

Employee User Guide

What Employees Need to Know About Using the Wealthcare Admin Portal

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Getting started

The Wealthcare Admin Portal can be accessed by navigating to the following URL:

<https://www.wealthcareadmin.com/default.aspx>

Registration

Step 1. If this is your first time accessing Wealthcare Admin Portal, simply click the register button atop the right corner of the home screen (as shown to the right).

Step 2. After clicking the register button, complete the registration form (as shown in the lower right below). Choose a username and password. Enter the required demographic information. You can obtain your employee ID and employer ID from your account administrator.

If you already have a benefit debit card, the card number can be used in place of the employer ID in the registration ID field.

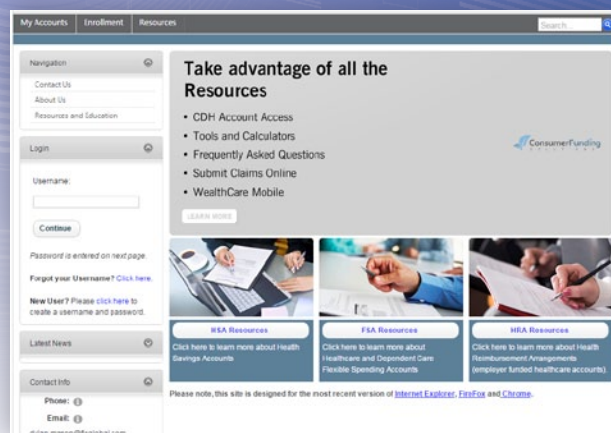
Before clicking register, be sure to view and accept the terms of use.

Step 3. After successfully completing the registration form, click register. The process may take several seconds. Do not click your browser's back button or refresh the page.

Secure authentication

The next part of the registration process involves setting up your secure authentication. This important step helps ensure your account is secure and private.

After the registration form is successfully completed, you will be prompted to complete the secure authentication setup process. After reading the *secure authentication setup* instructions, simply click the *begin step now* button, as shown below.

The screenshot shows the registration form. It contains the following fields: 'User Name' with a red asterisk and an information icon; 'Password' with a red asterisk and an information icon; 'Confirm Password' with a red asterisk and an information icon; 'First Name' with a red asterisk and an information icon; 'Last Name' with a red asterisk and an information icon; 'Email Address' with a red asterisk and an information icon; 'Employee ID' with a red asterisk and an information icon; and 'Registration ID' with a red asterisk and an information icon. The 'Registration ID' field has a dropdown menu set to 'Employer ID' and an adjacent text input field. At the bottom, there is a checkbox for 'Accept Terms of Use' with a link to 'View Terms of Use'. Two buttons, 'Register' and 'Cancel', are located at the bottom of the form.

Sign In
Secure Authentication Setup

To protect your privacy, implements Secure Authentication. Setup is easy and only takes a few minutes. Here is what to expect:

- **Step 1 – Select a picture and personal phrase.** These visual cues are displayed when you sign on and are your assurance that it is safe to enter your access information.
- **Step 2 – Provide answers to challenge questions.** These questions may be asked during the sign on process to confirm that an authorized individual can access account information online.
- **Step 3 – Additional Authentication.** In order to protect your personal information, additional authentication procedures may be required.

Click **Begin Setup Now** to start. This process takes only a few minutes to complete and is vital in our efforts to prevent fraudulent activity.

[Begin Setup Now](#)

Your privacy is our priority.

We will maintain the confidentiality of your personal information in accordance with our privacy policy.

Step 1. Enter a personal phrase. This phrase can be anything easily identifiable to you, up to 40 characters long. Your personal phrase will always appear alongside your picture when you log in.

You must also select a picture that gets linked to your personal phrase. During subsequent logins, viewing the combination of your personal phrase along with your picture are visual cues you are securely viewing the Wealthcare Admin Portal and can safely access your account.

Step 2. Select security questions.

You must select four security questions and provide your secret answers. These questions are asked at random while you attempt to login to the Wealthcare Admin Portal. The questions help provide an additional layer of security and help ensure only you are able access your account.

Step 3. Verify your email address.

In the next page, you will be prompted to verify your email address. Enter your email address, and click **continue setup**.


On the next page, you will be asked to verify all of the information you've entered during the secure authentication process. After you've reviewed and confirmed the accuracy of the information, please click **submit setup information**.

A confirmation page will display showing the registration process has been completed. At this point, you can either 1) sign off, or 2) proceed to your account.

Your first login

After registering, for all subsequent logins you can click the **login** link in the upper right corner of the home page. You will be prompted to enter your username, two of your four security questions, and finally your password.

You may select a different picture by clicking on the picture you wish to use



You can browse through additional pictures by category. Simply select the category and click Browse.

Category: Nature and Animals [Browse](#)

Question: In which city was your grandfather born (father's father)?

Answer: New York City

Question: What was your major during college?

Answer: Mathematics

Question: When is your parents' wedding anniversary (MM/DD)?

Answer: 06/11

Question: What is the first name of your spouse's eldest sibling?

Answer: Michael


My accounts


The *my accounts* tab is where you access basic account information and manage all of your benefit accounts. You can submit & track claims, view account balances, and change reimbursement settings from the *my accounts* tab.


Benefit account summary


The *benefit account summary* page provides at-a-glance account information such as account balance, plan dates, and other important details pertaining to your benefits accounts.


What can I do?


View Accounts

Submit Claim

Add Receipts

Get Help

Lost / Stolen Card

Update Profile

Benefit Account Summary

Plan Year:

Current

Select Account:

All

Flexible Spending Account

Plan Year	Annual Election	Total Contributions	Additional Deposits	Balance Due	Payments	Balance	Details
01/01/2015	-	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00	View Details
12/31/2015							

Dependent Care Account - DCA

Plan Year	Annual Election	Total Contributions	Additional Deposits	Balance Due	Payments	Balance	Details
01/01/2015	-	\$10,400.00	\$0.00	\$0.00	\$0.00	\$0.00	View Details
12/31/2015							

The navigation bar at the top provides one-click access to other commonly used pages within the portal. This navigation bar appears throughout the application.

Use the dropdown menu to select the plan year and accounts displayed on this page. To view all available information on a specific benefit account, click the *view details* button. This takes you to the *benefit account details* page linked to that account.

Benefit account details

The *benefit account details* page displays all available information regarding a specific benefit account, including all available data seen on the *benefit account summary* page, as well as additional details related to recent transactions, account balances, payroll information (if available), and any dependents linked to the respective account. Here you may toggle through the details of multiple benefit accounts using the *select account* dropdown menu.

