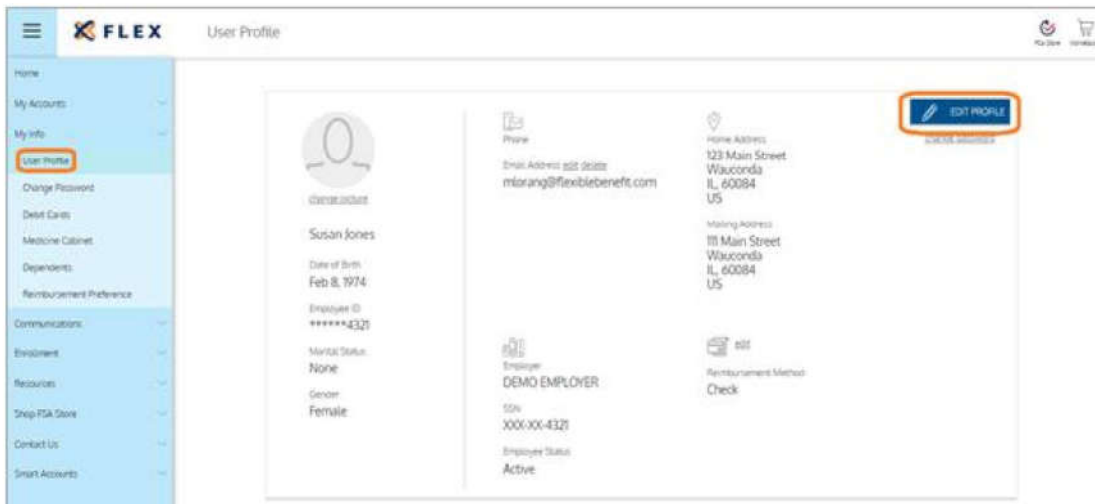
## My Info

The **My Info** tab is where you can view and edit your profile summary, update your password, manage your debit card (if applicable), view and add dependents, and update your reimbursement preference.



## User Profile

On the User Profile page, you can view or edit your demographic information, update your reimbursement method (if applicable), and add dependent information. To update your profile, click on the Edit Profile button.



From this page you can edit your phone number, address, or provide an alternate address.

Once your edits are complete,click **Save**.

The screenshot shows the 'Edit Profile' form. At the top, there is a 'Phone' field. Below it are two columns: 'Home Address' and 'Mailing Address'. Each column has fields for 'Address 1', 'Address 2', 'City', 'State', 'Zip', and 'Country'. A checkbox labeled 'Same as address' is positioned between the two columns. At the bottom right, there are 'CANCEL' and 'SAVE' buttons. A note at the bottom states: 'To edit other profile info (name, marital status, etc.) please contact your admin.'

### Change Password

If you would like to change your password at any time, you can do so from this page.

You must answer two of your secure authentication security questions.

Once you do so, click the **Next** button.

The screenshot shows two parts of the 'Change Password' process. On the left is a mobile menu with 'Change Password' highlighted. On the right is a security question screen with the title 'Answer Security Questions To Proceed'. It contains two questions: 'In which city was your grandfather born (father's father)?' and 'When is your mother's birthday (MM/DD)?'. At the bottom, there are 'CANCEL' and 'NEXT' buttons.

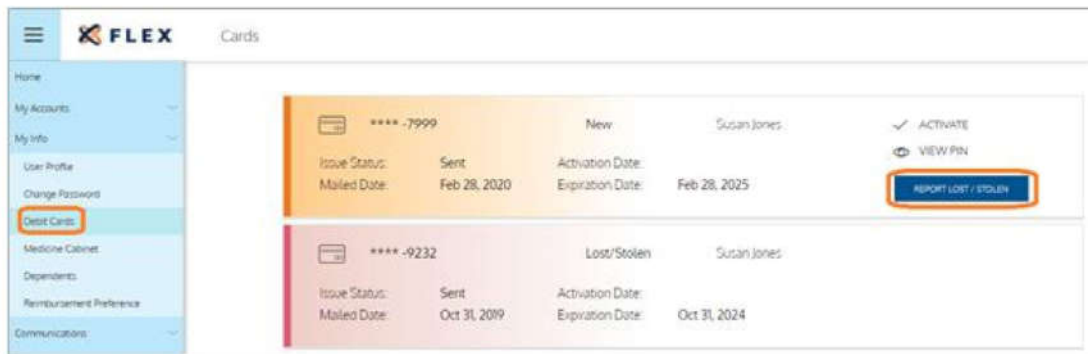
You will be prompted to enter your new password.

