

## Web Enrollment Instructions

Discovery Benefits takes great pride in providing superior service and we look forward to working with you. Your employer is offering web enrollment and you will be required to enroll online during your open enrollment period.

*Note: If you have questions during this process, please contact our Participant Services team toll free at 866-451-3399.*

### Step 1 of 14

Access the participant portal to enroll in the benefit; log on to our website at [www.discoverybenefits.com](http://www.discoverybenefits.com).

- Click the gray **Login** button in the upper right-hand corner of the screen.
- Select the Participant Login – Reimbursement Account. Input your username and password.



**Participant Login**

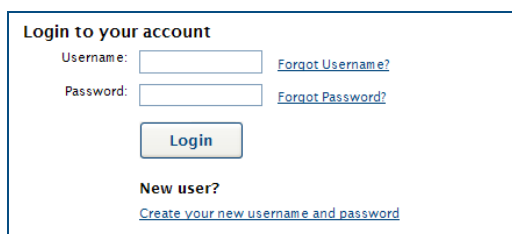
- > **Reimbursement Account**
  - > Flexible Spending Accounts (FSA)
  - > Health Savings Accounts (HSA)
  - > Health Reimbursement Arrangements (HRA)
  - > Transportation
- > Billing Solutions (COBRA, Retiree, LOA, etc.)
- > Individual HSA (Not Employer Sponsored)
  - > Don't have an HSA? [Learn more and enroll.](#)

### Step 2 of 14

Choose the login option that applies to you below:

- A) If you currently have access to the Discovery Benefits participant portal, continue to use your same username and password for open enrollment.
- B) To access the Discovery Benefits participant portal for first time, please use the following instructions:

Select Create your new username and password and then complete the New User Identification 3 Step Process. Select Next.



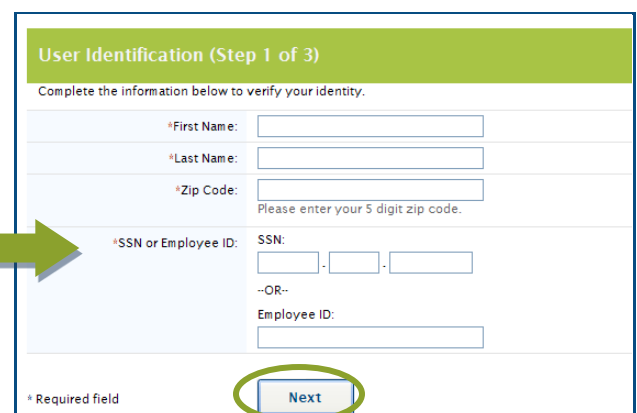
**Login to your account**

Username:  [Forgot Username?](#)

Password:  [Forgot Password?](#)

**Login**

**New user?**  
[Create your new username and password](#)



**User Identification (Step 1 of 3)**

Complete the information below to verify your identity.

\*First Name:

\*Last Name:

\*Zip Code:   
Please enter your 5 digit zip code.

\*SSN or Employee ID: SSN:  -  -

--OR--  
Employee ID:

\* Required field

**Next**

Complete Step 2 of 3 by answering the security questions and select **Next**. You will be asked three of these questions when completing certain functions within the consumer portal.

**Security Questions (Step 2 of 3)**

Please enter an answer to any 5 security questions to complete your user setup. To keep your information secure, you will be asked to answer 3 of these questions to complete sensitive actions within the portal such as resetting a forgotten password.

\* Select a question...

\* Select a question...

\* Select a question...

\* Select a question...

\* Select a question...

\* Required field

**Next**

A temporary username will automatically populate. Double click on the automatically populated username to personalize it to your preference. Keep record of your personalized username and password as we do not store this information. Select **Submit**.

**Change Username and Password (Step 3 of 3)**

Please change your login information.

\*Username:   
Enter the username that you would like to change your current username to. Your username may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (\_), and dash (-).

