

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".

i		
miBenefits [®]	Login	Need help?
Welcome to the new EBMS login page.	Enter your username	
please enter your existing login credentials.	Enter your password	
IMPORTANT: If you have been migrated to the	Sign	'n
new miBenefits portal, please select "Register now."	Register here for the NEX	∜ miBenefits Portal! Now
(Your existing credentials will not work!)		

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.



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.

≡	ebms	Pε
Home		
Accounts		- ~ _y
Claims		
Resources		۲ <mark>ار</mark>
Videos		~ >
Enrollmer	ıt.	\sim
Online l	Enrollment	0

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

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 2021 Dependent Care Flexible Spending Account	ENROLL	Flexible Spending Account	ENROLL
New	WAIVE	Health Flexible Spending Account New	WAIVE
Enrollment Dates Mares, 2021 - Jun 11, 2021	Annual Election Amount \$0.00	Enrollment Dates Marézi, 2021 - Jun 11, 2021	Annual Election Amount \$0.00

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.

Address Image: Source information in the data base in the provide in the data base in the data	Opline Enrollesset		55		KOCKFORD, JEAN
Dependent	Online Enrollment				
Adversal Image: Adversal Image: Adversal Imag		HR. STE	A Online Enrollment		
Method by our your constrained profile General Info First Name* Incol Incol </td <td>Please verify/update yo</td> <td>ur demographic information. Any chang</td> <td>es should be given to your HR.</td> <td>Your demographic information will be</td> <td>updated at</td>	Please verify/update yo	ur demographic information. Any chang	es should be given to your HR.	Your demographic information will be	updated at
General Info First Name* Instat Instat <td< td=""><td>the end of the open end Please note if you or yo</td><td>ollment period. Ir spouse participate or plan to participa</td><td>ate in a Health Savings Account</td><td>, you are ineligible to participate in a H</td><td>ealth FSA.</td></td<>	the end of the open end Please note if you or yo	ollment period. Ir spouse participate or plan to participa	ate in a Health Savings Account	, you are ineligible to participate in a H	ealth FSA.
Prest. Name EA4 Instal Image 0.0200 Image 0.0200 <td>General Info</td> <td></td> <td></td> <td></td> <td></td>	General Info				
instat kanne* inva instat inva inva	Generatinio	ISAN	ÅÅ casta		
intal interver List Name* ROCCODD ib Date of Brh Aldrog 5, 191 ib Date of Brh Aldrog 5, 191 ib To Brok ib Date of Brh Martial Martial Address 1 ib Address 2 ib Date of Brh ib Address 1 1999 CDA LAKE DRIVE ib Address 2 ib Date of Brh ib Address 1 1999 CDA LAKE DRIVE ib Address 2 ib Date of Brh ib Address 2 ib Date of Brh ib Address 1 1999 CDA LAKE DRIVE ib Address 2 ib Date of Brh ib Address 1 1999 CDA LAKE DRIVE ib Address 2 ib Date of Brh ib Address 2 ib Date of Brh ib Address 2 ib Date of Brh ib Address 3 ib Date of Brh ib Address 4 ib Date of Brh ib Address 5 ib Date of Brh ib Address 7 ib	First Name *	JEAN	t yy Gender	Female	~
Lust Name* ICCUCRDD I Does of Birth Nurged, 1941 I SN Addressit Marrial Nurried Marrial Imaged State Marrial Imaged State I Marrial Imaged State Marrial Imaged State I Marrial Imaged State I Does of State Imaged State I Does of State Imaged State	Initial	S	Phone	815 777 9999	
Image: Date of Birth Image: Date of Birth Image: Date of Birth Image: Date of B	Last Name *	ROCKFORD	💭 Email	jrockford@test.co	om
SN Latende Mareal Normed Address Home Address* Optione Address* <	Date of Birth	Aug 6, 1941	Re-Ente	er Re-enter Email jrockford@test.co	m
Merical Address* Image: Address* </td <td>C SSN</td> <td>444554444</td> <td></td> <td></td> <td></td>	C SSN	444554444			
Adress Imme Address* Authorized signer ID Imme Address* Ap 20,1940 Sim Reanship Poster Common Law Spouse Imme Address Imme Address* Imm	Marital	Married	-		
Address Image: Norme Norme Norme Norme Norme Address Image: Norme Norm					
Home Address* P998 CDA LAKE DRIVE Address 1 P998 CDA LAKE DRIVE Address 2 Address 2 CDA Con CDA CD	Address				
Image: Constraint of Burgers 1 and Constraint of Burgers 2 and Constraint o	Home Addres	5*	Address	9898 CDA LAKE	DRIVE
	Address 1 *	9898 CDA LAKE DRIVE	Address	s 2	
Image: State * Imag	√ Address 2		ाति City *	CDA	