Once you confirm the new password, click the **Submit** button.

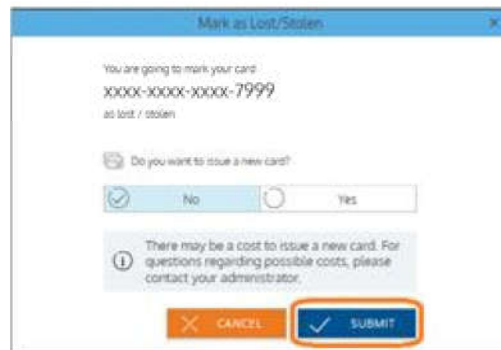
The screenshot shows the 'Change Password' form. It includes a security notice, the title 'Change Password', and a list of password requirements: 'A valid password must contain between 8 and 16 characters.' and 'A password must contain 3 of the following types of characters: AN UPPER CASE LETTER, lower case letter, Special Character (% , ! @, etc.), A number'. It also lists what a password cannot contain: 'The same character repeating 3 or more times', 'The word "password"', 'The username', and 'Spaces'. Below the requirements are input fields for 'New Password', 'Password Strength', and 'Confirm Password'. At the bottom, there are 'SUBMIT' and 'ANSWERS' buttons.

## Debit Cards (if applicable)

Use this page to manage your and/or your dependents' benefit debit cards. To report your benefit debit card as lost or stolen, click the **Report Lost/Stolen** as shown below.



You will be prompted to confirm that you would like a new card issued. Click Yes and click the **Submit** button to complete the process.



Once complete, the **Cards** page displays the original card in a Terminated status, and the new card (if requested), in a New status.



## Dependents

From the **Dependents** tab, you will find demographic information for yourself and your dependents. To add a dependent, click Add Family Member in the Family Members section.

The screenshot shows the FLEX User Profile interface. The left sidebar has the 'Dependents' tab highlighted. The main content area displays the user's profile for Susan Jones, including a profile picture, name, date of birth (Feb 8, 1974), employer ID (\*\*\*\*\*4321), marital status (None), and gender (Female). It also shows contact information (phone, email), home and mailing addresses (123 Main Street, Wauconda, IL, 60084, US), and employer details (DEMO EMPLOYER, SSN XXX-XX-4321, Active status). At the bottom, the 'Family Members' section lists Matthew Jones as a 'Spouse Or Common-Law Spouse' and includes an 'ADD FAMILY MEMBER' button highlighted with a red box.

Items with an asterisk (\*) are required. Be sure to check **Issue Dependent Card** (if applicable) and if a dependent card is desired. Check Use Primary Address if the dependent address is the same as yours. Once the section is completed, click **Next**.

The 'Add Family Member' form includes the following fields and options:

- First Name \* (text input)
- Last Name \* (text input)
- Initial (text input)
- General Info (checkbox)
- Use your primary address (checkbox, checked)
- Relationship (dropdown menu, --Select One--)
- Date of Birth \* (text input)
- Address 1 \* (text input)
- Address 2 (text input)
- SSN \* (text input)
- City \* (text input)
- Gender \* (dropdown menu, Select)
- State \* (text input)
- Full-time student (radio buttons: Yes, No)
- ZIP \* (text input)
- Phone (text input)
- Country \* (text input)

At the bottom right, there are 'CANCEL' and 'NEXT' buttons. The 'NEXT' button is highlighted with a red box.

Select the benefit accounts to link to your dependent by checking the appropriate checkboxes, then click **Submit**.

**\*Please note, a benefit account must be selected for that dependent to be able to utilize their debit card (if applicable).**

The added dependent will now be displayed in the **Family Members** section.

### Reimbursement Preference

\*Reimbursement preference options may vary by employer and all below options may not be available to your group.

On this page, you can edit your reimbursement preferences (if applicable): **Check** – Reimbursements are mailed to you in paper check form (default) **Direct Deposit** – Reimbursements are deposited directly into your bank account.

**Step 1.** To update profile to Direct Deposit, click the Direct Deposit option, then click the Edit button in the Reimbursement Method section.

