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## HR / Employer Administration Manual

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NOTE: This manual provides web links to files which will be updated as needed, therefore you should always use the links when accessing these files.



## Contact

### Hours of Operation

American Benefits Group is located in Northampton, Massachusetts. Our office hours are 8.30am - 5.00pm EST, Monday through Friday. Participants can also call 800-499-3539 and select option 2 from the menu after the introductory message, to reach a customer service representative.

Participants can check their account information 24 hours a day, 7 days a week by logging into their account online at [www.amben.com/wealthcare](http://www.amben.com/wealthcare) or through the **ABG WealthCare Mobile App** available for iOS (iPhone) and Android – download links for the App in the iTunes and Google Play stores can be found here: ([www.amben.com/WealthCareMobile.html](http://www.amben.com/WealthCareMobile.html)).

### ABG Contacts

Bob Cummings	<a href="mailto:rcummings@amben.com">rcummings@amben.com</a>	x21100	CEO & Managing Principal, New Business
Clodagh Parker	<a href="mailto:cparker@amben.com">cparker@amben.com</a>	x21800	COO & Director of Flexible Compensation Services
Jennifer West	<a href="mailto:jwest@amben.com">jwest@amben.com</a>	x24200	AVP of Operations
Ian Michael	<a href="mailto:imichael@amben.com">imichael@amben.com</a>	x22800	IT Director, File Integration
Lara Fidalgo	<a href="mailto:lfidalgo@amben.com">lfidalgo@amben.com</a>	x25900	COBRA & Direct Billing Manager
Elizabeth Bonney	<a href="mailto:ebonney@amben.com">ebonney@amben.com</a>	x24100	Sales & Marketing Manager
Tammy Teehan	<a href="mailto:tteeahan@amben.com">tteeahan@amben.com</a>	x21900	Executive Sales Administrative Support
Kelly Daniel	<a href="mailto:kdaniel@amben.com">kdaniel@amben.com</a>	x23000	Senior Client Relationship Manager
Bob Wilson	<a href="mailto:bwilson@amben.com">bwilson@amben.com</a>	x77225	Senior Account Manager
Kymberly Starker	<a href="mailto:kstarker@amben.com">kstarker@amben.com</a>	x22700	Account Manager
Kelsey McGiff	<a href="mailto:kmcgiff@amben.com">kmcgiff@amben.com</a>	x77213	Account Manager

### Emailing ABG

[processing@amben.com](mailto:processing@amben.com)

- Status changes: New hires, Terminations
- Direct Deposit forms
- Additional card requests

[support@amben.com](mailto:support@amben.com)

- Questions about plans
- Login issues
- Employer account management

[COBRAsupport@amben.com](mailto:COBRAsupport@amben.com)

- For all COBRA related questions and processing

[COBRAsupport@amben.com](mailto:COBRAsupport@amben.com)

[claims@amben.com](mailto:claims@amben.com)

- Questions about existing claims
- Submitting documentation

ABG HUB System Email [noreply@amben.com](mailto:noreply@amben.com)

Renewal notifications, Important Compliance Information

#### IMPORTANT

Communications from all of these email addresses and [noreply@amben.com](mailto:noreply@amben.com) should be allowed so they won't be caught by your Fire walls or SPAM filters.

my ABG HUB - American Benefits Group  
([noreply@amben.com](mailto:noreply@amben.com))



## Administrator Processes

### Payroll Deductions

If you are submitting a payroll file, ABG requires a file be sent for each pay period. All deposits submitted to ABG in a payroll file will be loaded to employee's accounts within 2 business days of receipt of file (90% of files are processed within one business day). ABG must receive payroll files for HSAs and Commuter Benefits.

Alternatively, for FSAs you can provide ABG with your payroll calendar. ABG will assume the per pay period contributions in the WealthCare system.

### Funding Bank Accounts

M&I Bank will conduct an initial \$1.00 debit/credit pre-note on your account to verify it is ready for transactions.

The pre-note will show on your bank statement as "MED-I-Bank or M & I Bank"– Company ID 1383261866

### Debit Card Transactions

Funds are drafted by the card company, on a daily basis, from the employer's designated bank account. A daily email notification is sent to employer contacts from [noreply@alegeus.com](mailto:noreply@alegeus.com) with a title of "Daily Settlement Activity," these emails will provide notification of the amount being drafted from the employer account. ABG also schedules weekly Employer Disbursements Report, this report will provide you with the details of the daily drafts. Since there is no pre-funding requirement for the debit card transactions, it is the employer's responsibility to ensure sufficient funds are maintained in this account.

- Card transactions are pulled on a daily basis – two drafts occur on Mondays or after a holiday
- Debits will show on your bank statement as "MED-I-Bank or M & I Bank"– Company ID 1383261866
- Sufficient funds need to be available for these drafts (there is a \$50 fee for insufficient funds).

### Debit Card Information

Participants use the card to pay for eligible expenses at valid locations and sophisticated IIAS (Inventory Information Approval System) technology separates eligible and ineligible items at point-of-sale and provides for automatic debit-card substantiation for eligible transit and parking expenses.

### Manual Claims Reimbursement Processing

Payments for manual parking claims submitted to our office are paid on a weekly basis. Payments for claims received by noon on Friday are processed for payment on Tuesday and the totals for the manual transactions and the card transactions will be reflected in the weekly Employer Disbursements report. You can expect to see those amounts draft out of your bank account each Wednesday (the entry on your bank statement will read American Benefits Group).

To view the manual claim details you should run the Employer Disbursements Report which will reflect Direct Deposit payments and Check Reimbursements (if applicable) as well as the Card transactions for the requested period.

- Manual claims are reimbursed weekly on Tuesdays and appear as a debit on your account on Wednesdays
- Manual claims appear as "Claim Pmt" from American Benefits Group – Company ID 9165530001



## Ongoing Eligibility & Sending Files

**IMPORTANT:** Please note that for all your Reimbursement Accounts, unless you have:

1. Established an Ongoing Eligibility File with ABG (a connection between your HRIS or payroll vendor and our IT Department), and
2. You have received confirmation that this file is in production from ABG's IT Department, then...

You must notify American Benefits Group of all new enrollments, terminations, or election changes. American Benefits Group will process your reimbursement account changes in our system upon notification and you will receive notice once the item has been processed. Please allow two business days for processing of any requests.

To ensure compliance with HIPAA and PHI regulations please make sure that all requests are emailed in an encrypted manner. If your company does not offer email, ABG can provide you with a link to our SharePoint secure server. Please reach out to ABG if you would like us to set you up.

**Notify American Benefits Group at [processing@amben.com](mailto:processing@amben.com) when your group has any of the following events:**

### Mid-plan year elections for New Hires

Complete the applicable benefit election or enrollment form and email it to [processing@amben.com](mailto:processing@amben.com) in using secure email\*.