\*New Password:   
Enter the password that you would like to change your current password to. Your password must contain 6-10 characters and contain at least one number. The letters contained within your password are case sensitive. Example: abcdef2

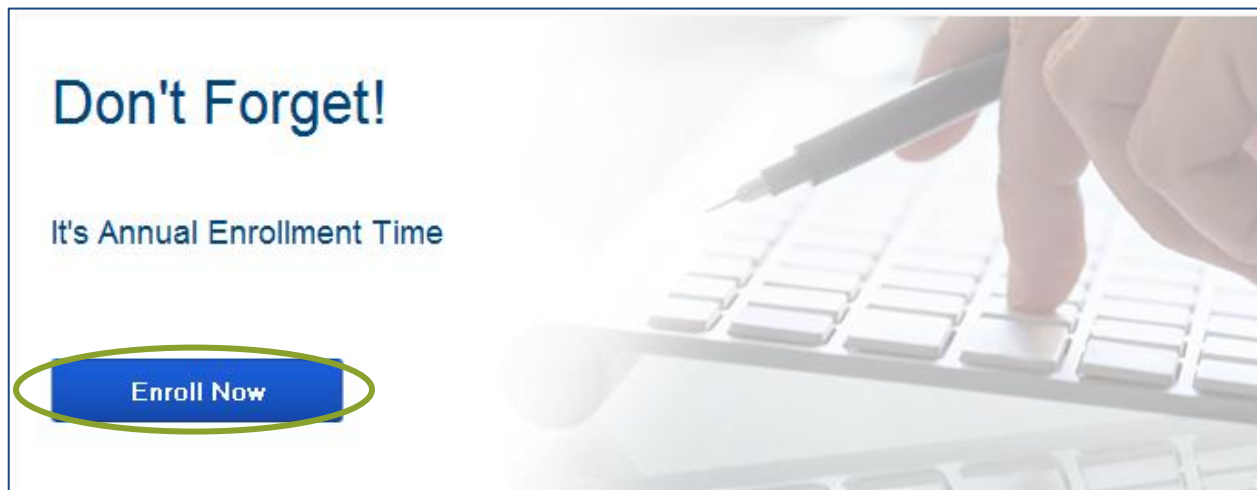
\*Confirm Password:   
Re-enter your new password for verification.

\* Required field

**Submit**

**Step 3 of 14**

Once you have logged in successfully, from your Home Page within the participant portal, please select the **Enroll Now** link to begin your online enrollment process



## Step 4 of 14

Select Begin Your Enrollment Now.

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS LINKS

Sally Sample ▾  
| [Logout](#)

Last Login Date: 6/13/2013 7:50:37 AM CDT  
Last Login Source: Consumer Portal

### Enrollment

Are you ready to enroll? [Begin Your Enrollment Now](#)

Enrolling in a Pre-Tax Benefit plan allows you to save Federal, State, Social Security and Medicare taxes on dollars you put into the plan. You could save approximately 30% on every plan dollar you spend, depending on your tax bracket.

Review your available plans to find out how to best use these programs. To learn more about the benefits offered, click on the appropriate Plan Description link below.

**Medical FSA** [Plan Description](#)

A medical spending account allows the employee to set aside before-tax dollars to pay for medical expenses that are not paid by insurance, the employer, or reimbursed by any other source. The annual election maximum is based on the plan's design. The annual election that the employee determines is irrevocable once the employer's open enrollment period is over unless the employee experiences a status change. The election must be requested for reimbursement for services within the plan year and/or while actively participating in the plan (Use-it-or-lose-it Rule).

Note: Please see your employer for additional plan definitions for other variations of FSA plan types.

## Step 5 of 14

Verify/update your Personal Information. Select Continue.

Sally Sample ▾  
| [Logout](#)

### Participant Profile

steps: 1 2 3 4 5 6

First Name: \*

Middle Initial:

Last Name: \*

Social Security Number:

Country: \*

Address Line 1: \*

Address Line 2:

City: \*

State: \*

Zip Code: \*

Home Phone: \*

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

Gender: \*  Female  Male

Marital Status: \*  Married  Single

Email Address: \*

By providing an email address, you will receive communications electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

Do you have any dependents?  Yes  No

\* = required field

[Continue](#)

## Step 6 of 14

Enter your dependent's information and select Add to List to add each dependent. Repeat this step for each eligible dependent you would like to add. Select Continue. *Please note that dependents are not required for FSA, HSA, and Transportation; however, at least one dependent is required if you are enrolling in a Dependent Care Account.*

Sally Sample ▾  
[Logout](#)