Benefit Account Details

Plan Year:
Current
Select Account:
FSA (01/01/2015 - 12/31/2015)

Flexible Spending Account

Plan Year	Annual Election	Total Contributions	Additional Deposits	Balance Due	Payments	Balance
01/01/2015						
-	\$2,000.00	\$0.00	\$0.00	\$0.00	\$235.00	\$1,765.00
12/31/2015						

Recent Transactions
Account Details
Payroll Info
Family Details

The following is a list of your 10 most recent transactions for this account:

Date of Service	Transaction Type	Description	Amount	Status
06/12/2015	Claim	Purchase	(\$85.00)	Approved
06/05/2015	Claim	Purchase	(\$68.52)	Pending
06/01/2015	Claim	Purchase	(\$150.00)	Approved
05/22/2015	Claim	Purchase	(\$25.00)	Denied

Note: Please visit the Transaction History page for more details.

Recent transactions

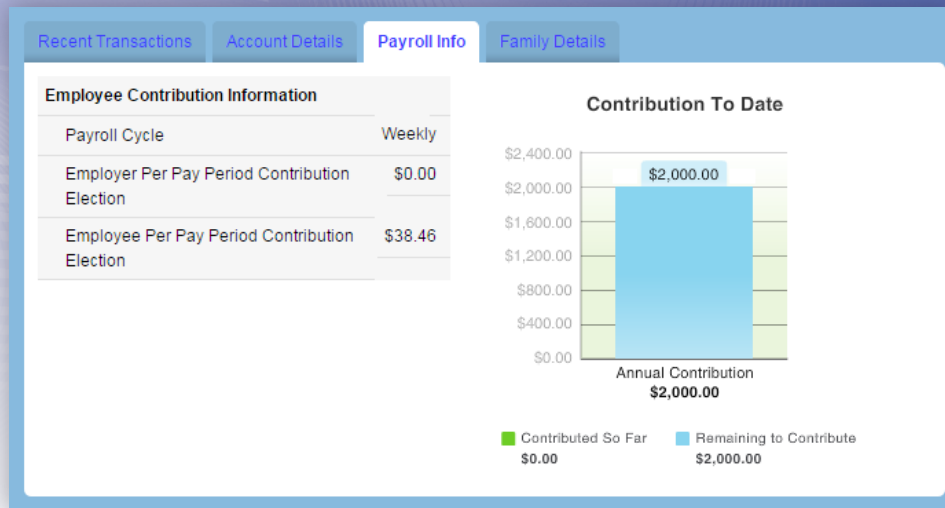
As shown above, this section within the benefit account details page displays the 10 most recent transactions for the selected account. The transaction status is linked to the administration of the account and updates in real time as claims are processed.

Account details

This section contains some helpful graphs to illustrate the progression of your account both in terms of spending and plan dates. Your balance details, and any applicable plan rules (limits, deductibles, rollover rules, etc.) display in this section as well.

Payroll info

If the selected benefit account is linked to a payroll calendar, the payroll info tab displays. This section shows your payroll frequency, per-pay-period amounts, as well as your remaining contribution in relation to your annual election, as shown below.



Family details

This section shows the name and status of the account holder and any dependents linked to the selected account, as shown below.

The screenshot shows the 'Family Details' tab with a table listing family members linked to the account. A note indicates that Justin Dupont is the primary account holder.

Name	Current Status
Justin Dupont*	Active
Gina Dupont	Active

*This participant is the primary account holder.

Transaction history

The *transaction history* page displays a list of all transactions across all plans – with dates, amounts, statuses, and more.

The search tab allows you to narrow the list of transactions being displayed, by plan year, plan, transaction type, and/or date. Once your selected search parameters are in place, click the **search** button, as shown below.

The screenshot shows the 'Search' tab with search filters for Plan Year, Plan, Type, From, and To. A 'Search' button is located at the bottom left.

Results **Search**

Plan Year: Plan: Type:

From: To:

Each transaction has an additional, expandable section displaying greater detail. Click the round arrow button (circled below) to expand the transaction details screen.

6/29/2015 Claim Justin Dupont Purchase Flexible Spending Account 6/1/2015 (\$150.00) Approved

Transaction Details

Reimbursement Details

Plan Details

Transaction Details:

Service Start Date: 6/1/2015

Service End Date: 6/1/2015

Source of Claim:

Payment Details:

Total: 150.00

- Pending: 0.00

- Denied: 0.00

- Excluded: 0.00

- Eligible: 150.00

- Applied To Deductible: 0.00

- Offset: 0.00

- Low Funds: 0.00

= Approved: 150.00

Transaction details

The *transaction details* tab, shown above, displays all dates and amounts pertinent to this transaction. The total amount is broken down by amount approved, pending, and denied. If any amount of the transaction is applied to a deductible, or used to offset a balance due, it displays here as well.

Reimbursement details

If the transaction is eligible for reimbursement, a *reimbursement details* tab appears in the expanded transaction view. If the transaction has not yet been reimbursed, this tab shows a reimbursement status of *pending reimbursement* and does not show any additional detail. If the transaction has been reimbursed, a number of details related to the reimbursement will display, as shown to the right.

Transaction Details

Reimbursement Details

Plan Details

Reimbursement Details:

Reimbursement Status: Reimbursed

Reimbursement Date: 6/29/2015

Reimbursement Amount: 235.00

Reimbursement Method: Check

Check/Trace Number: 202

Plan details

The *plan details* tab shows the plan name and dates associated with the transaction.

Submit claims

Use this page to submit a request for reimbursement electronically.

Step 1. Click the *add new* button.

New Claims

Start Date

End Date

Amount

Claimant

Provider

Receipt

Add New

Certification:

☐ I certify, to the best of my knowledge that these claims are eligible under plan rules.

Please note: after submitting your claim(s) no edits are allowed.

Submit

Clear

Step 2. Complete the claim form. Items with an asterisk (*) are required. Be sure to add a receipt file if you have one. When complete, click ok.

Your newly-entered claim appears in the new claims box. If you have any additional claims to enter, click the add new button again, and repeat the process until all claims are entered.

Click the *edit* button to go back and edit anything you have entered on a claim, as needed.

NOTE: Once you submit your claim, you are no longer able to edit it.

If you have linked a receipt file for a prior claim, you can choose to link the same receipt file when entering a subsequent claim, as shown below.

Add/Edit Claim

Everything with an Asterisk is required.

Service Dates: Start Date: [] End Date: []

Claim Amount *: \$ []

Claimant *: Dupont, Justin

Reimbursement Method: Check

Provider: []

Account Type: --Select One--

Send Payments: None

Deliver First Payments On:

☐ Until a total of [] payments have been sent

☐ Until, but not after []

Receipt File: [] Browse

Add File To List

Notes: []

* = required

OK Cancel

Receipt File:

☐ Upload New File ☒ Select Submitted Files

☐ [None]

☒ RECEIPT.pdf

Step 3.

When complete, acknowledge the certification text by checking the checkbox and click the submit button. A confirmation page displays, showing the tracking number and total amount for your submitted claim(s). Individual claim details appear under two headings; one for claims submitted with receipts, and one for claims submitted without.