You can find all our Enrollment/Election Forms here . . . <https://www.amben.com/employers-forms.html>

If you have more than 3 new hires at any one time please use our [Enrollment Submission Spreadsheet \(XLS\)](#) instead of the PDF form to submit these enrollments

### Terminations for employees who lose coverage or who separate employment

Complete our and [Employee Termination Form](#) submit to [processing@amben.com](mailto:processing@amben.com)

### Election Changes, for employees who experience a Qualifying Life Event

Complete our [Status Change Form](#) and submit to [processing@amben.com](mailto:processing@amben.com)

## Reconciliation

**Daily settlement report**--this is not a report that can be run on an ad hoc basis, it is emailed daily from [support@alegeus.com](mailto:support@alegeus.com). This email notification will be sent daily even if there are no transactions for that day—on Monday there will be a draft for Friday and Saturdays. The daily settlement notification shows the total of all debit card transactions for that day which were drafted as one amount from the employer's designated bank account.

**Employer Disbursements Report (EDR)** (Search: Reports/Settlement/Employer Disbursement Reports) this report provides the employer with a record of all reimbursements from their accounts, the claim type column denotes the type of reimbursement that was processed on the employer's bank account:

- **"Card"** denotes all debit card transactions. These transactions will appear on your bank statement marked as Med-I-Bank and the amount will be equal to the total of all "Card" transactions with the same "Settlement Date."
- **"Direct Deposit"** denotes all reimbursements for manual claims that were drafted from the employer accounts and deposited directly to the participant's bank account. These items will appear on your bank account marked as "American Benefit Claim Pmt" and the amount will be equal to the total of all "Direct Deposit" transactions with the same "Settlement Date."
- **"Check"** denotes all reimbursements for manual claims that were issued as checks on your bank account. These checks will be presented for payment on your account by the participant
- **"POS Refund"** denotes all purchase returns/charge backs for debit card transactions. These items will appear as deposits to your account and if there were any card transactions that settled on the same day, the amount on your bank statement would show the net of the "card" transactions and the "POS Refunds" for that settlement date.
- **"Manual Refund"** denotes either an employee payback for an ineligible expense—paybacks are deposited to your bank account at the beginning of the month following the date they were processed. Alternatively, this amount could also represent an adjustment made to a participant's account, in which case there may be no transaction on your bank account. Please reach out to ABG for extra details if you see these transactions.

The **EDR** also shows which Plan Type the reimbursement was made from and can be run by plan year, or for "all plan years" in a specific date range—this will allow you to determine which portion of an expense was assigned to which plan year (this is important when offering a grace period or the carryover provision).

**Enrollee Account Balance (EAB)** (Search: Reports/Enrollees/Enrollee Account Balance Report)—*scheduled to run once per month*. This report shows the aggregate status for each employee's benefit for that plan year:

- The annual election
- Employee Deposits YTD payroll contributions
- Total Disbursed--YTD Disbursements
- Forfeiture Balance—the difference between the YTD contributions and the total disbursements
- Available Balance—the difference between the annual election and the total disbursements for health FSAs and the difference between the YTD contributions and total disbursements for DCAP, parking and transit and some HRA benefits
- Balance Due—these are card transactions that were paid for but for which either:
  - ABG was not provided with a complete receipt, invoice, or EOB, or
  - The invoice/EOB submitted by the plan participant indicated that the expense was not eligible. *These items should be repaid to the plan, unless a receipt showing that they are eligible can be provided, or a manual claim is submitted for an eligible expense and can be used to offset the ineligible expense.*



### **End of plan year reconciliation:**

Before doing a final reconciliation at the end of your plan year, ABG recommends that you wait for at least two weeks after the end of the run-out period for that plan year. This allows for all claims that were submitted by the last day of the plan year to be reviewed and processed by claims processors. Plan run-out dates are usually very busy and plan participants tend to wait until the last day for submitting run-out claims before submitting. In addition, ABG will process claims that have been sent in by US mail with a post mark on the envelope of the last day of the run-out period.

Approximately the third week after the last date to submit run-out claims, you should run the **“Enrollee Account Balance Report”** using the following search parameters:

- **Plan Year:** “Previous,”
- **Plan Date:** “the date range of the plan year directly prior to the current plan year (the plan year you are reconciling),”
- **Account Type:** The specific accounts you are reconciling.

The column on the Enrollee Account Balance Report marked “Forfeiture Balance” should provide you with the amount that is being forfeited to your group’s plan. You may use plan forfeitures to offset plan administrative fees. However, before final determination of forfeiture amounts you will need to take into account the following:

- Total contribution amounts made for terminated employees—when ABG uses “assumed calendars” these amounts may not be reconciled to the actual amounts that your group had deducted from the employee at the time of termination.
- Amounts appearing in the “Balance due” column—*see details on Balance Due below.*

### **Balance Due**

The column marked “Balance Due” shows card transactions for which the employee was requested to: 1. Provide additional documentation and

2. For which ABG either did not receive this documentation, or the documentation showed that the transaction was ineligible.

Consequently, “Balance Due” represent amounts that need to be repaid to the employer and as such, which will impact the “Forfeiture Balance” column. Employees who have amounts in the “Balance Due” column will have been sent a series of letters (and emails if email address was provided) instructing them to provide additional documentation and, finally, informing them that the transaction is ineligible and must be repaid to ABG (ABG processed repayments and sends the amounts back to the employer).

When an employee has an ineligible debit card transaction:

- Their debit card is deactivated until the transaction has been resolved and
- Any eligible manual claims that are submitted during this period are automatically “off-set” against the ineligible transactions (this means that instead of reimbursing the participant for the eligible claims, the amount is automatically off-set against the ineligible card transaction).—This process only occurs during the active plan year when these transactions occurred.

With the commencement of a new plan year, all eligible manual claims submitted for the new plan year will no longer be used to offset the ineligible card transaction from the prior plan year, but the debit card will remain inactive until the transaction has been resolved.

**How should you (the employer/plan sponsor) resolve “Balance Due” transactions after the end of the plan year?**—Per the summary plan description *and* the debit cardholder agreement “balance due” amounts can be handled as follows:

- Withhold all ineligible amounts from the employee’s Pay. **or**
- Include amounts in gross income as taxable “wages.”
- Advise ABG when this action has been taken so that we can reactivate the card and adjust the employee’s account.





## Scheduled Reports

American Benefits Group offers many reports which can be run on an ad-hoc basis using Employer Plan Administrator access. Members of your organization being provided with access to the WealthCare Administration System should be either designated as a privacy officer, or have been cleared for access to PHI (Protected Health Information) per HIPAA requirements.