**Step 2.** Enter the information for the bank account where you would like your reimbursements to be deposited, as shown below.

Reimbursement Method

Check  Direct Deposit

Bank Name \*  
Account \*  
Re-enter Account \*  
Account Routing \*  
Re-enter Routing \*  
Bank Account Type

Check example  
Name \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_  
Pay to the order of: \_\_\_\_\_  
Your bank  
Routing Number: 233211231 23456789123  
Check # \_\_\_\_\_  
Account Number \_\_\_\_\_

Please note: The order of Routing, Account and Check numbers will vary from financial institution to financial institutions and will not necessarily be in the same order as shown above.

By providing my bank account and routing numbers, I agree to allow my administrator to direct deposit plan reimbursements into my accounts. I understand that I can change this directive at any time.

**Step 3.** Click Save.

## Communications

The Communications tab is where announcements, alerts, and other communications are displayed.

FLEX Communication Settings

Home  
My Accounts  
My info  
Communications  
**Communication Settings**  
Alerts & Messages  
Announcements  
Email Us  
Enrollment  
Resources  
Shop PSA Store  
Contact Us  
Smart Accounts

Our Mobile App is easy and Convenient!  
LEARN ABOUT OUR MOBILE APP  
Available on the Google play and AppStore

Assigned Notifications  
The notifications below are available to you. Please define the delivery method for each notification you wish to receive. Please ensure you have an email address and/or registered mobile in order to receive these notifications.  
mobile email both none

Email Address  
Phone Registration Status



## Communications Settings

From this page, you can add or update your email address and register your mobile number to receive text alerts.

To add or update your email address, click on the Pencil icon.

Our Mobile App is easy and Convenient!

LEARN ABOUT OUR MOBILE APP

Assigned Notifications

The notifications below are available to you. Please define the delivery method for each notification you wish to receive. Please ensure you have an email address and/or registered mobile in order to receive these notifications.

Account Balance Statement  
This communication is sent on a Quarterly basis.

Billing Address Change  
This communication is sent when your billing address has been updated.

Email Address

Phone Registration Status

ADD NUMBER

Once you click on the Pencil icon, enter your new email address and click **Save**.

Change Email Address

Old Email Address michael@email.com

New Email Address

CANCEL SAVE

To register your mobile number to receive text alerts, click **Add Number**.

Our Mobile App is easy and Convenient!

LEARN ABOUT OUR MOBILE APP

Assigned Notifications

The notifications below are available to you. Please define the delivery method for each notification you wish to receive. Please ensure you have an email address and/or registered mobile in order to receive these notifications.

Account Balance Statement  
This communication is sent on a Quarterly basis.

Billing Address Change  
This communication is sent when your billing address has been updated.

Email Address

Phone Registration Status

ADD NUMBER

Enter your mobile number, check the terms and conditions box and click **Submit**.

Add Mobile Number

Mobile Number \* 015 - 123 - 4567

Message and Data Rates may apply.  
Message frequency is based on use.  
To receive help text HELP to 97487 or call 614.444.444

Carriers include:

at&t T-Mobile  
verizonwireless alltel  
Google Voice cricket  
US Cellular boost mobile  
metroPCS Cincinnati Bell

I accept Terms and Conditions and Privacy Policy \*

SUBMIT CANCEL

## Alerts & Messages

This page contains copies of messages, emails, SMS text messages, and other alerts that are specific to you and your benefit accounts including balance alerts, enrollment confirmations, address change verifications, and others.

You can also register your mobile number from this page by clicking on the **Sign Up** button.

FLEX Communications

Home  
My Accounts  
My Info  
Communications  
Communication Settings  
Alerts & Messages  
Announcements  
Email Us  
Enrollment  
Resources  
Shop FSA Store  
Contact Us  
Smart Accounts

My Alerts

Right now you're only receiving email alerts. Click below to maximize the value of your account. Link your mobile phone and get real-time balance updates!