Participant: Dupont, Justin

Tracking Number: 1591

Date Submitted: 6/29/2015

Total Requested: \$83.96

Claims Submitted With Receipts:

Start Date	End Date	Amount	Claimant	Provider
5/7/2015	5/7/2015	\$62.50	Dupont, Justin	Avalon Medical Group

Claims Submitted Without Receipts:

Start Date	End Date	Amount	Claimant	Provider
6/16/2015	6/16/2015	\$21.46	Dupont, Justin	Dr. Miles

[View Receipt Submittal Form](#)

Step 4.


If you would prefer to fax in your receipts instead of uploading them through the portal, click the view receipt submittal form button for a cover page that you can print and submit when faxing.

Claims Submitted Without Receipts:				
Start Date	End Date	Amount	Claimant	Provider
6/16/2015	6/16/2015	\$21.46	Dupont, Justin	Dr. Miles

[View Receipt Submittal Form](#)

An example of the printable fax cover page is shown below.

Claim Receipt Submittal Form				
Participant:		Dupont, Justin		
Date Submitted:		6/29/2015		
Total Requested:		\$83.96		
Claims Submitted With Receipts:				
Start Date	End Date	Amount	Claimant	Provider
5/7/2015	5/7/2015	\$62.50	Dupont, Justin	Avalon Medical Group
Claims Submitted Without Receipts:				
Start Date	End Date	Amount	Claimant	Provider
6/16/2015	6/16/2015	\$21.46	Dupont, Justin	Dr. Miles



###1T02238#####1591

It is important that you submit your receipt with the cover page included when faxing, as it contains specific information that speeds up the process of linking your receipt with your claim in our system. Faxing in your receipt without this cover page may cause your reimbursement to be delayed.

Please fax receipts to 860-295-6548.

Reimbursement settings

On this page, you can edit your reimbursement preferences to one of the following options:

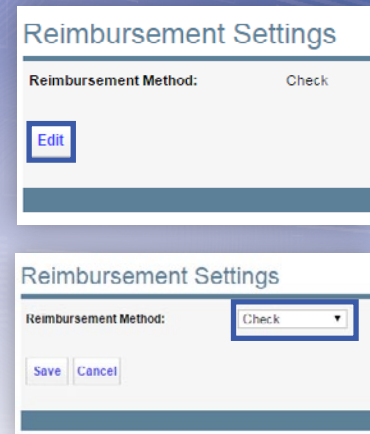
- Check – Reimbursements are mailed to you in paper check form
- Direct deposit – Reimbursements are deposited directly into your bank account
- Card – Reimbursements are credited to a special purse attached to your benefit debit card that you can then spend wherever you want.

Change your reimbursement method

Step 1. Click the edit button, as shown to the right.

Step 2. Choose your new reimbursement method from the dropdown menu.

Step 3. If the direct deposit reimbursement method is selected, enter the information for the bank account where you would like your reimbursements to be deposited, as shown below.



Reimbursement Settings

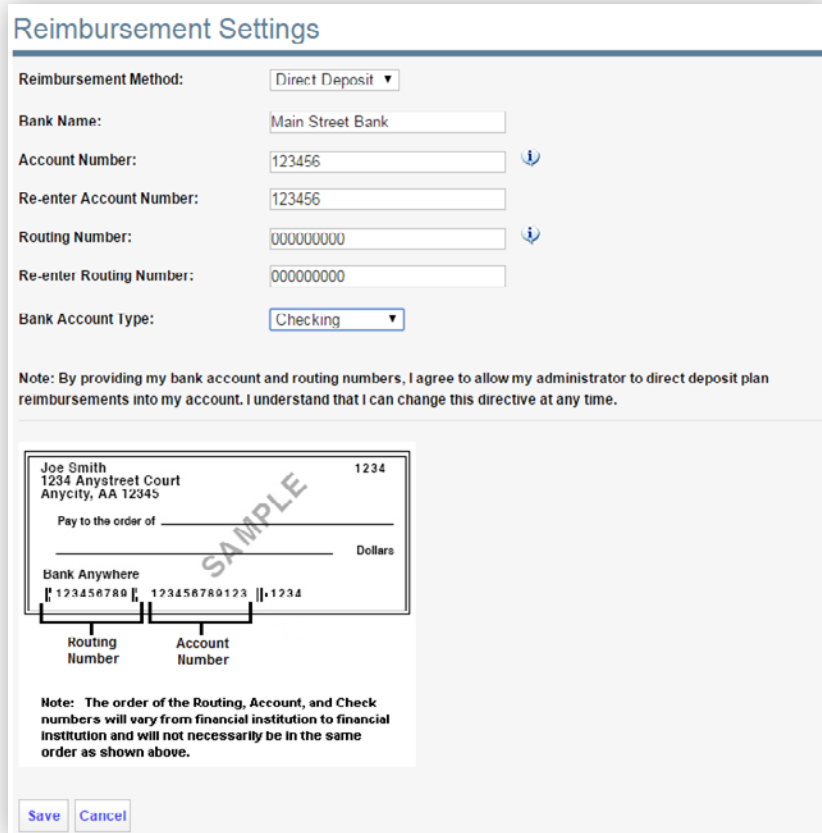
Reimbursement Method: Check

Edit

Reimbursement Settings

Reimbursement Method: Check

Save Cancel



Reimbursement Settings

Reimbursement Method: Direct Deposit

Bank Name: Main Street Bank

Account Number: 123456

Re-enter Account Number: 123456

Routing Number: 000000000

Re-enter Routing Number: 000000000

Bank Account Type: Checking

Note: By providing my bank account and routing numbers, I agree to allow my administrator to direct deposit plan reimbursements into my account. I understand that I can change this directive at any time.

Joe Smith
1234 Anystreet Court
Anycity, AA 12345 1234

Pay to the order of _____ Dollars

Bank Anywhere
123456789 123456789123 1234

Routing Number Account Number


Note: The order of the Routing, Account, and Check numbers will vary from financial institution to financial institution and will not necessarily be in the same order as shown above.

Save Cancel






Step 4. Click save.

Upload receipts / pending claims

This screen allows you to see details on claims that have been received by the administrator and are awaiting review. This is also the screen where receipts can be uploaded and attached to pending claims.

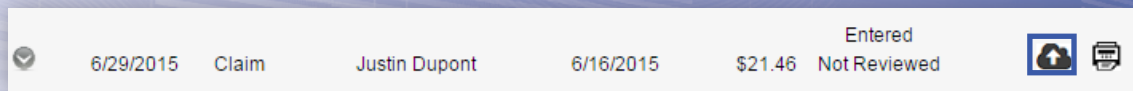
Pending Claims						
Transaction Date	Type	Claimant	Date of Service	Amount	Status	Receipt
 6/29/2015	Claim	Justin Dupont	6/29/2015	\$100.00	Entered Not Reviewed	  
 6/29/2015	Claim	Gina Dupont	5/1/2015	\$35.00	Entered Not Reviewed	  
 6/29/2015	Claim	Justin Dupont	6/16/2015	\$21.46	Entered Not Reviewed	 
 6/29/2015	Claim	Justin Dupont	5/7/2015	\$62.50	Entered Not Reviewed	  

Similar to the *transaction history* page, each pending claim can be expanded to show additional detail by clicking the round arrow button to the left of the claim.