ABG automatically schedules the following reports as we have found they are the most useful:

### **Enrollee Account Balance**

(Monthly by default, on the 1<sup>st</sup> of every month; can be run ad-hoc with Employer Plan Administrator access)

The Enrollee Account Balance report provides administrators with a list of all participants detailing: Account Status, Annual Election, Contributions Year to Date (Employee and Employer), Deposits, Total Year to Date Disbursements, Plan Forfeiture Balance, and Balance Due.

[https://amben.com/demos/Reports/EnrolleeAccountBalance\\_Report.pdf](https://amben.com/demos/Reports/EnrolleeAccountBalance_Report.pdf)

### **Employer Disbursements Report**

(Weekly by default, every Wednesday, also Monthly on the 1<sup>st</sup> of every month; Can be run ad-hoc with Employer Plan Administrator access)

The Employer Disbursements Report provides transaction detail on debit card transactions (for those employers who offer the ABG Benefit Card), reimbursed manual claims, and refunds. The transaction data returned gives administrators a consolidated, accurate report of all spending activity for an employer group. Employers can use this report to reconcile all claim activity for a specified timeframe.

<https://amben.com/demos/Reports/EmployerDisbursementsReport.pdf>

### **Employer Account Reconciliation Report**

(Monthly by default, on the 1<sup>st</sup> of every month; Can be run ad-hoc with Employer Plan Administrator access)

The Employer Account Reconciliation Report provides a daily overview of all debits and credits to an Employer Account in BPS. The report can be requested for a specific time period and will display daily totals of employer deposits, manual claims, and POS transactions against an Employer Account during that period. In addition, the report will also display a beginning and ending Employer Account balance.

[https://www.amben.com/demos/Reports/EmployerAccountReconciliationReport\\_Sample.pdf](https://www.amben.com/demos/Reports/EmployerAccountReconciliationReport_Sample.pdf)

*(For employers offering the ABG benefit debit card):*

### **Settlement Activity Notification email**

(Daily; cannot be run ad-hoc – however there are alternative reports if needed)

The Settlement Activity Notification email shows the total drafted on the previous day from your employer bank account for debit card transactions. It does not contain individual transaction detail (for detailed transaction information, see the Bank Transaction Reconciliation report below). Following a Sunday or banking holiday, the Settlement Activity Notification will show all activity for two days prior rather than one day prior.

<https://amben.com/demos/Reports/DailySettlementEmail.pdf>

**PLEASE NOTE: If no manual claim reimbursements and/or card transactions occurred within the time period covered by the Employer Disbursements Report, the system will result in a report file with only “No Rows Returned” as the content.**





## WealthCare Employer Plan Administrator Set-up

### Plan Administrator Access

Individuals designated as a *Billing Contact* will be sent invoices via email for the benefits we administer for your organization.

Please indicate for each contact if they should have Portal Plan Administrator Access (\* see note), be scheduled to receive reports, and whether they are a billing contact who should receive invoices.

**At least one person should be indicated with a ✓ in each column in the table below:**

**Administrator Access:** ABG can provide access to our WealthCare Administration system for Employer Plan Administrators. Those being provided with access should either have been designated as a privacy officer, or have been cleared for access to Protected Health Information (PHI) per HIPAA requirements.

**For Administrators who ABG does not receive file feeds for, write access can be given for adds, terms and changes.**

**Scheduled Reports** include information about account balances, debit card transactions and claim reimbursements.

Scheduled reports in the system do not contain PHI or Personal Information (PI).

		Administrator Access	Scheduled Reports
Primary HR: _____ Email: _____	Title: _____ Tel: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Payroll: _____ Email: _____	Title: _____ Tel: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Billing/Finance: _____ Email: _____	Title: _____ Tel: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Broker Contact: _____ Email: _____	Title: _____ Tel: _____	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No
COBRA Administrator Name: _____		<input type="checkbox"/> ABG	
COBRA Mailing Address, City, State, Zip: _____			

The designated Plan Administrator for your company (generally a person in the Human Resources department) must authorize the assignment of Employer Plan Administrator access to the WealthCare Portal to any other individual in your organization, this is due to the ability granted by the Employer Plan Administrator access to view Protected Health Information (PHI) of fellow employees. See the WealthCare Portal Employer Access paragraph above for more detail.



## Customization

### Company Logos

For best results, please provide your logo with the following specifications: a logo height no greater than 90px and a logo width no greater than 300px. Logos can be supplied as a .JPG, .GIF, or .PNG file.

Will you be providing a logo? ☐ Yes ☐ No

Your logo will appear here when participants are logged in.

The screenshot shows the 'Personal Dashboard' interface. At the top, there is a navigation bar with a 'MENU' button, the 'AMERICAN BENEFITS GROUP WealthCarePortal' logo (circled in red), and the text 'Personal Dashboard'. To the right of the logo are links for 'FSA Store', 'Marketplace', and 'Notifications'. Below the navigation bar is a dashboard grid. The first row contains a profile card for 'CHRISTOPHER ANDERSON' with a '60% COMPLETE' progress bar, and five action cards: 'MOBILE PHONE' (Register your phone), 'EMAIL' (044635@NOVITEK.COM), 'REIMBURSEMENT METHOD' (CHECK), and 'ALERTS' (YOU HAVE OPTED INTO 12 ALERTS). Below this are two widget boxes. The 'Try ABG Smart Mobile' box promotes the app on Google Play and the App Store. The 'Card Transaction Documentation Request' box provides instructions on how to submit a claim. The 'My Accounts' box shows a balance of \$168.90 for a 'Transit - NO CASH REIMBURSEMENT' plan.

**Try ABG Smart Mobile**

Google play Available on the App Store

If you are on your mobile device using an internet browser, you will have unexpected results accessing your account. Please download our Smart Mobile App.

**Card Transaction Documentation Request**

If you received a Documentation Request for a card transaction **DO NOT SUBMIT A CLAIM**. Go to **Claims > Claim Activity** > Find the transactions which needs documentation and click the "Add Receipt" button on the right.

**My Accounts - Click Down Arrows to View More**

Plan years to show: ☐ Previous ☒ Current ☐ Future

Transit - NO CASH REIMBURSEMENT

**\$168.<sup>90</sup>**

● Balance \$168.<sup>90</sup>

### Announcements

ABG can post an announcement to your employees in the WealthCare portal. It would appear in a widget box like those displayed above. Please allow ABG 5-7 working days to process these requests. Additional fees may apply.



## Participant Communications

### Communication Methods

Participants will receive communications in some or all of the following ways:

**Email** – We send many communications through email, so we encourage all clients collect participant emails and include them in any demographic files provided to us. If participants do online enrollment an email address will be required.

**WealthCare Mobile** – Participants who have registered in the WealthCare Portal can access their accounts using the mobile app for IOS and Android devices. Participants can view communications using the mobile app.

**Text Messaging** – Participants can register their mobile phones. Once registered they will receive various communications and have the ability to text “bal” and receive their current account balances.