SIGN UP

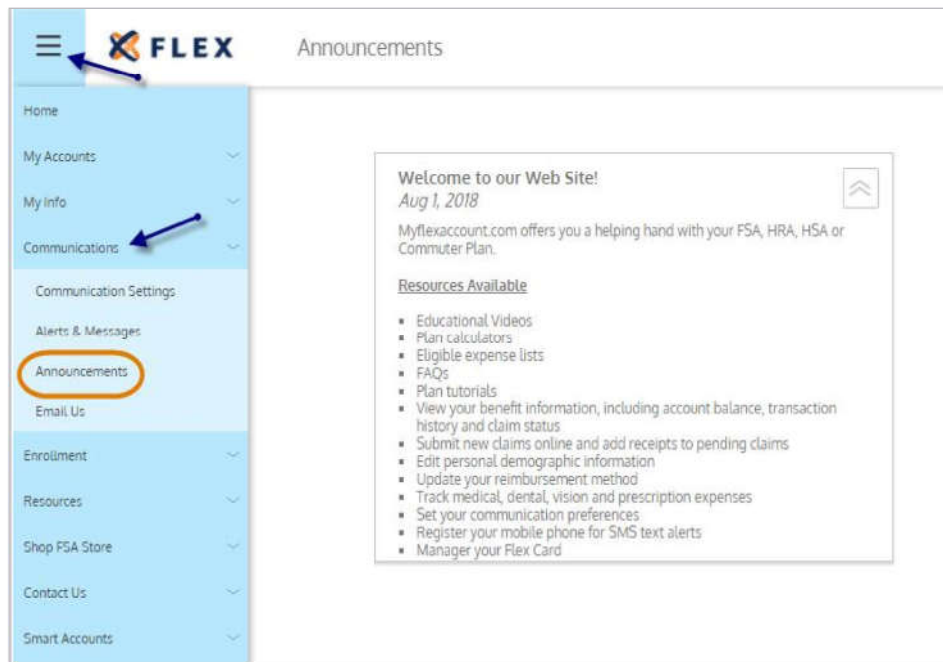
SEE ALL

Receive Mobile & E-mail Alerts

LEARN ABOUT OUR MOBILE AND EMAIL ALERTS

## Announcements

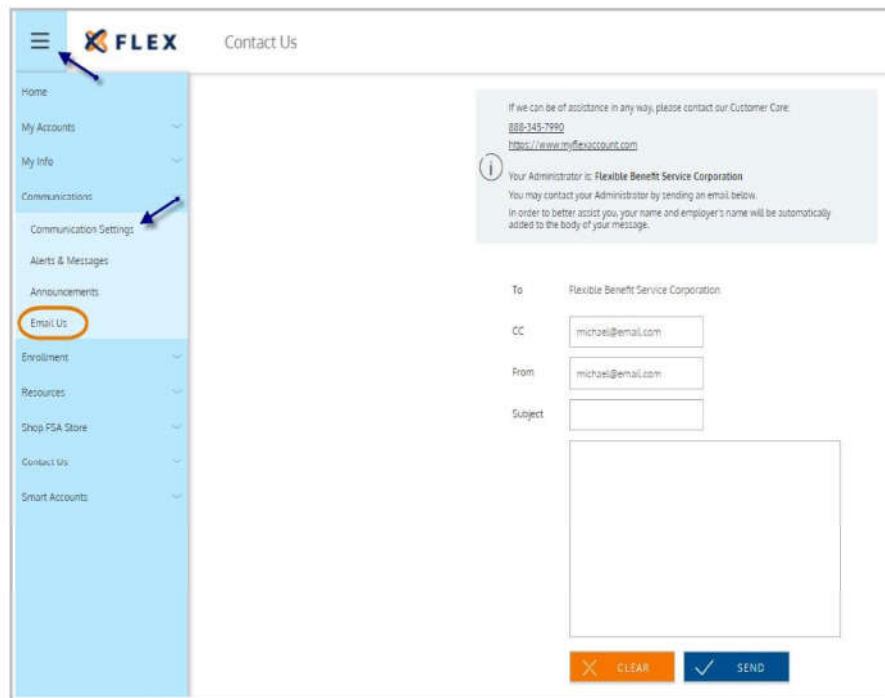
Any announcement communications from Flexible Benefit Service Corporation appear here. You might find announcements displaying information on special programs, incentive opportunities, enrollment, instructions, policies, reminders, and more.