Pending Claims						
Transaction Date	Type	Claimant	Date of Service	Amount	Status	Receipt
 6/29/2015	Claim	Justin Dupont	6/29/2015	\$100.00	Entered Not Reviewed	  
<div><div>Transaction Date:</div><div>6/29/2015</div><div>Plan Type:</div><div>Flexible Spending Account</div><div>Plan Start Date:</div><div>1/1/2015</div><div>Plan End Date:</div><div>12/31/2015</div><div>Service Start Date:</div><div>6/29/2015</div><div>Service End Date:</div><div>6/29/2015</div><div>Claimant:</div><div>Justin Dupont</div><div>Provider:</div><div>Dr. Smith</div><div>Amount:</div><div>\$100.00</div><div>Status:</div><div>Entered Not Reviewed</div><div>Source of Claim:</div><div>Web Portal</div></div>						
<div> 6/29/2015</div>						

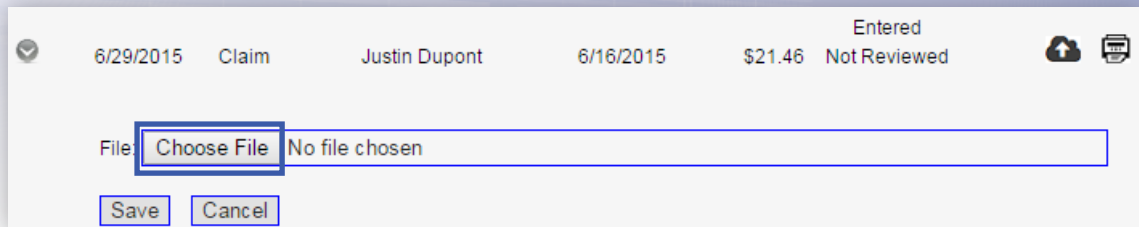
To upload a receipt to a pending claim, follow these simple instructions.

Step 1. Click the icon circled in orange below.



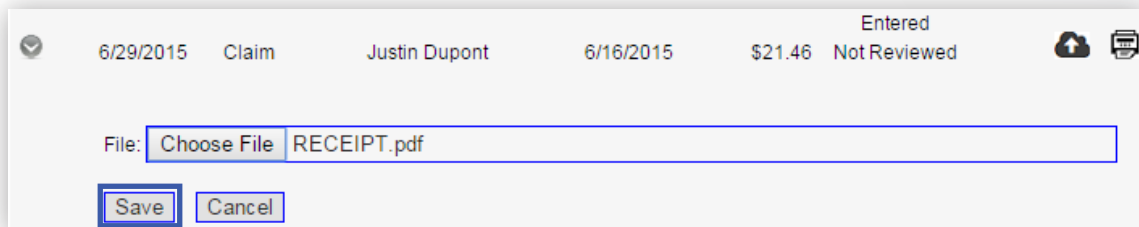
A screenshot of a claim entry form. The form contains the following fields: a dropdown menu with a checkmark icon, a date field with '6/29/2015', a text field with 'Claim', a text field with 'Justin Dupont', a date field with '6/16/2015', a text field with '\$21.46', and a status field with 'Entered' and 'Not Reviewed'. To the right of the status field are two icons: a document with an upload arrow (circled in orange) and a printer icon.

Step 2. Click the *choose file* button, and navigate to the receipt file.



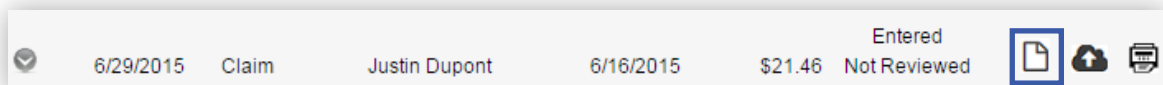
A screenshot of the file selection dialog. The dialog shows the same claim entry form as in Step 1. Below the form, there is a text field labeled 'File:' with a 'Choose File' button and the text 'No file chosen'. Below this text field are two buttons: 'Save' and 'Cancel'.

Step 3. Once you have selected the receipt file you wish to upload, click *save*.



A screenshot of the file selection dialog. The dialog shows the same claim entry form as in Step 1. Below the form, there is a text field labeled 'File:' with a 'Choose File' button and the text 'RECEIPT.pdf'. Below this text field are two buttons: 'Save' and 'Cancel'.

Step 4. When complete, the receipt icon should appear next to the pending claim as shown below.











A screenshot of the claim entry form. The form contains the same fields as in Step 1. To the right of the status field, there are three icons: a document with an upload arrow (circled in orange), a document with an upload arrow, and a printer icon.

Contact us

Using the *contact us* section, you can contact Diversified Group . Simply fill out the text form with a subject and message body, and it automatically submits a message on your behalf.

My expenses

The *my expenses* page provides users the ability to track medical, dental, vision and prescription expenses. Think of it as an electronic shoebox of your healthcare-related expenses.

Track My Healthcare Expenses							
Add New Expense		Date Range:		All ▼		Total Amount Eligible for Reimbursement	
						2015: \$200.00	
Action	Date of Service	Provider	Description	My Responsibility	Paid non-Reimbursable	Reimbursed From My Accounts	My Remaining Responsibility
  	3/20/2015			\$150.00	\$0.00	\$0.00	\$150.00 
  	3/20/2015	Dr. Jones	Office visit	\$50.00	\$0.00	(\$50.00)	\$100.00 

The following fields are available within the *my expenses* page:

- Action: Allows users to view, edit, or delete an expense.
- Date of service: Start date and end date for the service that was provided.
- Provider: Name of the service provider.
- Description: Description of the provided service.
- My responsibility: The total amount you are responsible for paying out-of-pocket.
- Paid non-reimbursable: The total amount you have paid toward this service.
- Reimbursed from my accounts: The total amount reimbursed.
- My remaining responsibility: The total amount that remains your responsibility.

Depending on administrative configuration, expense items can be entered by you, or automatically populated and matched to your profile via an electronic feed from your insurance carrier.

Adding an expense

To add a new expense, click the *add new expense* button. A form appears for you to populate your expense details. This form is similar to the reimbursement request form, with fields for you to enter dates, provider information, a description, and an option for receipt upload. Some additional information regarding the amount you were billed by your provider is requested as well. When complete, click *save*.

Add New Expense

✕

Date of Service*
to

Claimant

Provider

Description of Service

Billed Amount**

Insurance Allowed Amt**

Insurance Paid Amount

My Responsibility

Reimbursed from My Accounts

Paid Non-Reimbursable Amount

My Remaining Responsibility

My Notes: (255 chars left)

Attachment:
[Upload](#)

* Field is required.