**Mailed Letter** – There are some communications which will be sent to participants through traditional mail.

### Commuter Account Communications

Below are the communications which American Benefits Group offers. You will see a brief description below of each communication and how they are sent.

Samples of these communications are provided on following pages.

Communication	Description	Email	Mail	Online	Frequency	Opt-in	Opt-out
Account Renewal / Opening	Account Opening Confirmation, Plan Information	X		X	Yearly	<input type="checkbox"/>	
Account Balance Statement	Account Details, Plan Dates, Login Instructions, links to resources	X			Monthly	<input type="checkbox"/>	
Card Mailed	Typically 2-3 days after it is ordered	X		X	Daily		<input type="checkbox"/>
Card Package	Mailed Benefits Card package, includes brochure		X		Once	N/A	N/A
<b>Event Based Notifications</b>							
Card Lost Stolen	When card is re-ordered by participant or ABG	X		X	Immediate	<input type="checkbox"/>	
Deposit Received	By plan, when a participant receives a deposit	X		X	Immediate	<input type="checkbox"/>	
Direct Deposit Account Change	Sent when ABG or participant edits or adds	X		X	Immediate	N/A	N/A
Employee Username Change	Sent when ABG changes Username	X		X	Immediate	<input type="checkbox"/>	
<b>Parking Claim Notifications</b>							
Claim Denial	When claim is ineligible		X		Daily	N/A	N/A
Manual Claim Entered	When ABG adjudicates claim	X		X	Daily	N/A	N/A
Participant Claim Entry	Confirmation of participants online claim	X		X	Immediate	N/A	N/A
Processed for Payment	When ABG processes claim for reimbursement	X			Weekly	N/A	N/A



**Enrollee Welcome Email** - We have many versions of this communication, including custom client

**From:** [noreply@amben.com](mailto:noreply@amben.com)

**Subject:** Reimbursement Account Confirmation

**Description:** Emailed the day after ABG online enrollment ends, or when participants are added into ABG's WealthCare System.



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Administrator Name: American Benefits Group  
Administrator Address: PO Box 1209  
Employer Name:  
Participant Name:

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Account Details

---

Type	Start Date	End Date	Effective Date
Transit	04/01/2022	3/31/2023	04/01/2022

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## Welcome to American Benefits Group!

This is a confirmation of your Commuter benefit opening or renewal through your employer. See Plan above. If you have both a Transit and a Parking benefit, you will receive a confirmation for each benefit.

View important plan information by clicking this link . . . [Commuter Benefits](#)

### About the ABG Benefits Card

Please note your Card does not expire for three years [Learn More](#)

[Install the WealthCare Mobile App](#)

[Signup for Text Messaging](#)

### WealthCare Portal Login Instructions

- Browse to [www.amben.com/WealthCare](http://www.amben.com/WealthCare)
- For First Time Registration
  - In the upper right choose REGISTER
  - Follow the instructions and enter all the required information
  - Username must be 6-12 characters (alphanumeric)
  - Password must be 8-16 characters (follow the provided criteria)
  - Registration ID - **[EmployerID]** (your Employer ID)
  - Employee ID is your Soc. Sec. (with no hyphens)

Keep a record of your username, password and answers to security questions for future use.

American Benefits Group | [support@amben.com](mailto:support@amben.com) | Tel: 800-499-3539 | Fax: 877-723-0147



## Account Balance Statement - Monthly Statement

**From:** [noreply@amben.com](mailto:noreply@amben.com)

**Subject:** Monthly Commuter Account Statement

**Description:** Emailed on the first day of each month, if participants are added mid-month they will receive a communication the day after they are entered.



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Administrator Name: American Benefits Group  
Administrator Address: PO Box 1209  
Employer Name:  
Participant Name:

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### Account Details

Type	Start Date	End Date	Run Out Date	Election	Total Contributions	Disbursements	Balance
Transit	04/01/2022	03/31/2023	03/31/203	\$3,360	\$672	\$500	\$172

### Your Monthly Reimbursement Account Statement

For more account information and to file claims online log into the [WealthCare Portal](#). If you have never logged into the **WealthCare Portal** follow the login instructions below. Once logged in you may view transactions, file claims and more.

Please note that the Start Date is the plan start date, you may have a different effective date (the day you were eligible to begin using your benefit).

### WealthCare Portal Login Instructions

- Browse to [www.amben.com/WealthCare](http://www.amben.com/WealthCare)
- For First Time Registration
  - In the upper right choose **REGISTER**
  - Follow the instructions and enter all the required information
  - **Username** must be 6-12 characters (alphanumeric)
  - **Password** must be 8-16 characters (follow the provided criteria)
  - **Registration ID** - choose Employer ID from the Drop-down [find your employer ID](#)
  - **Employee ID** is your Soc. Sec. (with no hyphens)

Keep a record of your username, [password](#) and answers to security questions for future use.

*Access Account Information and File a Claim Online using the WealthCare Mobile App for smart phones and tablets*

[Install the Smart Mobile App](#)

[Signup for Text Messaging](#)

American Benefits Group | Tel: 800-499-3539 | [support@amben.com](mailto:support@amben.com) | [www.amben.com/commuter](http://www.amben.com/commuter)



## Card Mailed

**From:** [noreply@amben.com](mailto:noreply@amben.com)

**Subject:** Your American Benefits Group Benefits Card Has Been Mailed

**Description:** Emailed once the card is mailed (2-3 days after it was ordered)



<b>Administrator Name:</b>	<b>American Benefits Group</b>
<b>Administrator Address:</b>	<b>PO BOX 1209</b>
	<b>Northampton , MA 010611209</b>
<b>Employer Name:</b>	<b>Employer Name</b>

**Card Mailed Address:**

**Participant Name**  
**Participant Address**  
**City, State Zip**

<b>Card #</b>	<b>Card Mailed Date</b>	<b>Shipping Method</b>
XXXXXXXXXXXX0000	9/16/2013	Standard - U.S. Mail

Your **ABG Benefits Card** has been mailed. Please note that it will arrive at your address within 5-7 business days in a non-descript double-window white envelope. Please be careful not to throw this out.

Please note your **ABG Benefits Card** does not expire for three years (if you renew your benefit in the next plan year, new funds will be loaded to the card).