The screenshot shows the FLEX website interface. The left navigation menu includes: Home, My Accounts, My Info, Communications, Communication Settings, Alerts & Messages, **Announcements** (highlighted in orange), Email Us, Enrollment, Resources, Shop FSA Store, Contact Us, and Smart Accounts. The main content area is titled "Announcements" and features a "Welcome to our Web Site!" message dated "Aug 1, 2018". Below the welcome message, it states "Myflexaccount.com offers you a helping hand with your FSA, HRA, HSA or Commuter Plan." A section titled "Resources Available" lists various services such as Educational Videos, Plan calculators, Eligible expense lists, FAQs, Plan tutorials, and options to view benefit information, submit claims, and track expenses.

## Email Us

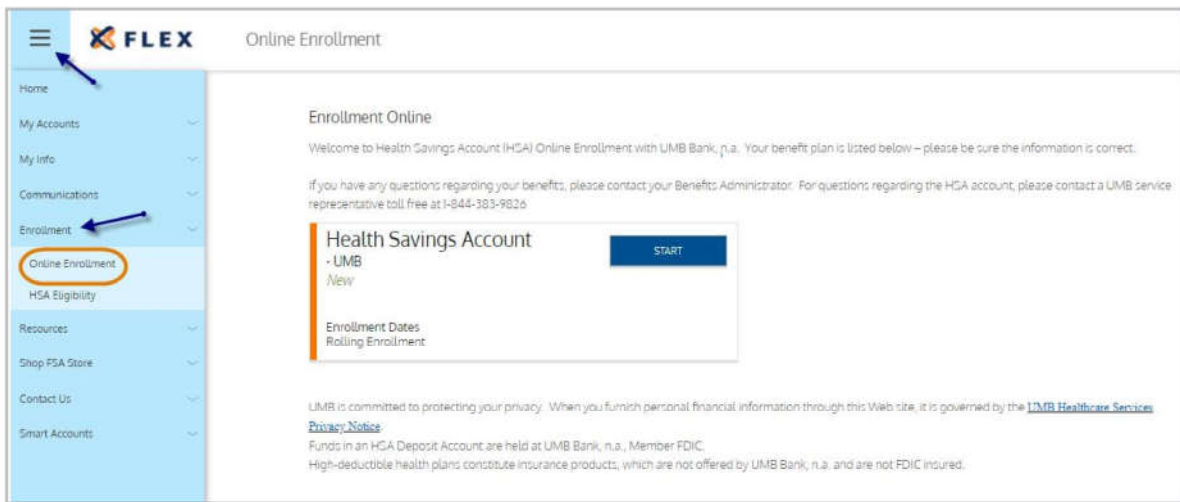
You can email Flex customer service directly by clicking on the Email Us tab. Enter a subject and message and click Send once your email has been completed.



The screenshot shows the FLEX website interface with the "Contact Us" page. The left navigation menu includes: Home, My Accounts, My Info, Communications, Communication Settings, Alerts & Messages, Announcements, **Email Us** (highlighted in orange), Enrollment, Resources, Shop FSA Store, Contact Us, and Smart Accounts. The main content area is titled "Contact Us" and features a contact form. The form includes a "To" field with "Flexible Benefit Service Corporation", a "CC" field with "michael@email.com", a "From" field with "michael@email.com", and a "Subject" field. Below these fields is a large text area for the message. At the bottom of the form are "CLEAR" and "SEND" buttons. A notice at the top of the form states: "If we can be of assistance in any way, please contact our Customer Care: 888-145-7999, https://www.myflexaccount.com. Your Administrator is: Flexible Benefit Service Corporation. You may contact your Administrator by sending an email below. In order to better assist you, your name and employer's name will be automatically added to the body of your message."