Save

Cancel

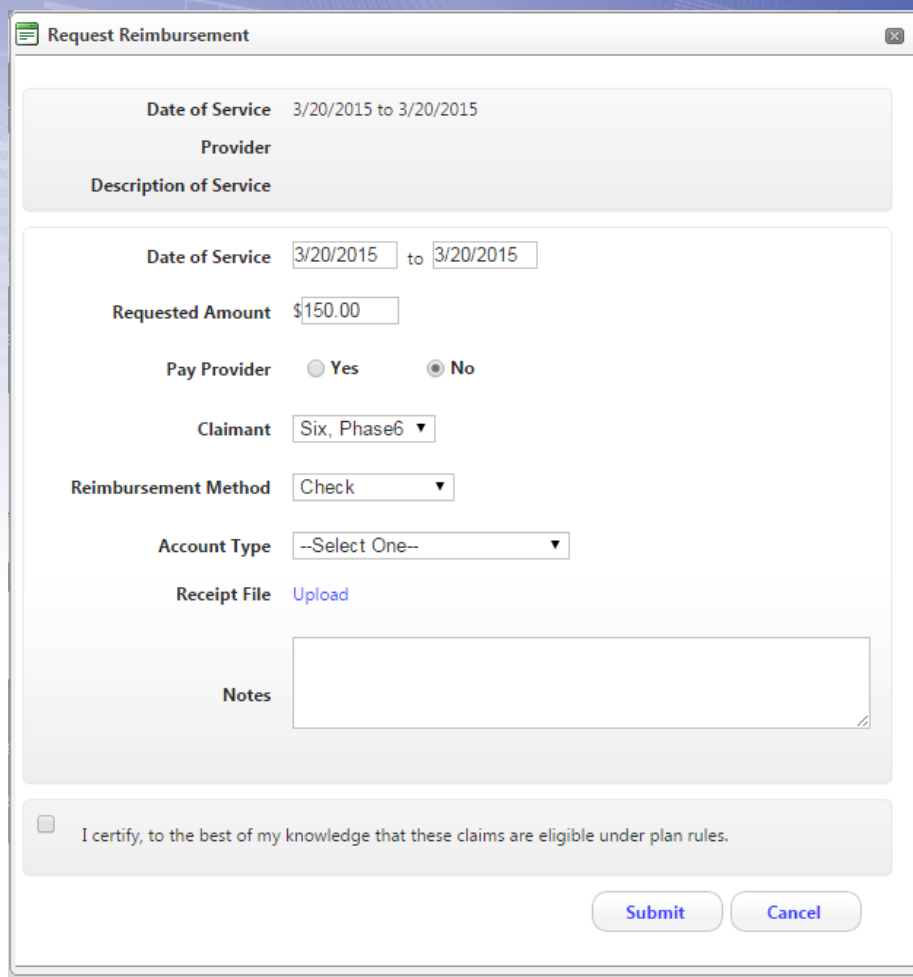
** Billed Amount or Insurance Allowed Amount or both may be entered.

Requesting reimbursement from my expenses

If an expense is eligible for you to request reimbursement, a green dollar sign icon appears to the right of the remaining responsibility amount, as shown below.

Action	Date of Service	Provider	Description	My Responsibility	Paid non-Reimbursable	Reimbursed From My Accounts	My Remaining Responsibility
  	3/20/2015			\$150.00	\$0.00	\$0.00	\$150.00 

Clicking this icon displays a pre-populated reimbursement request form that you can edit and submit for reimbursement, as shown on the next page.



The image shows a web form titled "Request Reimbursement". At the top, there is a header section with labels "Date of Service", "Provider", and "Description of Service", each followed by a light gray rectangular input area. Below this, the form contains several fields: "Date of Service" with date pickers set to "3/20/2015" to "3/20/2015"; "Requested Amount" with a text box containing "\$150.00"; "Pay Provider" with radio buttons for "Yes" and "No" (where "No" is selected); "Claimant" with a dropdown menu showing "Six, Phase6"; "Reimbursement Method" with a dropdown menu showing "Check"; "Account Type" with a dropdown menu showing "--Select One--"; "Receipt File" with a blue "Upload" link; and "Notes" with a large text area. At the bottom left, there is a checkbox labeled "I certify, to the best of my knowledge that these claims are eligible under plan rules." At the bottom right, there are two buttons: "Submit" and "Cancel".

When you are ready to submit the request, check the certification checkbox and click *submit*.

Communications

The communications tab is where announcements, alerts, and other communications from your administrator display.

Announcements

Any announcement communications from Diversified Group appear here. You might find announcements displaying information on special programs, incentive opportunities, enrollment, instructions, policies, reminders, and more.

View messages & communications

This page contains copies of messages, emails, SMS text messages, and other alerts that are specific to you and your benefit accounts. You might find balance alerts, enrollment confirmations, address change verifications, and other such communications listed.

If the information in an alert contains particularly sensitive data, you may get an email or SMS text message notifying you that you have a message waiting for you in the portal. In those cases, the message can be retrieved from this page after you log in.

Communication preferences

On this page, you can view the various alert communications available to you, and choose your preference for receiving those alerts. You can receive an alert via email, SMS text message (where available), or you can choose not to receive a particular alert at all.

Choose your preferred delivery method using the drop-down menus to the right, and **save** when complete.

You can also keep your email address up-to-date from this page. The email address provided here receives all applicable benefit account communications. Also, if available, you can register your mobile phone to receive SMS text alerts from this page as well. Any mobile phone that has SMS text message capabilities can be registered to receive text alerts.

Registering your mobile phone for SMS text alerts

Step 1. Click the *add mobile button*, from the *communication preferences* page in the portal, as shown to the right.

Step 2. Read the terms & conditions, and enable the checkbox acknowledging that you accept them. Understand that message and data rates may apply.

Communication Settings

Assigned Notifications

The notifications below are available to you. Please define the delivery method for these notifications. If mobile number and/or email is not an available delivery method, please add an email by selecting Add Email and/or register a mobile number by selecting Add Mobile.

Note: Text and data rates may apply when setting delivery method to mobile.

Notification Type	Description	Delivery Method
Completed HSA Payment Notice	This PCM alert should be triggered when a Pending HSA Online Payment is successfully processed and a check/trace number is generate.	Email ▾
Completed HSA Payment Notice	This PCM alert should be triggered when a Pending HSA Online Payment is successfully processed and a check/trace number is generate.	Email ▾
Failed HSA Payment Notice	This PCM alert should be triggered when the HSA Online Payment Processing Agent denies a pending payment.	Email ▾
Failed HSA Payment Notice	This PCM alert should be triggered when the HSA Online Payment Processing Agent denies a pending payment.	Email ▾

[Save](#)

Existing Email Address

Email Address

☐ email@email.com

[Delete](#) [Update Email](#)

Registered Mobile Numbers

All registered numbers below will receive the alerts listed above. Unregistered mobile numbers may be deleted by selecting Delete button below.

Mobile Number Status

Note: To stop receiving mobile alerts, text STOP to {...}. To receive help text HELP to {...}.

