



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 from

November 8, 2012 through November 23, 2012

HOW TO LOGIN:

1. Open your browser (e.g. Internet Explorer) and log into our website: www.benstrat.com.
2. Click the link on the top right called "FSA/HRA Secure Account Login" then choose Employee/Participant Login.

benefit strategies

Visit us on Facebook! [FSA / HRA Secure Account Login](#)

EMPLOYEES / PARTICIPANTS EMPLOYERS BROKERS

HOME COMPANY SERVICES NEWS & ADVISORIES CONTACT

Secure Account Login FSA / HRA

FSA / HRA Secure Account Login

Please select your account below. Upon clicking the login link, you will be leaving the Benefit Strategies website and moving to a secure application.

Employee/Participant Account Login

If you are participating in a Flexible Spending Account or Health Reimbursement Arrangement with Benefit Strategies and you are an employee/participant, please click the link below to access your account.

- [Employee/Participant Login](#)

Employer Account Login

If you are an employer/sponsor working with Benefit Strategies on a Flexible Spending Account or Health Reimbursement Arrangement, please click the link below to access your account.

- [Employer/Sponsor Login](#)

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Login

Username:

Password:

Can't login?
[I forgot my username](#)
[I forgot my password](#)

New user?
[Create your new username and password](#)

**New Users,
Click HERE!**

New Users

New Users to the website may create a new account anytime by selecting the "New User" link.

Existing Users

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

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 using the two options listed on the previous page.

Step 2:

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

The screenshot shows the top navigation bar with links: HOME, ACCOUNTS, PROFILE, NOTIFICATIONS, FORMS, LINKS. On the right, it says "Test Consumer Logout". Below the navigation bar is a blue header that says "Welcome, Test". The main content area has a blue background with the text: "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!". Below this is a section titled "It's Annual Enrollment Time" with the text: "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." At the bottom is a table with the following data:

Plan Year	Enrollment Period	Accounts	Actions
2010 Plan Year	9/27/2009 - 12/5/2009	Med Flex Spending Acct HRA	Enroll

Step 3:

Begin Your Enrollment Now.

The screenshot shows the top navigation bar with links: HOME, ACCOUNTS, PROFILE, NOTIFICATIONS, FORMS. On the right, it says "Test Consumer Logout". Below the navigation bar is a blue header that says "Enrollment". The main content area has a white background with the text: "Are you ready to enroll?" followed by a button that says "Begin Your Enrollment Now". Below this is the text: "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." At the bottom is the text: "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

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

NOTE 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**.

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

Eligible Dependents

Name	SSN	Relationship		
Spouse Consumer		Spouse	Update	Remove
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.

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.

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.

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



The image shows a logo for 'benefit strategies flex express' with a sun icon and the phone number '1-888-401-FLEX'. Below it is a 'Debit VISA' logo.

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:*

* = required

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:*

Account Number:*

Account Type:*

Account Nickname:*

Bank Name:*

Street Address:*

City:*

State:*

Zip Code:*

* = required

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 enrollment.

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: 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

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.

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 the Enrollment Confirmation for your records.

HOME	ACCOUNTS	PROFILE	NOTIFICATIONS	FORMS	Test Consumer Logout
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		
Flex Spending Account		\$2,000.00	\$38.46		
HRA	\$650.00	Enrolled	\$0.00		
Total Estimated Reductions Per Paycheck:*				\$38.46	
* 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 9/5/2009 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 9/1/2009. All claims must be filed for expenses incurred while you are a participant, within the plan year 9/1/2009 - 8/31/2010					
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.					
<input type="button" value="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.

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

HOME	ACCOUNTS	PROFILE	NOTIFICATIONS	FORMS	LINKS	Test Consumer Logout
Welcome, Test						
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			
2010 Plan Year	9/27/2009 - 12/5/2009	Med Flex Spending Acct HRA	Update			