WealthCarePortal

A Guide to Online Enrollment

WealthCare Portal

Register | Login

My Accounts | Resources | Employers

Navigation

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About Us

Login

Take advantage of all the Resources

- CDH Account Access

If You Have Registered Enter Your User ID/Name and Click continue.

- Submit Claims Online
- WealthCare Mobile

AMERICAN BENEFITS GROUP

ⓘUser Name:

Continue

LEARN MORE

Support

Password is entered on next page.

New User? Please click here to register.

If You Have Not Registered - You Will Need To Register

Employers/HR Administrators - Please click here to login. First time logging in? Please contact us for your username and password.

Access your Account
Already enrolled? Click here to access

FSA Resources
Click here to learn more about

HRA Resources
Click here to learn more about Health

TIP: Bookmark This Page

You Will Be Taken To Your Benefit Account Summary

WealthCarePortal

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myFlexResource AMERICAN BENEFITS GROUP

JOSEPH BAGSTOCK | Logout

Choose the Enrollment Tab

My Accounts	Debit Card	Communications	My Profile	Enrollment	Resources

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Navigation

- Benefit Account Summary
- Benefit Account Details
- Transaction History
- Submit A Claim
- Reimbursement Settings
- Pending Claims
- Claims Crossover Preference
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- Announcements
- Forms & Documents
- Contact Us
- My Expenses

Benefit Account Summary

Plan Year: **Current** ▼   Select Account: **All** ▼

Dependent Care Account

Plan Year	Annual Election	Total Contributions	Additional Deposits	Payments	Balance	Details
01/01/2012 - 12/31/2012	$5,000.00	$1,666.64	$0.00	$0.00	$1,666.64	View Details

Flexible Spending Account

Plan Year	Annual Election	Total Contributions	Additional Deposits	Payments	Balance	Details
01/01/2012 - 12/31/2012	$2,500.00	$833.36	$0.00	$784.67	$1,715.33	View Details

Online Enrollment

If your company offers online enrollment you will access it here.
Choose **Get Started**.

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Open Enrollment

HSA Enrollment Eligibility

Learn more about my plan options

Enrolling Online

You can enroll online in a tax-advantaged benefit account offered by your employer. Please refer to the open enrollment materials provided to you by your employer. You may be able to enroll online by simply entering your employerID or your employer will provide you with instructions on how to setup a user account, login and then enroll online.

Get Started

Online Enrollment

Any plans which are available for online enrollment will be listed here.

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Open Enrollment

For additional information on consumer driven and tax-advantaged benefit accounts, please visit our **Educational Resources**.

Open Enrollment occurs once a year. Any plans available for enrollment will be listed below.

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 800-499-3539 or support@amben.com.

Plan Name	Plan Year	Open Enrollment Date
Dependent Care Account	6/1/2012 - 5/31/2013	4/26/2012 - 5/31/2012

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 Name	Plan Year	Election	Dependents	Status	Action
Dependent Care Account	06/01/12 - 05/31/13	$0.00	No	New	Enroll Now | Waive Now

Enroll or Waive Enrollment For Each Benefit Plan

Online Enrollment

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Open Enrollment

For additional information on consumer driven and tax-advantaged benefit accounts, please visit our **Educational Resources.**

Please verify/update your demographic information. You are also able to add or update your dependent information by selecting the tab "Dependents".

Here is a Checklist of all information you should have on-hand:

1. Your address as well as your dependent's address
2. Your contribution or Annual Election Amount
3. Your Broker ID (if applicable)
4. If you are applying for an HSA, you need the following additional information:
   a. Driver's License Number
   b. Mother's Maiden Name
   c. Citizenship Status
   d. Beneficiary Name, Address, and Social Security Number

**Your demographic information will be updated at the end of the open enrollment period.

Participant Demographics

Demographics

First Name*:	Fred
Initial:	
Last Name*:	Flintstone
Date of Birth:	4/1/1982	(mm/dd/yyyy)
SSN:	000000023

Update/Confirm Your Demographics Hit Save Then Next

Previous   Save   Next

Online Enrollment - *Continued*

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Open Enrollment

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Please enter your election amount for the plan.

Here is a Checklist of all information you should have on-hand:

1. Your address as well as your dependent's address
2. Your contribution or Annual Election Amount
3. Your Broker ID (if applicable)
4. If you are applying for an HSA, you need the following additional information:
    a. Driver's License Number
    b. Mother's Maiden Name
    c. Citizenship Status
    d. Beneficiary Name, Address, and Social Security Number

**Your demographic information will be updated at the end of the open enrollment period.

Account Details

Plan Description: Dependent Care Account

Plan Start Date: 6/1/2012

Plan End Date: 5/31/2013

Annual Election:

Per Period Contribution	X	Remaining Contributions	=	Annual Election
0.00	X	26	=	0.00

☑ I hereby agree that my cash compensation will be reduced by the amounts I have elected on a per pay-period basis during the plan year. I understand that I must use all my Flexible Benefit contributions for eligible medical expenses or forfeit them. This agreement is subject to the terms of the Company's Section 125 Plan, as amended from time to time.

[Previous] [Save] [Next]

Enter Your Per Pay Period Contribution or Annual Election The System Will Calculate For You

Enter Your Per Pay Period Contribution or Annual Election The System Will Calculate For You

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HSA Enrollment Eligibility

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Enrollment Application

Plan Description:	Limited Purpose FSA
Plan Start Date:	12/1/2012
Plan End Date:	8/31/2013

cational Resources.

Participant Demographics

Name:	ANTHONY J CHUZZLEWIT
Billing Address:	1 Fake St Northampton, MA 01060 United States
Card Shipping Address:	Same as Billing Address
Phone:	
Email:	ebonney@amben.com
Date of Birth:	3/15/1960
Gender:	Male
Marital Status:	None
Social Security Number:	022523786
Driver's License Number:	
Mother's Maiden Name:	

Edit

Account Details

Annual Election:	$1,800.00

Edit

Submit Application

You Will See An Overview Of Your Demographics and Elections. You Must Submit The Application For It To Be Complete

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Open Enrollment

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Open Enrollment occurs once a year. Any plans available for enrollment will be listed below.

Enrollment Complete

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

Done

This Is Your Confirmation Page. You Can Make Changes To Your Election Amounts Up Until The End Open Enrollment Date

Resources

The Resources tab offers a wealth of information including Videos, Tools and Calculators, Forms, Resource links and FAQs. They are organized by account type.
You will also find some company specific information under the
Information About My Benefits and ***My Plan's Forms and Documents***.

Find Out About WealthCare Mobile

My Accounts   Resources   Employers

Contact Us

Your thoughts and opinions are valuable tools in our effort to improve the service you receive. Please take a minute to let us know about your experiences with American Benefits Group myFlexResource.

You may contact your Administrator by sending an email to us or contacting us at the number below:

Phone:
800-499-3539

Email:
support@amben.com

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Support

You can now enter a Support request by choosing the **Support** tab in the right margin.

To view your request history you may signup at support.myflexresouce.com, all requests will be grouped with relevant correspondences and are searchable.