[Delete](#) [Add Mobile](#) [Unregister](#)

Employer: WCP Employer

Name: Dupont, Justin

Address: 123 Any St.
Orlando, FL 32801

Employee ID: XXX-XX-P111

Email: email@email.com

Enter your phone number in the space provided to receive standard rate activity alerts from us. Message frequency is based on use. Text STOP to 97487 opt out. Text HELP to 97487 for help or call for info.

Message and Data Rates May Apply.

Carriers include: AlltelAWCC, AT&T, ACG, Boost, Cricket, Cincinnati Bell, Google Voice, MetroPCS, Rural Carrier Group, Tier 2/3 Carrier Group, T-Mobile, U.S. Cellular, Verizon Wireless & Virgin Mobile.

For customer support please call , email tpa@cfsolutions.com.

[Read the mobile usage Terms and Conditions Here.](#)

Our [privacy policy](#) can be found in the site footer.

Mobile Phone Number: - - [Register](#) [Cancel](#)

☒ I accept Terms and Conditions and Privacy Policy.

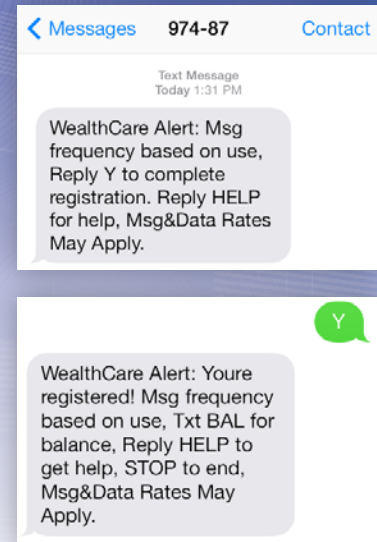
Step 3. Enter your mobile number and click *register*.

Step 4. Shortly, you will receive a confirmation text message on your mobile phone.

Step 5. Reply to this message with the letter Y to complete your registration. You should receive a confirmation message similar to the one to the right.

As stated in the message above, once registered, you can send the following text commands to 97487 at any time:

- o **BAL** –To get your benefit account balances without having to log in to the online portal.
- o **HELP** –To get help with SMS text alerts.
- o **STOP** –To opt out of future SMS text alerts.



Enrollment

If a plan assigned to your employer is available for online enrollment, this tab is where the enrollment process occurs.

Open enrollment

This page is where you can start the process of enrolling in available plans. Any plans scheduled for open enrollment appear in the **enroll online** section with the applicable open enrollment dates, as shown below. Plans that are currently available for enrollment display in the **enrollment summary** section with clickable links allowing you to either enroll in, or waive, the offered coverage.

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 XXX-XXX-XXXX.

Plan ID	Plan Name	Plan Year	Open Enrollment Date
HRA	Health Reimbursement - HRA	1/1/2015 - 12/31/2015	6/30/2015 - 7/15/2015
PKG	Parking Plan Pre Tax - PKG	1/1/2015 - 12/31/2099	6/30/2015 - 7/15/2015

Enrollment Summary

Below are benefit plans that you are eligible to enroll. Please click on the "Enroll Now" or "Waive Now" link under the Action column to either enroll or waive your enrollment for each plan.

Plan ID	Plan Name	Plan Year	Election	Dependents	Status	Action
HRA	Health Reimbursement - HRA	01/01/15 - 12/31/15	\$0.00	Yes	New	Enroll Now - or - Waive Now
PKG	Parking Plan Pre Tax - PKG	01/01/15 - 12/31/99	\$0.00	N/A	New	Enroll Now - or - Waive Now

Enrolling in a plan

Step 1. Click the *enroll now* link in the *action* column of the plan in which you wish to enroll.

Plan ID	Plan Name	Plan Year	Election	Dependents	Status	Action
HRA	Health Reimbursement - HRA	01/01/15 - 12/31/15	\$0.00	Yes	New	Enroll Now Waive Now

Step 2. Verify and edit your demographic information. Be sure all fields marked with an asterisk (*) are completed, as shown on the next page.

Also, if available and/or applicable, add any dependents by clicking the *add dependent* button, and providing the required demographic information.

Participant Demographics

Demographics

First Name*:

Initial:

Last Name*:

Date of Birth*: (mm/dd/yyyy)

SSN:

Marital Status:

Gender:

Mother's Maiden Name:

Driver's License Number:

Phone:

Email*:

Re-enter Email*:

HOME ADDRESS (Not PO Box)*:

Address 1:

Address 2:

City:

State:

Zip: -

Country:

MAILING ADDRESS: ☒ Same as Home Address

Also, if available and/or applicable, add any dependents by clicking the *add dependent* button, and providing the required demographic information.

Dependent

You are allowed to add a dependent to your account but are not required to do so.

#	Dependent	Relationship
1	Gina Dupont	SpouseorCommonLawSpouse

Add Dependent

Previous

Save

Next

When all participant and dependent demographic information has been entered, click *next*.

Step 3. Provide your coverage election choices. Depending on the plan you are electing, you may be asked to choose a coverage tier, provide an annual election or per-pay-period election, and/or indicate a broker ID.

Once your selections have been made, read and check the certification acknowledgement checkbox and click *next*.

Step 4. A summary page lists all of your entered demographic information and coverage selections. Verify that all information is correct and use the *edit* buttons to change anything, as needed.

Enrollment Application

Plan ID: HRA
Plan Description: Health Reimbursement - HRA
Plan Start Date: 1/1/2015
Plan End Date: 12/31/2015

Participant Demographics

Name: Justin J Dupont
Billing Address: 123 Any St.
Orlando, FL 32801
United States
Card Shipping Address: Same as Billing Address
Phone: 555-555-5555
Email: email@email.com
Date of Birth: 6/12/1980
Gender: Male
Marital Status: Married
Social Security Number: 222222222
Driver's License Number: XX0000000000
Mother's Maiden Name: Smith

Edit

Participant Dependent

Name	ID	Relationship	DOB SSN	Gender	FT Student	Phone
Gina Dupont	WCP1112	Spouse or Common Law Spouse	334455667	Female	No	

Address: 123 Any St., Orlando, FL, 32801, United States

Edit

Account Details

Coverage Tier: Husband and Wife
Annual Election: \$1,050.00
Broker ID: 1234

Edit

Submit Application

When complete, click **submit application**.

Step 5. A confirmation message appears, indicating the enrollment process is complete. Clicking **done** takes you back to the main open enrollment page.

Enrollment Complete

You have completed the enrollment application and your account will be opened shortly. You will receive your welcome kit shortly.

Done

The **enrollment summary** section of the **open enrollment** page now displays the plan with a completed status. Elections and dependent information that you entered during the enrollment process appear as well. You can return to this page to make changes or waive coverage up until the end of open enrollment.

Plan ID	Plan Name	Plan Year	Election	Dependents	Status	Action
HRA	Health Reimbursement - HRA	01/01/15 - 12/31/15	\$1,050.00	Yes	Completed	Change Now - or - Waive Now

Waiving coverage

Step 1. To waive coverage for a plan, click the **waive now** link in the action column for the applicable plan.