If you have any questions or concerns, please contact us at:

**American Benefits Group**

Tel: 800-499-3539

Fax: 877-723-0147

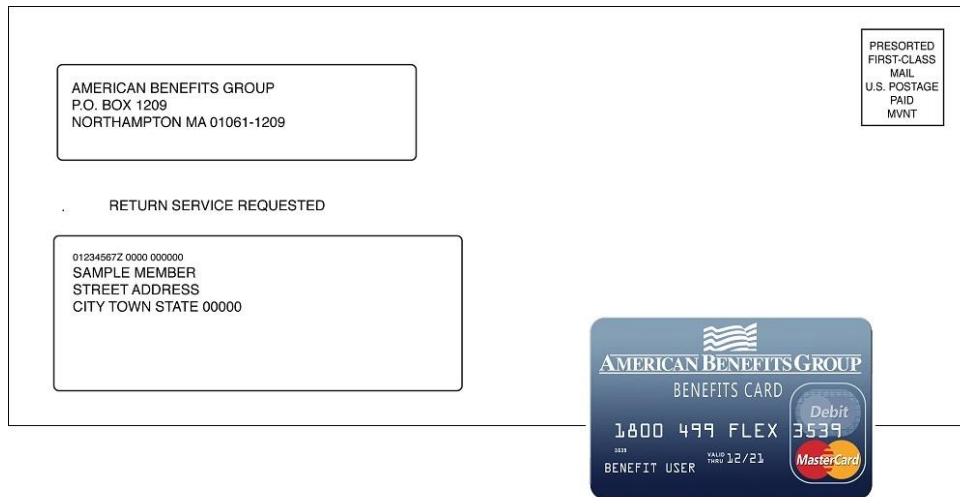
[support@amben.com](mailto:support@amben.com)





## Card Package

### Envelope and Card sample



### Card Carrier - Front

AMERICAN BENEFITS GROUP  
P.O. BOX 1209  
NORTHAMPTON MA 01061-1209

*See Reverse Side for Cardholder Agreement*

9BG35RZ1 0025 002177  
BBTEST1 BBTEST4  
40TH STREET  
APT 9H  
NEW YORK NY 10016

Your Benefits Debit MasterCard® is provided to you by your Employer under a Benefit Plan as allowed by the IRS under applicable Sections of the U.S. Tax Codes and/or in conjunction with a Health Savings Account established by you.

**CARD USES**  
You may use the Card only at qualified locations for eligible products and services under your Employer's Benefit Plan or Health Savings Account Custodial Agreement. The Benefits Card may be linked to a:

- Flexible Spending Account (FSA)
- Health Savings Account (HSA)
- Health Reimbursement Arrangement (HRA)
- Dependent Care Account (DCA)
- Transit/Parking Account

Some examples of eligible locations for usage of the Card may include, but are not limited to: hospitals, physician offices, dental offices, vision services locations, pharmacies, and parking and mass transit. Some examples of eligible products and services may include: Co-pays at pharmacies as well as the doctor's or dentist's office, prescription drugs, medical devices such as hearing aids and diabetic supplies, eye glasses, contact lenses, mass transit and much more!

Over-the-counter drugs and medicines are eligible only when prescribed by a doctor. Check with your Plan Administrator or Employer for specific eligibility and reimbursement process.

REMEMBER to keep all your receipts in case they are requested by your Plan Administrator, Employer, or in the case of an HSA, the IRS. Questions related to your Benefits Card or benefit account(s) should be directed to your Plan Administrator or Employer. This card cannot be used at any ATM or to obtain cash. This card is issued by The Bancorp Bank pursuant to license from MasterCard International Incorporated. The Bancorp Bank is not a party to the Benefit Plan or to other plan documents. They are not a fiduciary with respect to the Benefit Plan and are not responsible for the plan documents or the administration of your Benefit Plan. MasterCard is a registered trademark of MasterCard International Incorporated.

**HOW TO USE YOUR BENEFITS CARD**

1. Read the front and back of this form carefully, record your Card number on this form and retain it for your records.
2. Sign the back of your Card before using it.
3. Your Benefits Card will be activated upon first usage. You do not need to call to activate your Card. At the point of sale terminal, if you are offered a choice, select the "CREDIT" option to sign your purchase receipt. You may be prompted to enter a PIN. If you do not have it, ask the merchant to process the transaction so that you may sign the receipt instead.
4. Retain all itemized receipts and documentation. If requested by your Plan Administrator, Employer, or in the case of an HSA, the IRS, you are obligated to submit your receipts to prove expenses are eligible under your Benefit Plan and applicable IRS regulations. Failure to submit receipts /documentation may result in:
  - a) the expense being deemed ineligible in which case you would be obligated to repay the amount to the Benefit Plan; and/or
  - b) immediate suspension or revocation of your Benefits Card; and/or
  - c) taxable payroll deductions by your Employer of the ineligible expense; and/or
  - d) taxable gross income being subject to an additional tax on that amount (check with your Administrator for details).
5. Call the number on the back of your card to obtain up-to-date account balance information, to report your Card lost or stolen, and/or to find out how to get your PIN.

**WRITE YOUR BENEFITS CARD NUMBER HERE**

69020M002

*Please sign your new Benefits Card immediately. Your Benefits Card is not valid until you sign it!*



## Card Carrier – Back

### Cardholder Agreement IMPORTANT – PLEASE READ CAREFULLY

#### My Use-of-Card Promises

For each benefits account such as a flexible spending account (FSA), health reimbursement arrangement (HRA), dependent care account (DCA), transit/parking benefits account and/or a health savings account (HSA) plan(s) ("Plan") where you are enrolled to use your Benefits Debit MasterCard ("Card"), you certify that you will only access your Plan account for payment of qualifying expenses under that Plan. You acknowledge that you have received and reviewed guidelines on the expenses that are qualifying expenses under the Plan, and you agree to follow these guidelines. You also agree and affirm that any expense you pay with the Card will not be submitted (and has not been submitted previously) for reimbursement to any other plan or program of benefit coverage. Further, you agree to save all invoices and receipts for any expense you pay with the Card and, upon request, to submit these documents to your Plan Administrator. You acknowledge that in order to process certain Card transactions it may be necessary to disclose information regarding your participation in the Plan to third party service providers (such as benefits administrators that determine pharmacy and/or medical benefits under group health plans).

The promises, requests and consents above will be considered "My Use-of-Card Promises," and you understand that your acceptance of these (by activation of the Card) and your reliance on them has created a binding contractual commitment on your part regarding your use of the Card. You also understand that you will renew and reaffirm My Use-of-Card Promises each time you use or permit the Card to be used for payment.