### Dependents

steps: 1 2 3 4 5 6

**First Name:** \*

**Middle Initial:**

**Last Name:** \*

**Social Security Number:**

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

**Gender:** \*  Female  Male

**Full Time Student:** \*  Yes  No

**Relationship:**

\* = required field

---

Eligible Dependents		
Name	SSN	Relationship

## Step 7 of 14

Your employer has listed important plan rules you should be aware of before you enroll. Read these rules carefully. Select I have read and understand the Rules for each plan. Select Continue. *Please note that you must agree to all plan names prior to continuing.*

Sally Sample ▾  
[Logout](#)

### Plan Rules

steps: 1 2 3 4 5 6

It is important to be aware of some of the basic rules of these accounts before you enroll. Make sure you keep these in mind when you are making your elections. We also encourage you to review the Summary Plan Description for more detailed rules regarding these Pre-tax Accounts.

**Medical FSA**  
I authorize my employer to reduce my pay on a per pay period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. I authorize the release of any information necessary for Flexible Benefits. I hereby certify that the reimbursement requests I will be submitting are IRS eligible expenses and that I will not be nor have I been previously reimbursed for these expenses; nor am I seeking reimbursement for these expenses from insurance or any other source. I also understand that Discovery Benefits, its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement.

I understand that checking this box indicates my acknowledgement of these plan rules, and that I have the option to enroll or waive enrollment in this

I have read and understand the [Medical FSA rules](#).

## Step 8 of 14

Enter your annual election for each plan in which you want to enroll within the Max Employee Election amount as indicated to the right of the box. If you wish to estimate your tax savings, select Calculate. Select Continue.

Sally Sample ▾  
[Logout](#)

### Elections

steps: 1 2 3 4 5 6

Enter your actual elections in the field provided. To calculate the total elections, tax savings, and estimated per pay period deduction select the calculate button. If you choose to not enroll in a plan leave the field blank.

	Your Election	Max Employee Election
Medical FSA	<input type="text"/>	\$2,500.00
Total election for the year:		
Total tax savings for the year*:		<input type="button" value="Calculate"/>
Estimated per pay period deduction:		

\* Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances.

## Step 9 of 14

Your next option will be regarding your Payment Method and how you choose to be reimbursed.

\*If your Employer does not offer the Debit Card, select either Check or Direct Deposit as the reimbursement method you prefer. Select Continue.


Sally Sample ▾  
[Logout](#)

### Payment Method

steps: 1 2 3 4 5 6

Select the method in which you would like to be reimbursed.

**Discovery Benefits Debit Card**  
Discovery Benefits Debit Card



If you choose to be reimbursed using the Debit Card, please answer the questions below.

1) What alternate reimbursement method would you like to use for the reimbursement of claims that are filed online?

Check  
 Direct Deposit

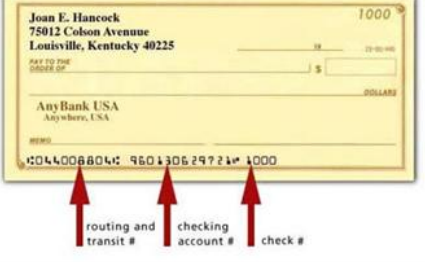
## Step 10 of 14

If you selected to be reimbursed via direct deposit, you will be prompted to enter your bank account information. Enter your bank's routing number and select Find your Bank.

### Setup Direct Deposit

steps: 1 2 3 4 5 6

Routing Number:\*  [Find Your Bank](#)



\* = required

[Skip Online Direct Deposit](#)

## Step 11 of 14

Complete your bank account information and select Continue.

### Setup Direct Deposit

steps: 1 2 3 4 5 6

A bank matching the routing number could not be found. If your routing number is correct, complete the bank information. If your routing number is not correct, click [Change Your Bank](#).

Routing Number:\*  [Change Your Bank](#)

Account Number:\*

Account Type:\*

Account Nickname:\*

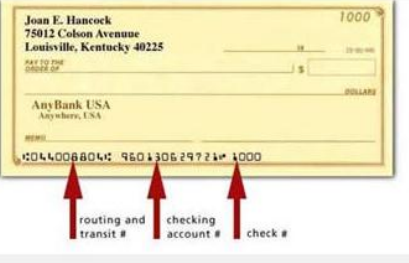
Bank Name:\*

Street Address:\*

City:\*

State:\*

Zip Code:\*



\* = required

[Continue](#)

**Step 12 of 14**

Select Add Bank Account. Bank account verification will be required. Confirm the deposit amount made to your bank account in order to activate this account.

