Consumer Driven Health (CDH) Online Open Enrollment Instructions

Please access your miBenefits account at [www.ebms.com](http://www.ebms.com) and click on the Login button where you will enter your MiBenefits username and password and click “Sign in”. Once successfully logged into your MiBenefits account and click on the orange “FSA, HSA & HRA Portal button.

Employee Open Enrollment

This will take you to your Personal Dashboard for the CDH benefits where you can sign up for or waive to participate in the plan year benefits that restarts July 1st. You will go to the Menu Box, select the My Account Menu and click on the Enrollment option.
This will take you to the Online Enrollment which will only be available for members from May 23, 2022-June 10,2022. You have the option to either enroll or waive your participation in the plan.

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.

Flexible Spending Account 2
2022 HEALTH FLEXIBLE SPENDING ACCOUNT
New
Enrollment Dates: May 09, 2022 - May 31, 2022
Annual Election Amount: $0.00

Dependent Care Flexible Spending Account - Alternate 2
2022 DEPENDENT CARE ACCOUNT
New
Enrollment Dates: May 09, 2022 - May 31, 2022
Annual Election Amount: $0.00

Enrolling in Employer Plan
Step 1 where you can update your demographic information. If the fields are in gray, they are not editable, you will want to make any demographic updates with your Employer or in the miBenefits portal with your health plan enrollment information.

FSA Online Enrollment
Please verify/update your demographic information. You are also able to add or update your dependent information by clicking “Add Dependents”.

Here is a Checklist of all information you should have on-hand:
Your address as well as your dependent’s address
Your contribution or Annual Election Amount
**Your demographic information will be updated at the end of the open enrollment period.

General Info
First Name: CAROL
Initial: 
Last Name: BURNETT
Date of Birth: Mar 14, 1956
SSN: 537841849
Marital Status: Single
Gender: Female
Phone: 
Email: 
Re-Enter Re-enter Email:
The Step 2 screen allows you to enter your annual election amount for the new plan year.

Check the “Claims Crossover Auto-Pay” box if you wish to enroll in the Auto-Flex. The Auto-Flex option will not be carried over from the previous plan year. Participants will need to elect or decline this option each year.
Step 3 is where you review your Account Details. 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.

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**Account Details**

- Plan Description: HEALTH FLEXIBLE SPENDING...
- Plan Start Date: 07/01/2022
- Plan End Date: 06/30/2023

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**Participant Demographics**

JEAN ROCKORD, Female
- Date of Birth: Aug 4, 1941
- Home Address: 9999 CDA LAKE DRIVE, CDA 82443, US
- SSN: ****-****-4444
- Phone: 815 777 9999
- Email: k1mossoc@ebms.com

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**Agreements**

I may not change the election during the Plan Year unless there is a change in my family status (e.g., change in employment, 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 Plan Year for which these elections are made) Failure to enroll during the election period prior to such 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.
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.

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.

Waiving Enrollment into Employer Plan

If you choose not to Enroll into a specific CDH plan clicking on the “Waive” button to be taken to the “Waive Enrollment” screen where you will waive your participation in either the FSA or DCA by selecting the box and clicking the Waive button.
### Waive Enrollment

<table>
<thead>
<tr>
<th>Plan ID</th>
<th>DCA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plan Description</td>
<td>DEPENDENT CARE ACCOUNT</td>
</tr>
<tr>
<td>Plan Start Date</td>
<td>Jul 01, 2022</td>
</tr>
<tr>
<td>Plan End Date</td>
<td>Jun 30, 2023</td>
</tr>
</tbody>
</table>

- **Waive Enrollment** *(Please check the box if you wish to waive the above coverage under the Colenea Plan.)*

[Button Options: CANCEL, WAIVE]