

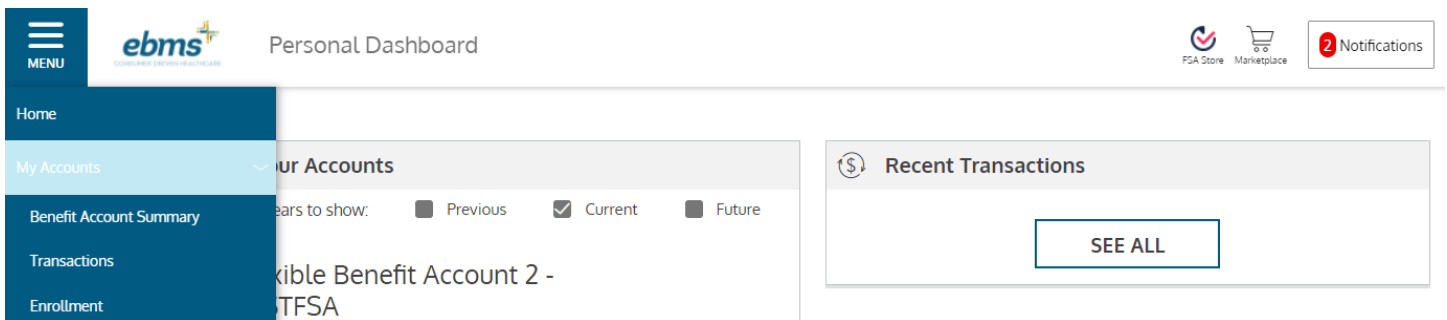
Consumer Driven Health (CDH) Online Open Enrollment Instructions

Please access your miBenefits account at 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 <i>New</i>	ENROLL WAIVE
Enrollment Dates May 09, 2022 - May 31, 2022	Annual Election Amount \$0.00

Dependent Care Flexible Spending Account - Alternate 2 2022 DEPENDENT CARE ACCOUNT <i>New</i>	ENROLL WAIVE
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



You are on step 1 of 3

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	Gender *	Female
Initial		Phone	
Last Name *	BURNETT	Email	
Date of Birth *	Mar 14, 1956	Re-Enter Re-enter Email	
SSN *	517842849		
Marital	Single		

Address

Home Address* ?

Address 1 *	<input type="text" value="15666 BROWN LANE"/>
Address 2	<input type="text"/>
City *	<input type="text" value="BILLINGS"/>
State *	<input type="text" value="Montana"/> ▼
ZIP *	<input type="text" value="59102-2347"/>
Country *	<input type="text" value="Select country"/> ▼

The Step 2 screen allows you to enter your annual election amount for the new plan year.

FSA Online Enrollment

STEP 1
STEP 2
STEP 3

You are on step 2 of 3

Please enter your election amount for the plan year.

Account Details

Plan Description	HEALTH FLEXIBLE SPENDING ...
Plan Start Date	07/01/2022
Plan End Date	06/30/2023
Election	<input type="text" value="2850.00"/> <small>* Annual election can be from \$0.00 - \$2,850.00</small>
Claims Crossover Auto-Pay:	<input checked="" type="checkbox"/> ?

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

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.



FSA Online Enrollment



FSA Online Enrollment

STEP 1 > STEP 2 > **STEP 3**

You are on step 3 of 3

Account Details

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

Participant Demographics

JEAN ROCKFORD, Female

Date of Birth
Aug 6, 1941

SSN
*****4444

Phone
815 777 9999

Email
kmusson@ebms.com

Home Address
9898 CDA LAKE DRIVE
CDA, 12345
US

Mailing Address
9898 CDA LAKE DRIVE
CDA, 12345
US

EDIT INFO

Account Details

Annual Election: \$2,850.00

Claims Crossover Auto-Pay: Yes

EDIT INFO

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.*




CANCEL

SAVE FOR LATER

SUBMIT

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.

 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.

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 <i>Completed</i>	<input type="button" value="WAIVE"/> <input type="button" value="EDIT"/>	Dependent Care Flexible Spending Account - Alternate 2 2022 DEPENDENT CARE ACCOUNT <i>Completed</i>	<input type="button" value="WAIVE"/> <input type="button" value="EDIT"/>
Enrollment Dates May 09, 2022 - May 31, 2022	Annual Election Amount \$2,850.00	Enrollment Dates May 09, 2022 - May 31, 2022	Annual Election Amount \$5,000.00

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

Plan ID DCA
Plan Description DEPENDENT CARE ACCOUNT
Plan Start Date Jul 01, 2022
Plan End Date Jun 30, 2023

Waive Enrollment * I waive the above coverage under the Cafeteria Plan.