The screenshot shows the 'Setup Direct Deposit' interface. At the top, there are steps 1 through 6, with step 6 highlighted. Below the steps, there is a 'Routing Number' field with the value '123456789' and a 'Change Your Bank' button. A modal window titled 'Add Bank Account' is open, displaying a message: 'Further action is required to activate this bank account. A deposit will be made to the account in the next 1-3 business days. Once you confirm the deposited amount, the account will be activated and available for use. You can confirm the deposited amount from this site by accessing the Bank Accounts page or by clicking on the link in the Action Required section that will appear on your home page.' The modal has 'Add Bank Account' and 'Cancel' buttons. Below the modal, there is a check image with three red arrows pointing to the routing and transit number, the checking account number, and the check number. At the bottom right of the page is a 'Continue' button.

**Step 13 of 14**

Review and verify your enrollment information. If anything needs to be updated, select Edit Information for each section. Select Submit if all information is accurate.

The screenshot shows the enrollment information review page. At the top, there are steps 1 through 6, with step 6 highlighted. Below the steps, there is a message: 'You must click submit at the bottom of this page to complete your enrollment.' The page is divided into several sections, each with an 'Edit Information' button:

- Profile:** Name: Sally Sample, Social Security Number: [redacted], Address: 1234 Sample Ave South, Fargo, ND 58103 United States, Home Phone: (701) 555-5555, Birth Date: 1/1/1970, Gender: Female, Marital Status: Single, Email Address: sample@testcompany.com. Do you have any dependents? No.
- Dependents:** No dependents specified.
- Enrollment Elections:**

	Employee Contribution	Auto File Health Care Claims?
Medical FSA	\$1,000.00	-
Total Election for the year: \$1,000.00		
Estimated per pay period reduction: <sup>1</sup> \$58.82		

<sup>1</sup> Begins on the first pay date of the Plan Year.
- Method of Reimbursement:** You have chosen Discovery Benefits Debit Card as your method of payment. Your alternate reimbursement method is Direct Deposit. Separate debit cards will be issued to the following dependents: No dependent debit cards issued.

At the bottom right of the page are 'Submit' and 'Cancel' buttons.

**Step 14 of 14**

Enrollment Confirmation. Please print this page for your records. The Confirmation page verifies that your enrollment is complete.

<a href="#">HOME</a>	<a href="#">ACCOUNTS</a>	<a href="#">PROFILE</a>	<a href="#">NOTIFICATIONS</a>	<a href="#">FORMS</a>	<a href="#">LINKS</a>	Sally Sample ▾ <a href="#">Logout</a>
----------------------	--------------------------	-------------------------	-------------------------------	-----------------------	-----------------------	--

Last Login Date: 6/13/2013 7:59:09 AM CDT  
 Last Login Source: Consumer Portal

### Enrollment Confirmation

Please print this page for your records.


Congratulations, you have successfully enrolled in the following Pre-tax Benefit Plans.

Plan	Company Contribution	Employee Contribution	Estimated Per Paycheck Reduction
Medical FSA		\$1,000.00	\$58.82
Total Estimated Reductions Per Paycheck:* <b>\$58.82</b>			

\* Pay check reductions are based on your election and the number of scheduled pay periods within the plan year. True reductions will be determined by your employer.

You have elected Debit Card as your reimbursement option. Your alternate reimbursement method is Direct Deposit.

The payroll deduction to fund your spending accounts will begin on 7/12/2013 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 7/1/2013. All claims must be filed for expenses incurred while you are a participant, within the plan year 7/1/2013 - 6/30/2014



If you have any questions concerning your account or the enrollment process, feel free to contact us.

Participant Services team – Hours of Operation	7:00am to 7:00pm CT (M-F)
Participant Services Phone Number	866-451-3399
Website	www.discoverybenefits.com
Toll Free Fax Number	866-451-3245
Participant Services Email Address	customerservice@discoverybenefits.com