

Online Enrollment in your Flexible Benefit Plans

We are excited to announce that you will be enrolling in your New Flexible Benefit Plans **ONLINE** this year!

How to Login:

Open your browser (e.g. Google Chrome) and log into our website: benstrat.navigatorsuite.com/.

New Users:

New Users to the website may create a new account anytime by selecting the link under "New User".

Existing Users:

Existing Users can continue to use their existing username and password already created.

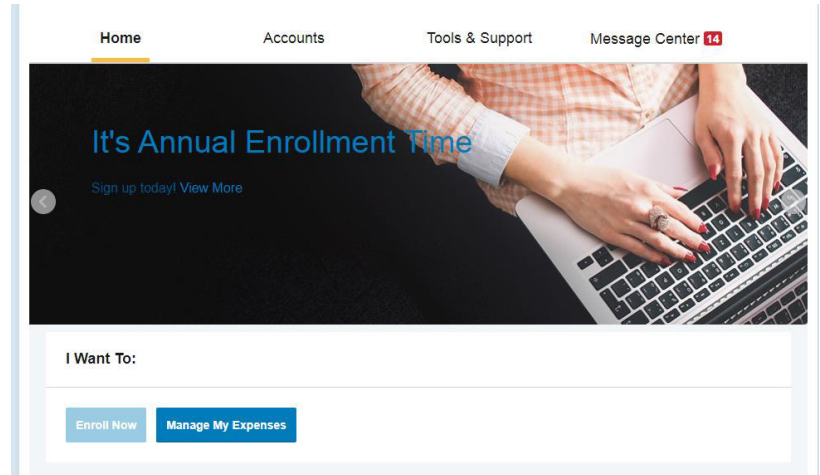


Login

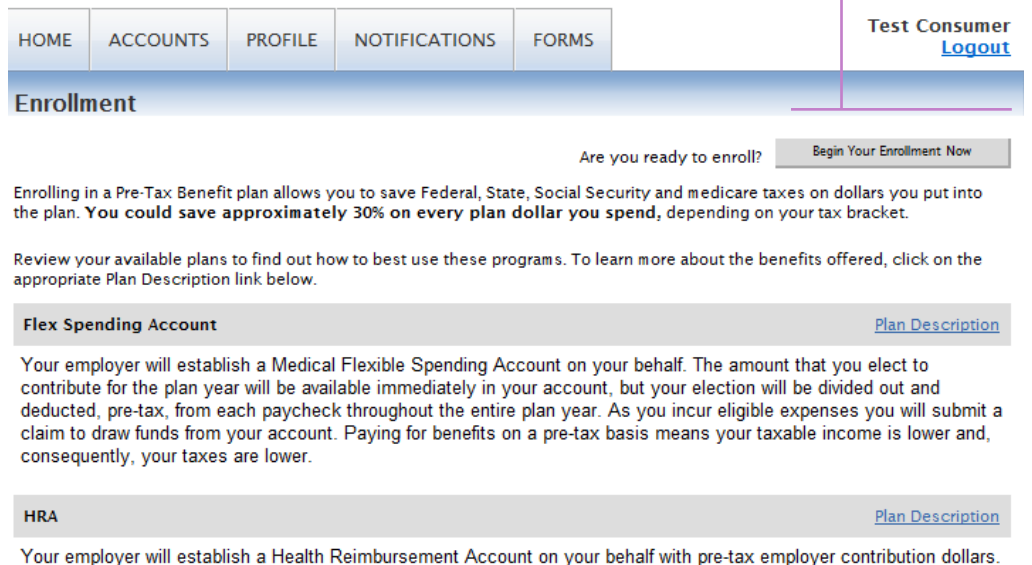
Existing User?	New User?
<p>Login to your account</p> <p>Username <input type="text"/> Forgot Username?</p> <p>Password <input type="password"/> <input type="checkbox"/> Forgot Password?</p> <p><input type="checkbox"/> Remember Me</p> <p><input type="button" value="Login"/></p>	<p>Create your new username and password</p>