PKG	Parking Plan Pre Tax - PKG	01/01/15 - 12/31/99	\$0.00	N/A	New	Enroll Now - or - Waive Now
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Step 2. Check the box acknowledging that you are waiving the offered coverage and click submit.

Waive Enrollment

Plan ID: PKG

Plan Description: Parking Plan Pre Tax - PKG

Plan Start Date: 1/1/2015

Plan End Date: 12/31/2099

If you waive this coverage, you will not be eligible until next year's open enrollment period.

Please check the following box to waive your enrollment, then click on the "Submit" button:

☒ I choose to waive the coverage offered.

Submit Cancel

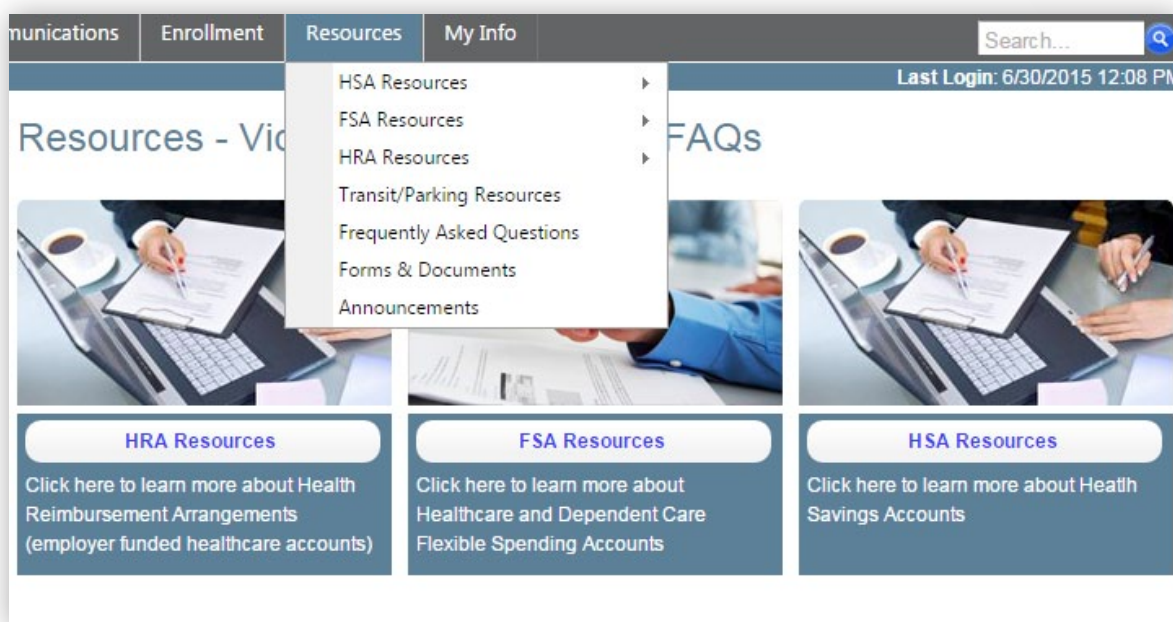
The enrollment summary now reflects that you have waived this plan by showing a status of waived. You can cancel your waived status and enroll in the plan at any time up until the end of the plan's open enrollment period.

Enrollment Summary						
Below are benefit plans that you are eligible to enroll. Please click on the "Enroll Now" or "Waive Now" link under the Action column to either enroll or waive your enrollment for each plan.						
Plan ID	Plan Name	Plan Year	Election	Dependents	Status	Action
HRA	Health Reimbursement - HRA	01/01/15 - 12/31/15	\$1,050.00	Yes	Completed	Change Now - or - Waive Now
PKG	Parking Plan Pre Tax - PKG	01/01/15 - 12/31/99	\$0.00	N/A	Waived	Cancel Waived Enrollment

Resources

The resources tab contains a robust repository of helpful videos, calculators, and FAQs, designed to assist you in learning more about your benefit options. Any important forms and/or documents you might need are also available for download from this tab.

As you can see in the image below, most of the educational content is grouped by plan type.



My info

This tab contains information pertaining to your account and login credentials. Here, you can edit your demographics or those of your dependents, update your password, and manage your benefit debit card.

Personal information

View and edit demographic information for yourself or your dependents from this page. Click the edit button to get access to the demographic fields. Once your edits are complete, click **save**.


The 'My Information' tab is active, showing personal details for Justin J Dupont. The form is divided into two columns. The left column contains fields for Name, Date of Birth, SSN, Phone, E-mail Address, and Billing Address. The right column contains fields for Marital Status, Gender, Employer, Employee ID, Employee Status, and Shipping Address. An 'Edit' button is located at the bottom left of the form.

Name: Justin J Dupont	Marital Status: Married
Date of Birth: 6/12/1980	Gender: Male
SSN: XXX XX 2222	
Phone: 555-555-5555	Employer: WCP Employer
E-mail Address: email@email.com	Employee ID: *****P111
	Employee Status: New
Billing Address: 123 Any St. Orlando FL, 32801 US	Shipping Address: <input checked="" type="checkbox"/> Same as Billing Address

[Edit](#)

To view and edit the demographics of your dependents, or to add a new dependent, click the **family details** tab.


The 'Family Details' tab is active, showing a table of dependents. The table has columns for Name, Status, and Relationship. There is one dependent listed: Gina Dupont, Status: New, Relationship: Spouse or Common Law Spouse. An 'Add Dependent' button is located below the table.

Name	Status	Relationship
 Gina Dupont	New	Spouse or Common Law Spouse

[Add Dependent](#)

Expand the details of a particular dependent by clicking the round arrow button to the left of the dependent's name, as shown on the next page.

The 'Family Details' tab is expanded for Gina Dupont. The table shows her name, status, and relationship. Below the table, there is a detailed form for her demographics, including Date of Birth, SSN, Gender, Phone, Billing Address, Employer, Employee ID, and Shipping Address. An 'Edit' button is located at the bottom left of the form.

Name	Status	Relationship
 Gina Dupont	New	Spouse or Common Law Spouse

Date of Birth:	Employer: WCP Employer
SSN: XXX-XX-5667	Dependent ID: *****1112
Gender: Female	
Phone:	
Billing Address: 123 Any St. Orlando FL, 32801 US	Shipping Address: <input checked="" type="checkbox"/> Same as Billing Address

[Edit](#)

Use the **edit** button to update demographic details if necessary, and click **save** when complete.

My Information
Family Details

Name	Status	Relationship
Gina Dupont	New	Spouse or Common Law Spouse

Date of Birth:
SSN: XXX-XX-5667
Gender: Female

Employer: WCP Employer
Dependent ID: *****1112

Phone:

Billing Address:

Shipping Address: ☒ Same as Billing Address

Address 1*: 123 Any St.