EMEL beyr Low ↓ zp* 12345 Bills beyr Idaho ↓ zp* 12345 Dependent Inter Address Inter Address Inter Address See of Birth 100 1444 MARYLAND WAY Inter Address Date of Birth US 100 Delete Dependent Sin Relationship Spores Inter Address Inter Address JON ROCKFORD, Male Inter Address Inter Address Inter Address Apr 20, 1940 Inter Address Inter Address Inter Address Souse Or Common Law Spouse Inter Address Inter Address Inter Address Jone Address 100 Inter Address Inter Address Inter Address Jone Address 100 100 Inter Address Inter Address<		CDA	State *	Idaho	\sim
Dependent Idano LOUIS ROCKFORD, Male Idano Authorized signer ID Home Address 999-98-0072-02 4444 MARYLAND WAY Date of Birth US Apr 20, 1940 SSN Relationship Spouse Or Common Law Spouse JON ROCKFORD, Male Image: Common Law Spouse JON ROCKFORD, Male Image: Common Law Spouse Jone of Birth US Date of Birth US Date of Birth US Jun 4, 2000 SN Relationship SN <t< td=""><td></td><td></td><td>^f> ZIP ★</td><td>12345</td><td></td></t<>			^f> ZIP ★	12345	
Dependent Internet of the set	State *	Idano			
Dependent Introduction of the production of the producting the production of the producting the production of					
LOUIS ROCKFORD, Male	Descalant				
LOUIS ROCKFORD, Mate Authorized signer ID 99-98-0072-02 Date of Birth Ar 20, 1940 SN Relationship Spouse Or Common Law Spouse JON ROCKFORD, Mate Authorized signer ID Authorized signer ID 99-98-0072-03 Cate of Birth Jun 4, 2000 SN Relationship Date of Birth Jun 4, 2000 SN Relationship Child	Dependent				
LOUIS ROCKFORD , Male Authorized signer ID 999-98-0072-02 Date of Birth Apr 20, 1940 SSN Relationship Spouse Or Common Law Spouse JON ROCKFORD , Male Authorized signer ID 999-98-0072-03 Date of Birth Date				ADD DE	PENDENT
LOUIS ROCKFORD , <i>Made</i> Authorized signer ID Authorized signer ID P39-98-0072-02 Ad444 MARY LAND WAY COUSE PARK, 6111 U Date of Birth Apr 20, 1940 SSN Relationship Spouse Or Common Law Spouse JON ROCKFORD , <i>Male</i> Authorized signer ID Home Address 999-98-0072-03 Ad444 MARY LAND WAY LOVES PARK, 6111 U Date of Birth U SU SU SU Adate of Birth U SU S					
Authorized signer ID Home Address 999-98-0072-02 4444 MARYLAND WAY LOVES PARK, 61111 US Apr 20, 1940 SSN Relationship Spouse Or Common Law Spouse JON ROCKFORD, <i>Male</i> Authorized signer ID Home Address 999-98-0072-03 4444 MARYLAND WAY LOVES PARK, 61111 US Jun 4, 2000 SSN Relationship Child	LOUIS ROCKFORD .	Male			
999-98-0072-02 Date of Birth Apr 20, 1940 SSN Relationship Spouse Or Common Law Spouse U OUS Date of Birth Authorized signer ID Date of Birth U U U Date of Birth U U U U U U U U U U U U U U U U U U U	Authorized signer ID	Home Ac	ldress	DEDIT DEPEN	IDENT
Date of Birth US Apr 20, 1940 SSN Relationship Spouse Or Common Law Spouse JON ROCKFORD , <i>Male</i> Authorized signer ID Home Address P99-98-0072-03 4444 MARYLAND WAY LOVES PARK, 61111 Date of Birth US Jun 4, 2000 SSN Relationship Child	999-98-0072-02	4444 M LOVES I	ARYLAND WAY PARK, 61111	DELETE DEF	PENDENT
SSN Relationship Spouse Or Common Law Spouse JON ROCKFORD, Male Authorized signer ID Authorized signer ID Home Address 999-98-0072-03 4444 MARYLAND WAY LOVES PARK, 61111 US Jun 4, 2000 SSN Relationship Child	Date of Birth Apr 20, 1940	US			
Relationship Spouse Or Common Law Spouse JON ROCKFORD , <i>Male</i> Authorized signer ID Home Address 999-98-0072-03 4444 MARY LAND WAY LOVES PARK, 61111 Date of Birth Jun 4, 2000 SSN Relationship Child	SSN				
Spouse Or Common Law Spouse JON ROCKFORD, <i>Male</i> Authorized signer ID Home Address 999-98-0072-03 4444 MARYLAND WAY LOVES PARK, 61111 Date of Birth US Jun 4, 2000 SSN Relationship Child	Relationship				
JON ROCKFORD, Male Image: Constraint of the second of th	Spouse Or Common	Law Spouse			
JON ROCKFORD, <i>Male</i> Authorized signer ID Home Address 999-98-0072-03 4444 MARYLAND WAY LOVES PARK, 61111 Date of Birth US Jun 4, 2000 SSN Relationship Child					
Authorized signer ID Home Address EP Control of Notice 999-98-0072-03 4444 MARYLAND WAY LOVES PARK, 61111 Im DELETE DEPENDENT Date of Birth US Jun 4, 2000 SSN Relationship Child Child Child	JON ROCKFORD , Ma	ale			IDENT
LOVES PARK, 61111 W DELETE DEPENDENT Date of Birth US Jun 4, 2000 SSN Relationship Child	Authorized signer ID 999-98-0072-03	Home Ac 4444 M	idress ARYLAND WAY		DENIDENIT
Jun 4, 2000 SSN Relationship Child	Date of Birth	LOVES I US	PARK, 61111	W DELETE DEF	ENDENT
SSN Relationship Child	Jun 4, 2000				
Helationship Child	SSN				
	Relationship Child				

