

Guide to FSA Web Enrollment

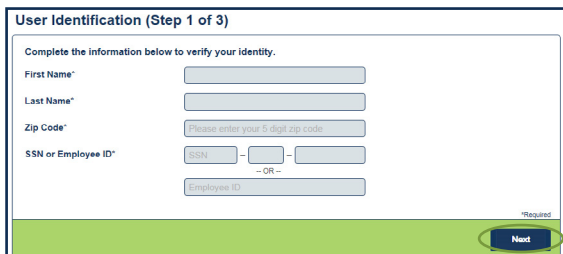
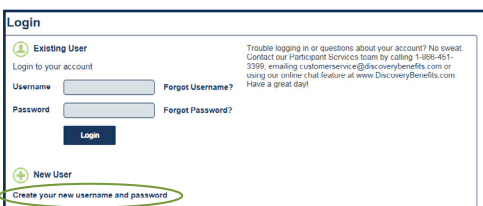
ENROLLING IN AN FSA

Discovery Benefits takes great pride in providing superior service and we look forward to working with you. If you have any questions during this process, please contact our Participant Services team at 866-451-3399.

Step 1: To log in to your consumer portal, go to www.DiscoveryBenefits.com and click the “Login” button in the upper right-hand corner of the screen. Then, select Reimbursement Accounts.

Step 2: Choose the login option that applies to you:

- If you currently have access to the Discovery Benefits consumer portal, continue to use your same username and password for open enrollment.
- If you are accessing the Discovery Benefits consumer portal for the first time, select the “Create your new username and password” link and complete the user identification fields on the following page. Then, select “Next.”



- Select and answer the security questions. Then, click “Next.”
Note: You will be prompted to answer security questions when completing certain functions within the portal.
- A temporary username will auto-populate. Double click on the auto-populated username to personalize it. Then, select “Submit.” **Note:** Keep record of your personalized username and password. Discovery Benefits does not store this information.

Step 3: Once you have successfully logged in to your consumer portal, select the “Enroll Now” link to begin enrollment.

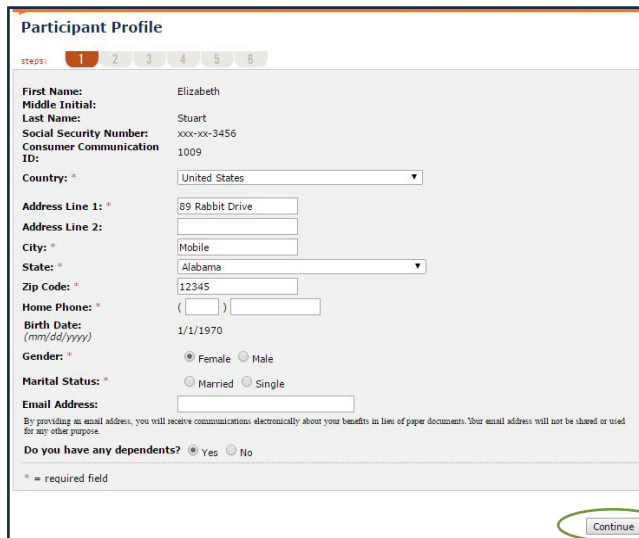


Step 4: Select “Begin Your Enrollment Now.”



Guide to FSA Web Enrollment, continued

Step 5: Verify/update your personal information. Then, select “Continue.”