**Terms and Conditions/Definitions for your Benefits Debit MasterCard**  
This document constitutes the agreement ("Agreement") outlining the terms and conditions under which this benefits Card ("Card") has been issued to you. By accepting and using the Card, you agree to be bound by the terms and conditions contained in this Agreement. "Card" means the Benefits Debit MasterCard issued to you by The Bancorp Bank, Wilmington, Delaware. "Issuer" means The Bancorp Bank or its depository institution affiliate. The Issuer is an FDIC insured member institution. "Reimbursement Account" means the records maintained to account for the value of claims associated with the Card. "You" and "your" mean the person or persons who have received the Card and are authorized to use the Card as provided for in this Agreement. "We," "us," and "our" mean the Issuer, our successors, affiliates or assignees. "Plan Sponsor" means your employer or the institution who is sponsoring your benefit plan ("Benefit Plan"). "Plan Administrator" means your employer or an agent for your Plan Sponsor to assist in the administration of your Benefit Plan. The Card is a device that may be used to access one or more benefits accounts such as a flexible spending account (FSA), health reimbursement arrangement (HRA), dependent care account (DCA), transit/parking benefits account and/or a health savings account (HSA), depending on what your Plan Sponsor offers. This Agreement governs the relationship between you and us regarding your Card, and our services related to the Card. The types of benefits that are available to you under your plan documents, the limitations on those benefits, and the qualifications to participate in the Benefit Plan, are governed by other documents, including plan documents that your Plan Sponsor has provided to you. Either the Plan Sponsor or Plan Administrator will determine what accounts are available to you, your spouse and/or dependents. We are not a party to the Benefit Plan or those other plan documents. We are not a fiduciary with respect to the Benefit Plan and are not responsible for the plan documents or the administration of your Benefit Plan.

You acknowledge and agree that the amount available for Card use is limited to the amount available in your Reimbursement Account(s).

You agree to sign the back of the Card immediately upon receipt. The expiration date of the Card is identified on the front of your Card. The Card is a prepaid card. The Card is not convertible in any way to any checking or savings account. The Card is not a credit card. The Card is not for resale. You will not receive any interest on your funds in a Reimbursement Account. The Card will remain the property of the Issuer and must be surrendered upon demand. The Card is nontransferable and it may be canceled, repossessed or revoked at any time without prior notice subject to applicable law. Our business days are Monday through Friday, excluding federal holidays, even if we are open. Write down your Card number and the customer service phone number provided in your Benefit Plan document or on the back of your Card on a separate piece of paper in case your Card is lost, stolen, or destroyed. Please read this Agreement carefully and keep it for future reference.

#### Authorized Users

You are responsible for all authorized transactions initiated and fees incurred by use of your Card. If you permit another person to have access to your Card or Card number, we will treat this as if you have authorized such use and you will be liable for all transactions and fees incurred by those persons. You are wholly responsible for the use of each Card according to the terms and conditions of this Agreement.

#### Dependent Cards

If you are the primary cardholder, you may request a Card for one or more dependents if allowed under your Benefit Plan. You remain liable for any and all usage of any dependent Cards you authorize.

#### Loading Your Card

You may not load funds to your Reimbursement Account(s), called "value loading." Only your Plan Sponsor or Plan Administrator may add additional funds to your Reimbursement Account. You will have access to your funds upon activation.

#### Using Your Card Features

The maximum amount that can be spent on your Card per day is the maximum value of your Card, which is the lesser of the value available in each Reimbursement Account linked to your Card or \$10,000.00.

You may use your Card to purchase eligible goods or services at selected merchants ("Qualified Expenditures"), such as health care, dependent care, and transit merchants everywhere Debit MasterCard® or NYCE® are accepted as long as you do not exceed the value available in your Reimbursement Account. Qualified Expenditures are defined by your plan documents provided by your Plan Sponsor. If you use the Card for any purpose other than a Qualified Expenditure, you may be subject to taxes, penalties, fines or surcharges according to applicable federal and state law. Your Plan Sponsor, the Plan Administrator, the Internal Revenue Service ("IRS") or any other competent jurisdiction will make the determination of Qualified Expenditures. We have no responsibility to make such determination. If you use the Card for Non-Qualified Expenditures, you indemnify us and hold us harmless for any penalties or other consequences that may occur as a result of such use. If you use, continue to use or attempt to use the Card for Non-Qualified Expenditures, you may be assessed a penalty and/or your Card may be revoked. You agree to reimburse your Plan for Non-Qualified Expenditures. To the extent that you fail to reimburse your Plan, you authorize your Plan Sponsor or Plan Administrator to collect from you personally, or withhold such Non-Qualified Expenditures, including taxes, penalties, fines or surcharges, from your payroll to the extent permitted by law. Some merchants do not allow cardholders to conduct split transactions where you would use the Card as partial payment for goods and services and pay the remainder of the balance with another form of legal tender.

Any preauthorization amount will place a "hold" on your available funds until the merchant sends us the final payment amount of your purchase. Once the final payment amount is received, the preauthorization amount on hold will be removed. It may take up to five (5) days for the hold to be removed. During the hold period you will not have access to the preauthorized amount. If you use your Card number without presenting your Card (such as for a mail order, telephone, or Internet purchase), the legal effect will be the same as if you used the Card itself. For security reasons, we may limit the amount or number of transactions you can make with your Card. Your Card cannot be redeemed for cash. You may not use your Card for online gambling or any illegal transaction.

Upon any purchase via a point-of-sale terminal, mail order, telephone order or other purchase transaction, the balance of your Reimbursement Account or HSA will be reduced by the amount of such purchase as determined by your Plan Administrator. The use of your Card to purchase goods and services from merchants is treated as a claim against your Reimbursement Account or HSA, as appropriate.

Each time you use your Card, the amount of the transaction and any applicable fees, will be deducted from the appropriate available balance(s) in your Reimbursement Account or HSA, as determined by your Plan Administrator. You are not allowed to exceed the available amount through an individual transaction or a series of transactions. Nevertheless, if a transaction exceeds the available balance, you shall remain fully liable for the amount of the transaction and any applicable fees. If you believe that a transaction was deducted from the incorrect plan account, contact your Plan Administrator.

You do not have the right to stop payment on any purchase or payment transaction originated by use of your Card. You may not make preauthorized regular payments from your Card. If you authorize a transaction and then fail to make a purchase of that item as planned, the approval may result in a hold for that amount of funds for up to five (5) days.

#### Personal Identification Number, Cash Access, and ATM Use

You will receive a Personal Identification Number ("PIN") with your Card. However, you may contact your Plan Sponsor or Plan Administrator for instructions on how to obtain a PIN for your Card. You may not use your Card to obtain cash from an Automated Teller Machine ("ATM"), Point-of-Sale ("POS") device, or by any other means. You may not use your Card at an ATM. For security reasons, we may limit the number of consecutive PIN failures allowed.

You should not write or keep your PIN with your Card. Never share your PIN with anyone. When entering your PIN, be sure it cannot be observed by others and do not enter your PIN into any terminal that appears to be modified or suspicious. If you believe that anyone has gained unauthorized access to your PIN, you should advise your Plan Administrator immediately following the procedures in the paragraph labeled "Your Liability for Unauthorized Transfers."

#### Returns and Refunds

If you are entitled to a refund for any reason for goods or services obtained with your Card, you agree to accept credits to your Card for such refunds and agree to the refund policy of that merchant. If you have a problem with a purchase that you made with your Card, or if you have a dispute with the merchant, you must handle it directly with the merchant.

#### Card Replacement

If you need to replace your Card for any reason, please contact your Plan Administrator at the phone number printed in your plan document or on the back of your Card to request a replacement Card. There may be a fee for replacing your Card.