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	Onl	line	Enro	llment

FSA Online Enrollment



Please enter your election amount for the plan year.

Accoun	t Details						
Plan Des	cription Hea	alth Flexible Spending					
Plan Sta	t Date 07/	/01,					
Plan End	Date 06/	/30					
Election							
Claims C Pay:	rossover Auto- ?						
I elect	to receive the above co	overage under the Cafe	eteria Plan.				
	\sim	∕ NEXT	() SAVE FOR L	ATER	X	CANCEL	
	By electing Plan E(or a tax dep they were n by any othe Electic deductions returns. I ag reimbursem previously s	Claims Crossover Aut pendent) have incurre tot reimbursed and ar er benefit plan and I w eimbursed through my or credits when filing gree to refund the Plan nent I receive that fail stated conditions.	to-Pay, I agree that I ed the expenses and e not reimbursable ill not claim the y Health FSA as my individual tax n for any Health FSA s to meet any of the	from \$0.	. ⁰⁰ - \$2,6	650. ⁰⁰	
	Claims Crossove Pay:	er Auto- ?	\checkmark				

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

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 chan termination of employment or change to part time status by either mysel divorce, death of my spouse or child, adoption or birth of my child) if the Flex Plan Document.	ige in my family status (e.g. f or my spouse, marriage, e change is allowed by my
l agree.*	
My employer and I agree that my compensation will be reduced by the a	mounts 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.
l agree.*	\checkmark
The Plan Administrator is authorized to adjust the amount of my salary is necessary to satisfy certain provision of the Internal Revenue Code or premiums for benefits that are insured.	reduction and benefits if it as a result of changes in
l agree.*	\checkmark
My election of salary reduction and benefits will remain in effect only for these elections are made. Failure to enroll during the election period prior Year will be considered an election not to participate in the Plan for that	or the Plan Year for which or to each subsequent Plan Plan Year.
l agree.*	\checkmark
I understand and agree that this agreement is: 1. Subject to the terms of Plan, Health Flexible Spending Account, and/or Dependent Care Assist time to time; 2. Shall be governed by and construed in accordance with take effect under applicable laws; and 4. Revokes any prior election and agreement relating to such plan(s).	he company's Cafeteria unce Plan as amended from applicable laws; 3. Shall compensation reduction
l agree.*	\checkmark
SUBMIT () SAVE FOR	LATER X 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.

$\widehat{\mathbb{T}}$ Accounts \checkmark Claims \checkmark	Resources \checkmark Videos \checkmark	Å	¢ 6	I 🗘 🗘	
FSA080117 Online Enroll	ment				
		hank you! ur application has been submit	tted.		
You have completed the enrollment application and your account will be effective on the first day of your new plan year.					
	1				

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.

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 2021 Dependent Care Flexible Spending Account	ENROLL	Flexible Spending Account	ENROLL
New	WAIVE	Health Flexible Spending Account New	WAIVE
Enrollment Dates h her@Sh 2021 - Jun 11, 2021	Annual Election Amount \$0.00	Enrollment Dates	Annual Election Amount
		Red3+c=, 2021 - jun 11, 2021	\$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,				
	Plan End Date	Jun 30,				
	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.