How to Begin Enrollment

If you are ready to enroll, click **Enroll Now.**



Click **Begin Your Enrollment Now**

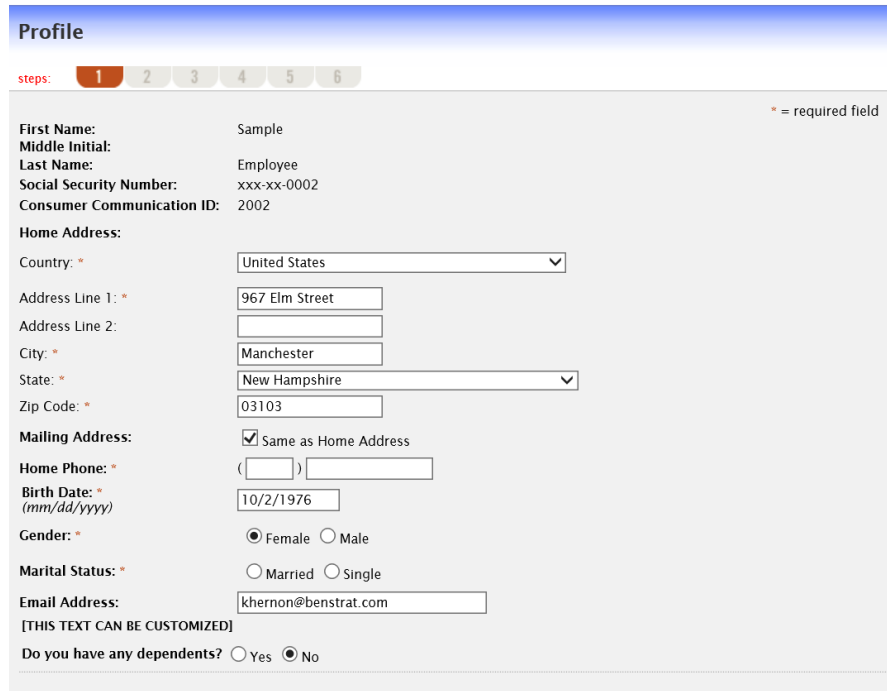


Enrolling in Benefits

You will be guided step-by-step through the enrollment process, so just follow along, enter the required information and click on "Continue" after each screen.

How to Begin Enrollment

STEP 1: Verify/update your personal information.



Profile

steps: 1 2 3 4 5 6

* = required field

First Name: Sample
Middle Initial:
Last Name: Employee
Social Security Number: xxx-xx-0002
Consumer Communication ID: 2002

Home Address:

Country: * United States
Address Line 1: * 967 Elm Street
Address Line 2:
City: * Manchester
State: * New Hampshire
Zip Code: * 03103

Mailing Address: Same as Home Address

Home Phone: * ()

Birth Date: * (mm/dd/yyyy) 10/2/1976

Gender: * Female Male

Marital Status: * Married Single

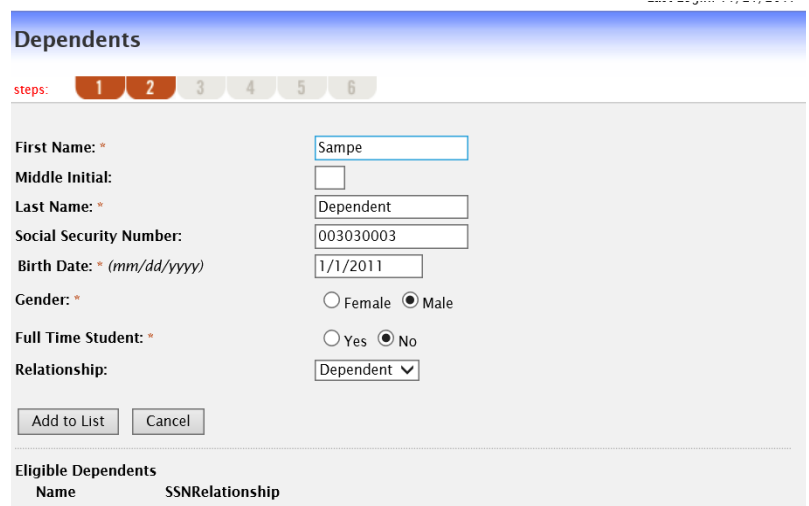
Email Address: khernon@benstrat.com

[THIS TEXT CAN BE CUSTOMIZED]

