



CDH Online Open Enrollment Instructions

Please access your miBenefits CDH account at www.ebms.com.

If you have any troubles signing into your account, please contact EBMS Customer Service at 866-857-8182

The log in page displays as shown below. Enter the user name and password for your miBenefits account and click “Sign in”.

A screenshot of the miBenefits login page. The page is split into two main sections. The left section has a light blue background and contains the miBenefits logo at the top. Below the logo, it says "Welcome to the new EBMS login page. To get started, please enter your existing login credentials." There is a horizontal line, followed by an important notice: "IMPORTANT: If you have been migrated to the new miBenefits portal, please select 'Register now.'" Below that, it says "(Your existing credentials will not work!)". The right section has a green background and contains a white login form. The form has a title "Login" and a link "Need help?". It has two input fields: "Enter your username" and "Enter your password". Below the fields is a dark green button labeled "Sign in". At the bottom of the form, it says "Register here for the NEW miBenefits Portal!" with a link "Register Now" in orange.

Once logged into miBenefits, click on the orange “FSA, HSA & HRA Portal” button on the homepage. This will take you to the CDH homepage where you can sign up for (or decline to participate in) the renewal plan year benefits.



CLICK HERE TO VIEW ACCOUNT AND OTHER BENEFIT INFORMATION.

Forms AND DOCUMENTS	FSA, HSA & HRA PORTAL	View CLAIMS INFORMATION
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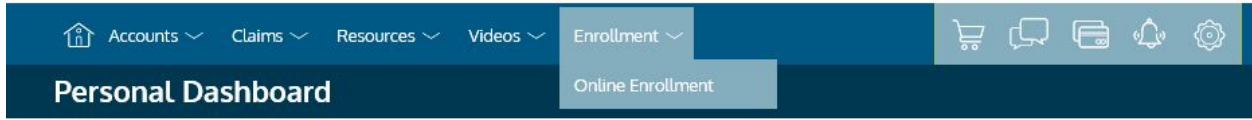


CLICK HERE FOR CHALLENGES, MESSAGES AND HEALTH RISK ASSESSMENTS.

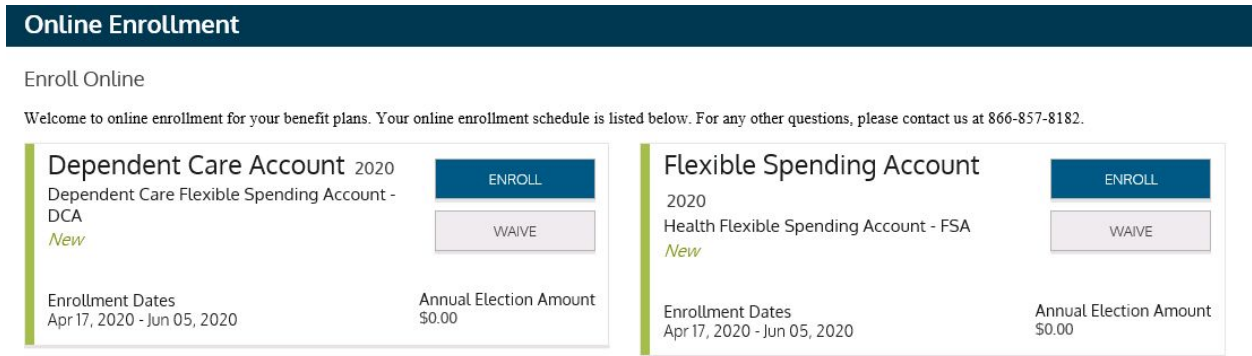
miHealth	When TO USE THE EMERGENCY ROOM	Choose MY PLATE
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Employee Open Enrollment

After you log into miBenefits and click on the orange “FSA, HSA & HRA Portal” link provided, the homepage appears. Under the Main header menu, click “Enrollment”, “Online Enrollment” to continue.



Clicking on the “Enrollment” link opens the page and shows you the available plans offered by your Employer.