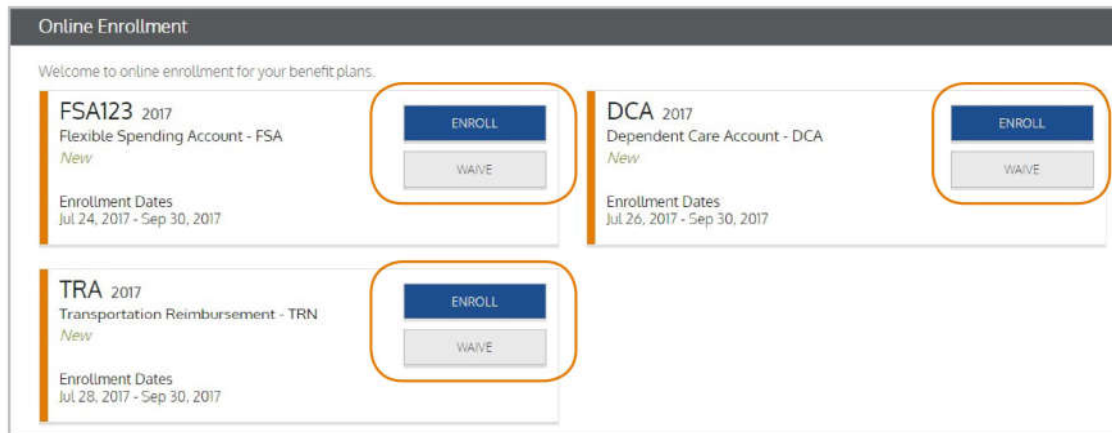
## Enrollment

If a plan assigned to your employer is available for online enrollment, this tab is where the enrollment process occurs.



## Online Enrollment

This tab is where you can start the process of enrolling in available plans. Any plans scheduled for open enrollment appear in the Online Enrollment section with the applicable open enrollment dates, as shown below. Click to either enroll or waive the offered coverage.



## Enrolling In A Plan

**Step 1.** Click Enroll for the plan you want to elect.

Online Enrollment

Welcome to online enrollment for your benefit plans.

**FSA123 2017**  
Flexible Spending Account - FSA  
*New*

Enrollment Dates  
Jul 24, 2017 - Sep 30, 2017

**ENROLL**  
WAIVE

**Step 2.** Verify and/or update your demographic information. Be sure all fields marked with an asterisk (\*) are completed, as shown below.

STEP 1 STEP 2 STEP 3

Please verify or update your demographic information below. You also have the option to add or update your dependent information by clicking "Add Dependents".

Here is a Checklist of all information you should have on-hand to complete your online enrollment:

1. Your Address
2. Your Dependent's Information (if applicable)
3. Your Annual Election Amount (per benefit)

\*\*Any changes made to your demographic information will be updated upon completion of the Employer designated open enrollment period

**General Info**

First Name \* Brayden  
Initial  
Last Name \* Cook  
Date of Birth \* Jan 22, 1991  
SSN 11222222  
Marital Select  
Mother's Maiden Name  
Gender \* Select  
Phone 3125521763  
Email \* bcook1234@noreply.com  
Re-Enter Re-enter Email \* bcook1234@noreply.com

If applicable, add any dependents by clicking the Add Dependent button and provide the required demographic information. Click Submit when completed.

Add Dependent Demographic Information

First Name \*  
Last Name \*  
Initial  
Relationship \*  
Date of Birth \*  
SSN \*  
Gender \*  
Phone  
Address 1 \*  
Address 2  
City \*  
State \*  
ZIP \*  
Country \*

Use your primary address

Dependent ID \*  
Unknown  
Select state  
Select country

CANCEL SUBMIT

**Step 3.** Provide your coverage election choices. Depending on the plan you are electing, you may be asked to choose a coverage tier or provide an annual election.

Once your selections have been made, read and check the certification acknowledgement checkbox and click **Next**.

STEP 1 STEP 2 STEP 3

Please enter the annual election amount for your Flex benefit plan.

**Account Details**

|                  |                         |                           |                   |
|------------------|-------------------------|---------------------------|-------------------|
| Plan Description | Dependent Care Account  |                           |                   |
| Plan Start Date  | 09/01/2016              |                           |                   |
| Plan End Date    | 08/31/2017              |                           |                   |
| Election         | Per Period Contribution | x Remaining Contributions | = Annual Election |
|                  | 1200                    | x 1                       | 1200.00           |

Thank you for selecting your benefit information. The last step is to review and confirm your annual election below. If you need any further assistance, please contact our customer service team at 888-345-7990.

**Certification**

I acknowledge that I am authorizing my employer to deduct equal amounts from my paychecks to collect the designated annual election amount entered above. I recognize that these selections constitute a deliberate binding decision on my part that may not be changed until the enrollment period for the next plan year or if I experience a change in status.

Click to finalize your enrollment.

**Step 4.** A summary page lists all of your entered demographic information and coverage selections. Verify that all information is correct and use the Edit Info button to change anything, as needed. Click **Next**.