#### Expiration

Unless terminated, your Card will expire on the last day of the month printed on your Card; however, your ability to pay for products and services may end sooner than the Card expiration date depending on your enrollment status in your Benefit Plan.

#### Charges Made in Foreign Currencies

If you make a purchase in a currency other than the currency in which your Card was issued, the amount deducted from your funds will be converted by MasterCard International Incorporated into an amount in the currency of your Card. The exchange rate between the transaction currency and the billing currency used for processing international transactions is a rate selected by MasterCard International Incorporated from the range of rates available in wholesale currency markets for the applicable central processing date, which may vary from the rate MasterCard International Incorporated itself receives, or the government-mandated rate in effect for the applicable central processing date. If you make a purchase in a currency other than the currency in which your Card was issued, the Issuer may assess this foreign currency conversion fee of 1% of the transaction amount.

#### Receipts

You should get a receipt at the time you make a transaction using your Card. You agree to retain, verify, and reconcile your transactions and receipts.

#### Card Account Balance/Periodic Statements

You may determine your Reimbursement Account balance or review any transaction by calling your Plan Administrator at the number printed in your plan document or on the back of your Card. Contact your Plan Administrator or HSA custodian to determine the balance in your HSA.

**NOTICE TO CARDHOLDERS WITH AN HSA.** All questions about transactions made with your Card must be directed to your Plan Administrator. We will not send you a periodic statement listing transactions that you make using your Card. The transactions will appear only on the statement issued by your bank or other financial institution.

#### Confidentiality

We may disclose information to third parties about your Card or the transactions you make: 1) Where it is necessary for completing transactions; 2) In order to verify the existence and condition of your Card for a third party, such as a merchant; 3) In order to comply with government agency, court order, or other legal reporting requirements; 4) If you give us your written permission; 5) To our employees, auditors, affiliates, service providers, or attorneys as needed; or 6) Otherwise as necessary to fulfill our obligations under this Agreement.

#### Our Liability for Failure to Complete Transactions

If we do not properly complete a transaction from your Card on time or in the correct amount according to our Agreement with you, we will be liable for your losses or damages. However, there are some exceptions. We will not be liable, for instance: 1) If through no fault of ours, you do not have enough funds available on your Card to complete the transaction; 2) If a merchant refuses to accept your Card; 3) If an electronic terminal where you are making a transaction does not operate properly, and you knew about the problem when you initiated the transaction; 4) If access to your Card has been blocked after you reported your Card lost or stolen; 5) If there is a hold or your funds are subject to legal or administrative process or other encumbrance restricting their use; 6) If we have reason to believe the requested transaction is unauthorized; 7) If circumstances beyond our control (such as fire, flood, or computer or communication failure) prevent the completion of the transaction, despite reasonable precautions that we have taken; 8) If your Plan Sponsor did not add Funds to your Reimbursement Account in a timely manner; or 9) Any other exception stated in our Agreement with you.

#### Your Liability for Unauthorized Transfers

Contact your Plan Administrator at once if you believe your Card has been lost or stolen. Telephoning is the best way to minimize your possible losses. If you believe your Card has been lost or stolen, or that someone has transferred or may transfer money using your Card without your permission, call your Plan Administrator at the phone number printed in your plan document. Under MasterCard Rules, your liability for unauthorized MasterCard transactions on your Card Account is \$0.00 if you report the loss, theft, or unauthorized use to your Plan Administrator within two (2) business days and you exercise reasonable care in safeguarding your Card from loss, theft, or unauthorized use. This reduced liability does not apply if a PIN is used as the method of verification for a disputed transaction or if you have reported two (2) or more incidents of unauthorized use in the immediately preceding twelve (12) month period. If you notify your Plan Administrator within two (2) business days of any unauthorized transactions, you can lose no more than \$50.00 if someone used your Card without your permission. If you do not notify your Plan Administrator within two (2) business days of any unauthorized charges, you may be liable for the full amount that was lost, stolen, or transferred.

To avoid any loss if someone uses your Card without your permission, contact your Plan Administrator immediately.

Also, if you become aware of and/or your statement shows transactions that you did not make, notify your Plan Administrator at once following the procedures stated in the paragraph labeled "Information About Your Right to Dispute Errors." If you do not notify your Plan Administrator in writing within sixty (60) days after you become aware of the transaction and/or after the statement was made available to you, you may not get back any value you lost after the sixty (60) days if the Plan Administrator can prove that they could have stopped someone from taking the value if you had notified the Plan Administrator in time and you are grossly negligent or fraudulent in the handling of your Card. If your Card has been lost or stolen, we will permanently deactivate your Card to keep losses down and your Plan Administrator may issue a new Card.

#### Other Terms

Your Card and your obligations under this Agreement may not be assigned. We may transfer our rights under this Agreement. Use of your Card is subject to all applicable rules and customs of any clearinghouse or other association involved in transactions. We do not waive our rights by delaying or failing to exercise them at anytime. If any provision of this Agreement shall be determined to be invalid or unenforceable under any rule, law, or regulation of any governmental agency, local, state, or federal, the validity or enforceability of any other provision of this Agreement shall not be affected. This Agreement will be governed by the law of the State of Delaware except to the extent governed by federal law.

#### Amendment and Cancellation

We may amend or change the terms and conditions of this Agreement at any time. You will be notified of any change in the manner provided by applicable law prior to the effective date of the change. However, if the change is made for security purposes, we can implement such change without prior notice. We may cancel or suspend your Card or this Agreement at any time. You may cancel this Agreement by returning the Card to us. Your termination of this Agreement will not affect any of our rights or your obligations arising under this Agreement prior to termination.

Your Plan Sponsor and/or you have the right to suspend or terminate a Card. You must surrender a cancelled, revoked or terminated Card to your Plan Sponsor. Your Card will be suspended if you (or an individual authorized by you) fail to use the Card in the manner it was intended. You will receive notification telling you why your Card is "suspended" and giving corrective instructions to reverse the suspension. A suspended Card can be reactivated after you take corrective action. Your Card may be suspended for inappropriate and/or abusive transactions including, but not limited to, purchase of clearly Non-Qualified Expenditures, purchases for ineligible individuals, providing Card access to inappropriate individuals, or delinquent claim submission to document transactions, and failure to make necessary fund replacements in your Reimbursement Account.

Your Card will be terminated if you lose eligibility status for your Reimbursement Account. Such a status change may include an employment status change or your Plan Sponsor no longer offering such accounts. We may also suspend or terminate your Card if your Plan Sponsor (if you or an individual authorized by you) repeatedly fail to use your Card in the manner it was intended. You will receive notice if your Card is terminated.