You have the option to “Enroll” or “Waive” by clicking on the appropriate link to either plan.

Enrolling in Employer Plan

Clicking on “Enroll” takes you to the below screen. If your Employer allows, you can update your demographic information or add a new dependent at this point. If the fields are grayed out and not be editable, you will want to make any demographic updates with your Employer or in the miBenefits portal with your health plan enrollment information.

The screenshot shows the 'HRA Online Enrollment' form. It is divided into two main sections: 'General Info' and 'Address'. The 'General Info' section includes fields for First Name (JEAN), Initial (S), Last Name (ROCKFORD), Date of Birth (Aug 6, 1941), SSN (444554444), Marital (Married), Gender (Female), Phone (815 777 9999), Email (jrockford@test.com), and Re-Enter Re-enter Email (jrockford@test.com). The 'Address' section includes fields for Home Address (9898 CDA LAKE DRIVE), Address 1 (9898 CDA LAKE DRIVE), Address 2, City (CDA), State (Idaho), and ZIP (12345). A progress indicator at the top shows 'STEP 1' as the current step, followed by 'STEP 2' and 'STEP 3'. A disclaimer at the top of the form states: 'Please verify/update your demographic information. Any changes should be given to your HR. Your demographic information will be updated at the end of the open enrollment period. Please note if you or your spouse participate or plan to participate in a Health Savings Account, you are ineligible to participate in a Health FSA.'

Dependent		
ADD DEPENDENT		
LOUIS ROCKFORD , Male		
Authorized signer ID 999-98-0072-02	Home Address 4444 MARYLAND WAY LOVES PARK, 61111 US	EDIT DEPENDENT
Date of Birth Apr 20, 1940		DELETE DEPENDENT
SSN		
Relationship Spouse Or Common Law Spouse		
JON ROCKFORD , Male		
Authorized signer ID 999-98-0072-03	Home Address 4444 MARYLAND WAY LOVES PARK, 61111 US	EDIT DEPENDENT
Date of Birth Jun 4, 2000		DELETE DEPENDENT
SSN		
Relationship Child		
<input checked="" type="button" value="NEXT"/> <input type="button" value="SAVE FOR LATER"/> <input type="button" value="CANCEL"/>		

After changes are made, click on “Next” to continue.

The “Next” screen allows you to enter your annual election amount for the new plan year.

FSA Online Enrollment

FSA Online Enrollment

STEP 1 **STEP 2** STEP 3

Please enter your election amount for the plan year.

Account Details	
Plan Description	Health Flexible Spending Account
Plan Start Date	07/01/2019
Plan End Date	06/30/2020
Election	<input style="width: 80px;" type="text" value="2650.00"/>
	<small>* Annual election can be from \$0.⁰⁰ - \$2,650.⁰⁰</small>
Claims Crossover Auto-Pay:	<input checked="" type="checkbox"/>

I elect to receive the above coverage under the Cafeteria Plan.

By electing Claims Crossover Auto-Pay, I agree that I (or a tax dependent) have incurred the expenses and they were not reimbursed and are not reimbursable by any other benefit plan and I will not claim the expenses reimbursed through my Health FSA as deductions or credits when filing my individual tax returns. I agree to refund the Plan for any Health FSA reimbursement I receive that fails to meet any of the previously stated conditions.

Plan E from \$0.⁰⁰ - \$2,650.⁰⁰

Claims Crossover Auto-Pay: ?

Enter an Annual Election amount. Check the “Claims Crossover Auto-Pay” box if you wish to enroll. After you have entered the election amount and checked the “Election” box, click on “Next” to continue. A confirmation page will appear and provide you with a recap of your demographic information, dependent information and election amounts.