STEP 1 STEP 2 STEP 3

**Account Details**

|                  |                        |  |
|------------------|------------------------|--|
| Plan Description | Dependent Care Account |  |
| Plan Start Date  | 09/01/2016             |  |
| Plan End Date    | 08/31/2017             |  |

**Participant Demographics**

Brayden Cook, Male

|               |                       |                  |  |           |
|---------------|-----------------------|------------------|--|-----------|
| Date of Birth | Jan 22, 1991          | Address          | 4444 s. state street<br>chicago, 60634<br>US | EDIT INFO |
| SSN           | *****2222             | Shipping Address | 4444 s. state street<br>chicago, 60634<br>US |           |
| Phone         | 3125521763            |                  |  |           |
| Email         | bcook1234@noreply.com |                  |  |           |

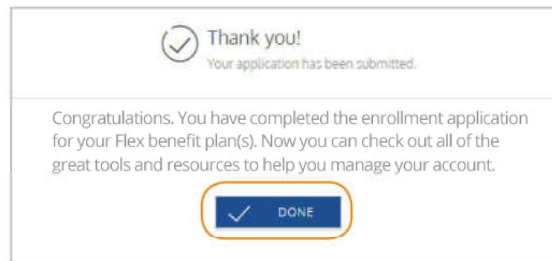
**Dependent Demographic Information**

Please add applicable dependent information here.

Nicole Cook

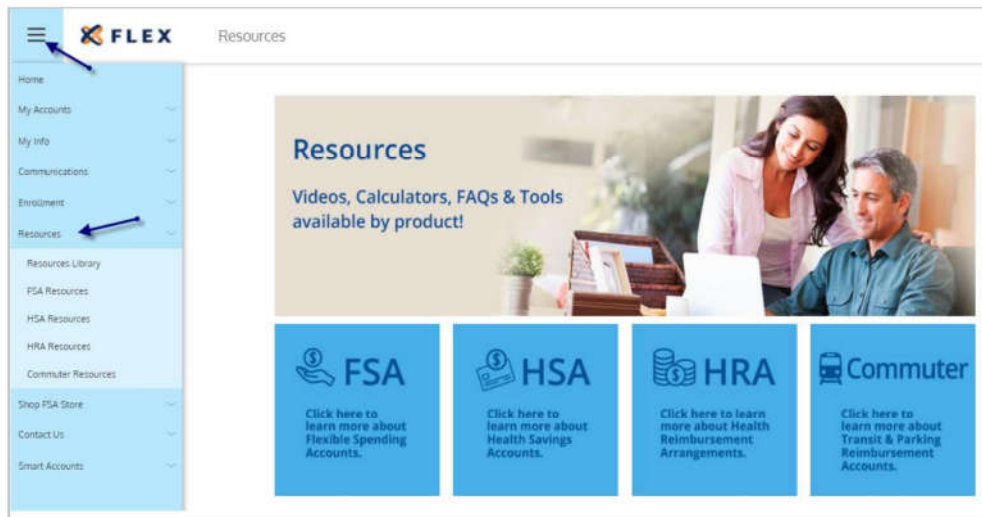
|                      |                             |         |  |  |
|----------------------|-----------------------------|---------|--|--|
| Authorized signer ID | ncook9999                   | Address | 4444 s. state street<br>chicago, 60634<br>US | EDIT DEPENDENT DEMOGRAPHIC INFORMATION   |
| Date of Birth        |                             |         |  | DELETE DEPENDENT DEMOGRAPHIC INFORMATION |
| SSN                  | *****5555                   |         |  |  |
| Relationship         | Spouse Or Common Law Spouse |         |  |  |

You will receive a message stating that your application has been submitted, click **Done**.



## Resources

The resources tab contains a robust repository of helpful videos, calculators, and FAQs, designed to assist you in learning more about your benefit options. Any important forms and/or documents you might need are also available for download from this tab.



## Shop FSA Store

It's now easier to save on eligible FSA and HSA expenses. Learn what's eligible and get the greatest value from your account when you purchase over-the-counter items from FSA Store!



## Contact Us

**We're here to help you!** Please feel free to contact us with any questions.

Monday through Friday 7:00 am to 7:00 pm CST.

Phone: 888-345-7990

Email: [service@myflexaccount.com](mailto:service@myflexaccount.com)