Address 2:

City*: Orlando

State*: Florida

Zip*: 32801

Country*: US

Save Cancel

* indicates field is required.

Add a new dependent

Step 1. Click the *add dependent button* in the *family details* tab on the *personal information* page.

My Information
Family Details

Name	Status	Relationship
Gina Dupont	New	Spouse or Common Law Spouse

Add Dependent

Step 2. Enter the dependent's demographic data and click next.

Dependent Demographic Information

First Name*: Sarah Initial: Last Name*: Dupont

Dependent ID*: WCP111d1

Relationship*: Child

Date of Birth*: 01/01/2013 (mm/dd/yyyy)

SSN*: 222777888 Gender: Female

Full-time Student: ☒ Home Phone: 555-555-5555

ADDRESS*: [Copy Primary Address](#)

Address 1: 123 Any St.

Address 2:

City*: Orlando

State*: Florida

Zip*: 32801

Country*: US

* Field is required

[Next](#) [Cancel](#)

Step 3. Choose benefit accounts to link to the dependent by checking the appropriate checkboxes, then click *next*.

Account Linking

Please select the benefit accounts you would like to grant Sarah Dupont access to.

	Type	Plan Start Year	Plan End Year	Plan Id
<input checked="" type="checkbox"/>	HRA	1/1/2015	12/31/2015	HRA
<input checked="" type="checkbox"/>	FSA	1/1/2015	12/31/2015	FSA
<input checked="" type="checkbox"/>	DCA	1/1/2015	12/31/2015	DCA

Step 4. Confirm whether or not a card should be issued. When complete, click *next*.

Card Issuance

Would you like to issue a debit card to Sarah Dupont ?

☐ Yes

☒ No

Step 5. Review the dependent summary, and make any edits as necessary. When complete, confirm that you wish to add this dependent by clicking *finish*.

Summary & Confirmation

Dependent Demographics

First Name:	Sarah	Initial:	Last Name: Dupont
Dependent ID:	WCP111d1		
Relationship:	Child		
Date of Birth:	01/01/2013		
SSN:	222777888	Gender:	Female
Full-time Student:	Yes	Home Phone:	555-555-5555
ADDRESS:			
Address 1:	123 Any St.		
Address 2:			
City:	Orlando		
State:	FL		
Zip:	32801		
Country:	US		

Account Linking

[Previous](#)
[Finish](#)
[Cancel](#)

Debit card management

Use this page to manage any benefit debit cards that have been generated and issued to you and/or your dependents.






Debit Card Management			
Card Number	Cardholder	Card Status	Action
XXXX-XXXX-XXXX-2622	Dupont, Gina	Now	
XXXX-XXXX-XXXX-0329	Dupont, Justin J	New	
<div> <div> Indicates a employee debit card. View debit card PIN. Access card details. </div> <div> Indicates a dependent debit card. Activate a debit card. Report a card lost or stolen. </div> </div> <p>NOTE: If you have popup blockers installed you will need to disable them to use the "View PIN" feature.</p>			

Clicking the round arrow button expands the section to reveal additional card details as shown below.


XXXX-XXXX-XXXX-0329	Dupont, Justin J	New	
Issue Status: Sent	Mailed Date:	Activation Date:	Expiration Date: 6/30/2018

Activate a debit card

Click the card icon for the card you wish to activate, as shown below.





	XXXX-XXXX-XXXX-0329	Dupont, Justin J 	New			
Issue Status: Sent	Mailed Date:	Activation Date:	Expiration Date: 6/30/2018			

Click *yes* to confirm that you would like to activate the card.



Would you like to activate the debit card ending in 0329?






On the debit card management page, notice that the card status has changed to active, and the card icon has disappeared from the right side of the row, indicating that the card is now active.

	XXXX-XXXX-XXXX-0329	Dupont, Justin J 	Active		
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Obtain your PIN number

Most benefit debit card transactions are verified at the point-of-sale with a signature. However, you may use a PIN number to complete card transactions as well.

To access the PIN number assigned to your card, click the pushpin icon as indicated below.

	XXXX-XXXX-XXXX-0329	Dupont, Justin J 	New			
Issue Status: Sent	Mailed Date:	Activation Date:	Expiration Date: 6/30/2018			

Your PIN number appears in a pop-up window:

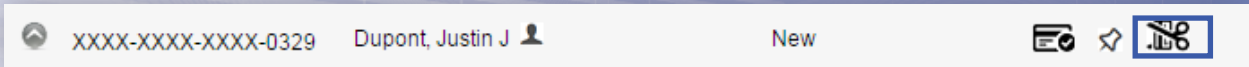


Your PIN number is:

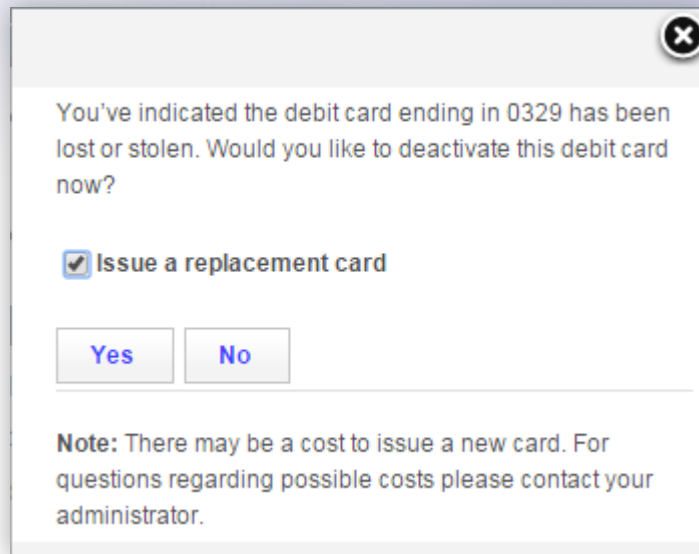
1144

Report a card lost / stolen

To report your benefit debit card as lost or stolen, click the scissors icon as shown below.



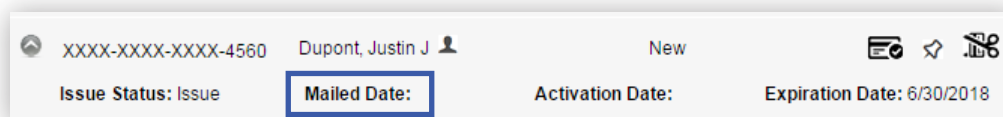
You can deactivate the card by clicking the yes button. If you would like a replacement card issued, be sure the checkbox is checked.



Once complete, the *debit card management* page displays with the original card in a *lost/stolen* status, and the new card (if requested), in a *new* status.




If requested, the new card will arrive in approximately 7-10 business days. You can track when the new card is on its way by expanding the card details and checking the mailed date periodically. This date populates automatically once the card has been mailed.



Change password

If you would like to change your password at any time, you can do so from this page. You must answer two of your secure authentication security questions, then enter, confirm, and submit your new password.

Change Password

New Password: 

Confirm Password:

Submit

Cancel