Dependent		
ADD DEPENDENT		
LOUIS ROCKFORD , Male		
Authorized signer ID 999-98-0072-02	Home Address 4444 MARYLAND WAY LOVES PARK, 61111 US	EDIT DEPENDENT
Date of Birth Apr 20, 1940		DELETE DEPENDENT
SSN		
Relationship Spouse Or Common Law Spouse		
JON ROCKFORD , Male		
Authorized signer ID 999-98-0072-03	Home Address 4444 MARYLAND WAY LOVES PARK, 61111 US	EDIT DEPENDENT
Date of Birth Jun 4, 2000		DELETE DEPENDENT
SSN		
Relationship Child		

At the bottom of the confirmation page, there is an Agreements section that you must review and check each box (to the right) to indicate that you agree with the plan information listed.

Agreements

I may not change the election during the Plan Year unless there is a change in my family status (e.g. termination of employment or change to part time status by either myself or my spouse, marriage, divorce, death of my spouse or child, adoption or birth of my child) if the change is allowed by my Flex Plan Document.

I agree.*



My employer and I agree that my compensation will be reduced by the amounts set forth above for each pay period during the Plan Year (or during such portion of the year after the date of this agreement). My Social Security benefits may also be reduced as a result of my election.

I agree.*



The Plan Administrator is authorized to adjust the amount of my salary reduction and benefits if it is necessary to satisfy certain provision of the Internal Revenue Code or as a result of changes in premiums for benefits that are insured.

I agree.*



My election of salary reduction and benefits will remain in effect only for the Plan Year for which these elections are made. Failure to enroll during the election period prior to each subsequent Plan Year will be considered an election not to participate in the Plan for that Plan Year.

I agree.*



I understand and agree that this agreement is: 1. Subject to the terms of the company's Cafeteria Plan, Health Flexible Spending Account, and/or Dependent Care Assistance Plan as amended from time to time; 2. Shall be governed by and construed in accordance with applicable laws; 3. Shall take effect under applicable laws; and 4. Revokes any prior election and compensation reduction agreement relating to such plan(s).

I agree.*



SUBMIT

SAVE FOR LATER

CANCEL

After you have checked each box, click "Submit" to continue. When the enrollment process is completed, a final confirmation page will appear to show the enrollment was processed.

Accounts Claims Resources Videos

FSA080117 Online Enrollment

ROCKFORD, JEAN

 Thank you!
Your application has been submitted.

You have completed the enrollment application and your account will be effective on the first day of your new plan year.

DONE

Click "Done" when complete and you will return to the Online Enrollment election section. You can now change your election if needed or you can choose to enroll in or to waive any additional plans.

Online Enrollment

Enroll Online

Welcome to online enrollment for your benefit plans. Your online enrollment schedule is listed below. For any other questions, please contact us at 866-857-8182.

Dependent Care Account 2020 Dependent Care Flexible Spending Account - DCA <i>New</i>	<input checked="" type="button" value="ENROLL"/> <input type="button" value="WAIVE"/>
Enrollment Dates Apr 17, 2020 - Jun 05, 2020	Annual Election Amount \$0.00

Flexible Spending Account 2020 Health Flexible Spending Account - FSA <i>New</i>	<input checked="" type="button" value="ENROLL"/> <input type="button" value="WAIVE"/>
Enrollment Dates Apr 17, 2020 - Jun 05, 2020	Annual Election Amount \$0.00

Waiving Enrollment into Employer Plan

If you choose **not** to Enroll into a specific Employer plan, you have chosen to waive enrollment. Clicking on the “Waive” button will take you to the “Waive Enrollment” screen.

Waive Enrollment

Waive Enrollment

Plan ID	FSA
Plan Description	Health Flexible Spending Account
Plan Start Date	Jul 01, 2019
Plan End Date	Jun 30, 2020

Waive Enrollment I do not elect to receive the above coverage under the Cafeteria Plan.

Please click in the Waive box and click on the blue “Waive” button, you will be returned to the Open Enrollment election page and it shows that you have waived or declined enrollment into that benefit plan.

This completes the Employee online enrollment process.

Please contact EBMS with any questions.