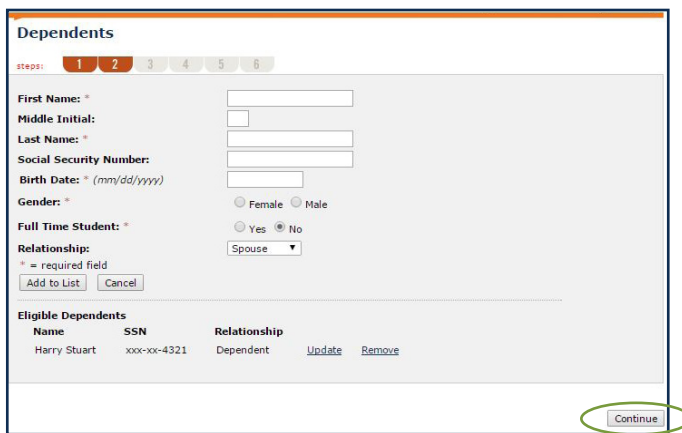
Participant Profile

steps: 1 2 3 4 5 6

First Name: Elizabeth
Middle Initial:
Last Name: Stuart
Social Security Number: xxx-xx-3456
Consumer Communication ID: 1009
Country: * United States
Address Line 1: * 89 Rabbit Drive
Address Line 2:
City: * Mobile
State: * Alabama
Zip Code: * 12345
Home Phone: * ()
Birth Date: (mm/dd/yyyy) 1/1/1970
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: Enter any applicable dependent information and select “Add Dependent.” Repeat this step for each eligible dependent you would like to add. Then, select “Continue.”



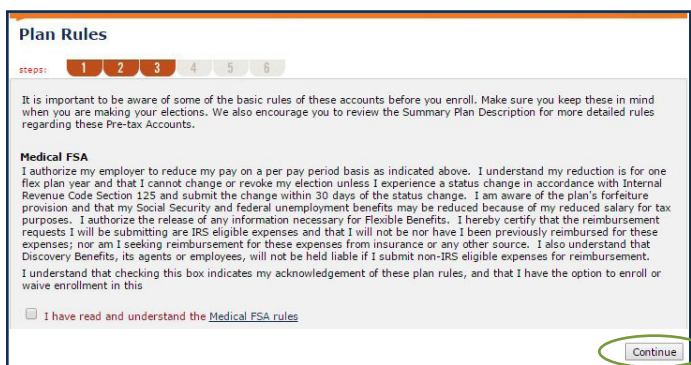
Dependents

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: Spouse
* = required field
Add to List Cancel
Eligible Dependents
Name SSN Relationship
Harry Stuart xxx-xx-4321 Dependent Update Remove

Continue

Step 7: Your employer has listed important plan rules you should be aware of before you enroll. Read these rules carefully. Select the box indicating you have read and understood the rules for each plan. Then, select “Continue.” **Note:** You must agree to all plan rules prior to continuing.



Plan Rules

steps: 1 2 3 4 5 6

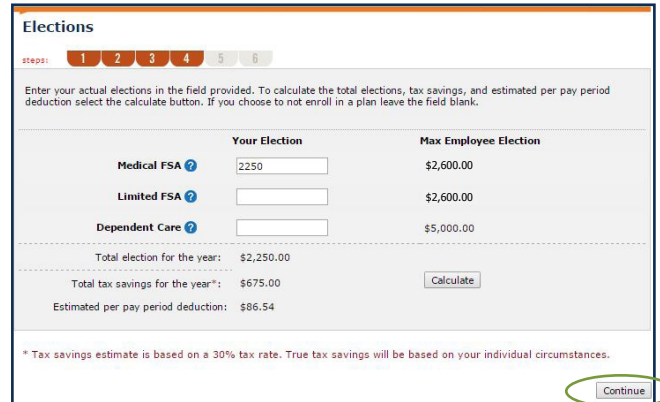
It is important to be aware of some of the basic rules of these accounts before you enroll. Make sure you keep these in mind when you are making your elections. We also encourage you to review the Summary Plan Description for more detailed rules regarding these Pre-tax Accounts.

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

Continue

Step 8: Enter your annual election for each plan in which you want to enroll, up to the max employee election indicated. If you wish to estimate your tax savings, select “Calculate.” Then, select “Continue.”



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 ?	2250	\$2,600.00
Limited FSA ?		\$2,600.00
Dependent Care ?		\$5,000.00

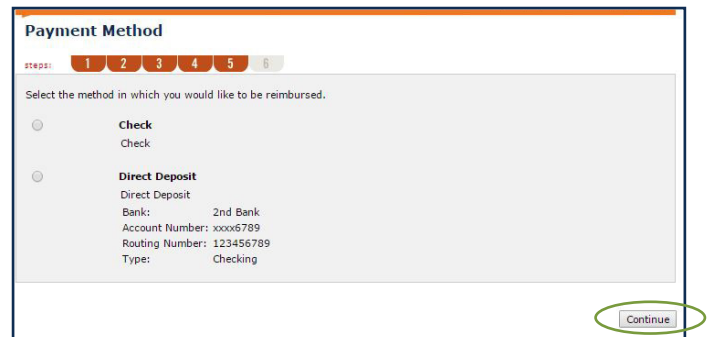
Total election for the year: \$2,250.00
Total tax savings for the year*: \$675.00
Estimated per pay period deduction: \$86.54

Calculate

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

Continue

Step 9: Choose your preferred method for reimbursement. **Note:** If your employer does not offer the debit card, select either check or direct deposit as your preferred reimbursement method. Then, select “Continue.”