Do you have any dependents? Yes No

STEP 2: Add Dependents to the system

- Enter your dependent's information and click **Add to List** to add this dependent. Repeat this step for each eligible dependent you would like to add.
- If you would like to order dependent cards, the dependent must be entered here



Dependents

steps: 1 2 3 4 5 6

First Name: * Sampe
Middle Initial:
Last Name: * Dependent
Social Security Number: 003030003
Birth Date: * (mm/dd/yyyy) 1/1/2011
Gender: * Female Male
Full Time Student: * Yes No
Relationship: Dependent

Eligible Dependents

Name	SSN	Relationship
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STEP 3: Review Plan Rules

- Your employer has listed important plan rules you should be aware of before you enroll. Read these rules carefully.
- Check **I have read and understand the rules** for each plan

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.

2018 OE TEST

- I cannot change my election during the Plan Year *unless* I have a qualifying change in family status.
- My Social Security benefits may be reduced by my election due to the pre-tax treatment of these expenses.
- I must make my elections carefully and conservatively in accordance with my employer's twelve month Plan Year.
- Any money unclaimed in my reimbursement account(s) at the end of the run out period will be forfeited. I will *not* receive it back.

I have read and understand the [2018 OE TEST rules](#)

STEP 4: Make Plan Elections

- Enter your annual election for each plan in which you want to enroll within the "Max Employee Election" as indicated to the right of the box
- Would you like an estimate of your tax savings based on your elections? Simply click the **Calculate** button

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.

	Company Contributions	Your Election	Max Employee Election
Flex Spending Account		2000.00	
HRA	\$600.00	Enrolled	
Total election for the year:		\$2,000.00	
Total tax savings for the year*:		\$600.00	
Estimated per pay period deduction:		\$38.46	

STEP 5: Select the payment method for reimbursement


- If you select Direct Deposit, you must complete the direct deposit set up.
- If you want to order a new card or reactive existing card you must select FlexExpress Debit card and an **alternate reimbursement method**.

Payment Method

steps: 1 2 3 4 5 6

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

- Check**
All completed claims received will be scheduled for payment or denied within 3-5 business days. Please allow at least 5 business days following the schedule of payment for receipt of payment.
- Direct Deposit**
All completed claims received will be scheduled for payment or denied within 3-5 business days. We cannot guarantee overnight posting of direct deposit to your bank account. Direct deposits may take three to four business days from the date of payment processing at Benefit Strategies to actual posting in your account.
- FlexExpress Debit Card**
Pay for your qualified expenses directly out of your plan account with the Debit Card. Substantiation may be required after purchase. *An annual fee may be assessed to your account for this option.



benefit strategies SAMPLE
4000 1234 5678 9010
12/15
BENNY CARDMAN VISA DEBIT

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 6: Complete your enrollment

- Make sure you click submit to complete enrollment

Enrollment Elections Edit Information

	Employee Contribution	Company Contribution
2018 OE TEST	\$2,000.00	
Total Election for the year: \$2,000.00		
Estimated per pay period reduction : * \$38.47		

* Begins on the first pay date of the Plan Year.

Method of Reimbursement Edit Information

You have chosen **Check** as your method of payment.

Questions?
 Contact Consumer Relations Team at: (603) 647-4666 or toll free at: (888) 401-3539 or info@benstrat.com

STEP 7: Print Enrollment Confirmation

- Keep all enrollment information for your personal records

Enrollment Confirmation

Please print this page for your records

Plan	Company Contribution	Employee Contribution	Estimated Per Paycheck Reduction
2020 HCFA		\$2,500.00	\$104.17
Total Estimated Reductions Per Paycheck : * \$104.17			

* 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 chosen to be reimbursed by Check.

The payroll deduction to fund your spending accounts will begin on 7/9/2019 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 7/1/2019. All claims must be filed for expenses incurred while you are a participant, within the plan year 7/1/2019 - 6/30/2020

You will receive a confirmation email with instructions on how to file a claim, check your account balance, and obtain additional information about your pre-tax benefit plans. You can also view this information now by downloading the [Next Steps](#) document.

Print