Payment Method

steps: 1 2 3 4 5 6

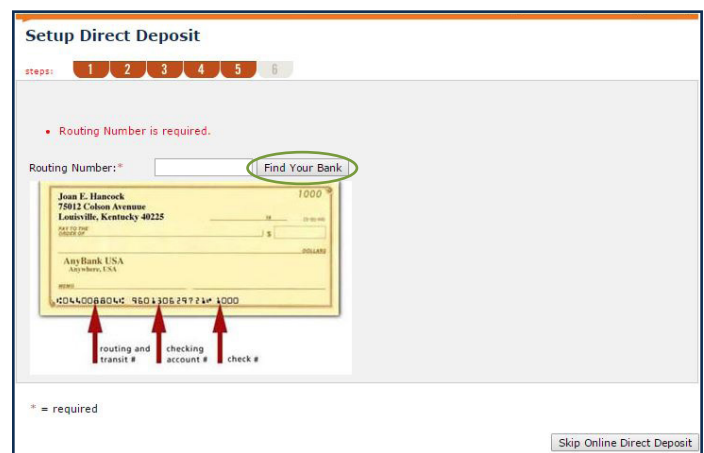
Select the method in which you would like to be reimbursed.

☐ Check
Check

☐ Direct Deposit
Direct Deposit
Bank: 2nd Bank
Account Number: xxxxx6789
Routing Number: 123456789
Type: Checking

Continue

Step 10: 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 is required.

Routing Number: * Find Your Bank

Joan E. Hancock
7812 Colon Avenue
Louisville, Kentucky 40225

Any Bank USA
Anywhere, USA

routing and transit # checking account # check #

* = required

Skip Online Direct Deposit

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Step 11: 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: 010101010 [Change Your Bank](#)

Account Number:

Confirm Account Number:

Account Type:

Account Nickname:

Bank Name:

Street Address:

City:

State:

Zip Code:

* = required

[Continue](#)

Step 12: Select “Update Bank Account.” Bank account verification will be required. You will need to confirm the amount of deposit made to your bank account to activate your account.

Update Bank Account

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.

[Update Bank Account](#) [Cancel](#)

Step 13: 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.

Enrollment Verification

steps: 1 2 3 4 5 6

You must click submit at the bottom of this page to complete your enrollment.

Profile [Edit Information](#)

Name: Samantha Test
Social Security Number: xxx-xx-6789
Address: 12345 Test Street
Testville, ND 12345 United States
Home Phone: (111) 222-3333
Birth Date: 7/1/1987
Gender: Female
Marital Status: Married
Email Address:
Do you have any dependents? No

Dependents [Edit Information](#)

No dependents specified.

Enrollment Elections [Edit Information](#)

	Employee Contribution	Company Contribution	Auto File Health Care Claims?
Medical FSA 01/01/2016-12/31/2016	\$2,250.00		No
Total Election for the year:	\$2,250.00		
Estimated per pay period reduction:	\$86.54		

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

Method of Reimbursement [Edit Information](#)

You have chosen **Discovery Benefits Debit Card** as your method of payment.
Your alternate reimbursement method is Check.
Separate debit cards will be issued to the following dependents:
No dependent debit cards issued

[Submit](#) [Cancel](#)

Step 14: Print the Enrollment Confirmation page for your records. This page verifies that your enrollment is complete.

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 01/01/2016-12/31/2016		\$2,250.00	\$86.54
Total Estimated Reductions Per Paycheck: * \$86.54			

* 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 1/8/2016 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 1/1/2016. All claims must be filed for expenses incurred while you are a participant, within the plan year 1/1/2016 - 12/31/2016

[Print](#)

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

Participant Services Hours of Operation	6:00 a.m. to 9:00 p.m. CST Monday-Friday
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