#### Information About Your Right to Dispute Errors

In case of errors or questions about your transactions, or you need more information about a transaction call your Plan Administrator. You must contact your Plan Administrator no later than sixty (60) days after the date of the transaction in question. 1) Provide your name and Card number. 2) Describe the error or the transaction you are unsure about, and explain why you believe it is an error or why you need more information. 3) Provide the dollar amount of the suspected error.

If you provide this information orally, you may be required to send your complaint or question in writing within sixty (60) calendar days of the date of the transaction in question. A determination will be made whether an error occurred within sixty (60) calendar days after you notify your Plan Administrator and any error will be corrected promptly. If more time is needed, however, your Plan Administrator may take up to ninety (90) days to investigate your complaint or question. If your Plan Administrator decides to do this, you will be notified verbally or in writing. If you are asked to put your complaint or question in writing and you do not provide it within sixty (60) calendar days of the date of the transaction in question, your Card may not be credited. For errors involving new Cards, POS transactions, or foreign-initiated transactions, your Plan Administrator may take up to ninety (90) days to investigate your complaint or question. If it is determined that an error has occurred, the transaction in error will be corrected upon completing the investigation. You will be told the results within three (3) business days after completing the investigation. If it is decided that there was no error, you will be sent a written explanation. Copies of the documents used in the investigation may be obtained by contacting your Plan Administrator at the phone number or address listed in your plan document.

#### English Language Controls

Any translation of this Agreement is provided for your convenience. The meanings of terms, conditions and representations herein are subject to definitions and interpretations in the English language. Any translation provided may not accurately represent the information in the original English.

#### Customer Service

For customer service or additional information regarding your Card, please contact your Plan Administrator at the phone number or address listed in your plan document.

**No Warranty Regarding Goods or Services as Applicable.** We are not responsible for the quality, safety, legality, or any other aspect of any goods or services you purchase with your Card.

This Cardholder Agreement is effective 04/2013







## Commuter Deposit Received

**From:** noreply@amben.com

**Subject:** You Received a Deposit in Your Commuter Account

**Description:** Emailed when deposits are processed



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Administrator Name: American Benefits Group  
Administrator Address: PO Box 1209  
Employer Name:  
Participant Name:

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### Account Details

---

Type	Start Date	End Date	Deposit Date	Deposit Amount	Balance
Transit	1/1/2022	12/31/2022	3/1/2022	\$280.00	\$560.00

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As shown above, a deposit has been made to the account and your balance has been updated.

### **NO CASH REIMBURSEMENT FOR TRANSIT EXPENSES!**

**Pre-tax limits for 2022 Commuter Transit & Parking is \$280 each.** Transit funds are forfeited upon termination of employment.

For more account information and to file claims online log into the [WealthCare Portal](#). If you have never logged into the **WealthCare Portal** follow the login instructions below. Once logged in you may view transactions, file claims and more.

You can now use your ABG Benefits Card to pay for uberPOOL and Lyft Line Rides.

[Learn More uberPOOL](#)

[Learn More Lyft Line](#)

### WealthCare Portal Login Instructions

- Browse to [www.amben.com/WealthCare](http://www.amben.com/WealthCare)
- For First Time Registration
  - upper right choose REGISTER
  - Follow the instructions and enter all the required information
  - **Username** must be 6-12 characters (alphanumeric)
  - **Password** must be 8-16 characters (follow the provided criteria)
  - **Registration ID** - choose **Employer ID** ([Find Employer ID](#))
  - **Employee ID** is your Soc. Sec. (with no hyphens)

Keep a record of your username, password and answers to security questions for future use.

[Important Information about Commuter Accounts](#)

[How To File A Parking Claim](#)

American Benefits Group | Tel: 800-499-3539 | [support@amben.com](mailto:support@amben.com) | [www.amben.com/commuter](http://www.amben.com/commuter)



## Manual Claim Entered

**From:** claims@amben.com

**Subject:** Your Manual Claim Has Been Entered

**Description:** This email goes out once a claim has been adjudicated by a claims administrator. The communication is customized according to the type of reimbursement option each company offers.



<b>Administrator Name:</b>	American Benefits Group
<b>Administrator Address:</b>	PO BOX 1209 Northampton, MA 01061-1209
<b>Employer Name:</b>	
<b>Participant Name:</b>	
<b>Participant ID:</b>	

### Manual Claim Details

<u>Service Start Date</u>	<u>Claim Amount</u>	<u>Transaction Type</u>
11/5/2013	\$75.00	Claim
11/12/2013	\$75.00	Claim
11/19/2013	\$75.00	Claim
9/23/2013	\$25.00	Claim

**American Benefits Group** has entered your claim for reimbursement. Eligible claims received in our office by noon on Fridays, will be processed on the following Tuesday. Direct deposit funds\* generally will be in participant's bank the next day, however, your bank may take up to three business days to process. If you do not have direct deposit you will receive your reimbursement directly from your employer.

**\*As part of our effort in achieving a 100% paperless office we encourage you to receive your reimbursements directly into your bank account.** Not only is direct deposit environmentally friendly, but it will also allow you to receive your reimbursements in a more timely and efficient manner. Rather than waiting for a reimbursement from your employer, a Direct Deposit will result in next day payment. To set-up Direct Deposit, log into the WealthCare Portal at [www.amben.com/WealthCare](http://www.amben.com/WealthCare), click Reimbursement Settings under the My Account tab, here you can add or edit your direct deposit bank account information.

Alternatively, you can complete and sign the [Direct Deposit Authorization Form](#), send (along with a copy of a cancelled check) to American Benefits Group:

Fax: 877-723-0147  
Email: [processing@amben.com](mailto:processing@amben.com)  
Mail: American Benefits Group, PO Box 1209, Northampton, MA 01061

Please know that your payment information is fully protected and confidential.

American Benefits Group Claims Department  
Tel: 800-499-3539  
Fax: 877-723-0147  
Email: [claims@amben.com](mailto:claims@amben.com)



### Claim Processed

**From:** claims@amben.com

**Subject:** Your Reimbursement Has Been Processed

**Description:** This example shows an ineligible claim, the account is an HRA which is used for deductible expenses only, and this claim was not for a deductible expense.



Participant Name  
Participant Address  
Employer: Employer Name

**Account:** [HRA] [1/1/2012 - 12/31/2012]

**Claim #:** 20120822-00

**Tracking #:** DATAPATH

Service Dates	Description	Claim Amount	Amount Not Reimb <sup>1</sup>	Amount Reimb	Manual Claim Codes	Reimb Date	Reimb Type
2/7/2012 - 2/7/2012	DED	\$35.79	\$35.79	\$0.00	DED	N/A	DirectDeposit

Pended Amount Comments:	
Denied Amount Comments:	
Notes:	

#### <sup>1</sup>AMOUNT NOT REIMBURSED SUMMARY

Manual Claim Codes	Description	Amounts
N/A	Total Claim Amount Submitted	\$35.79
N/A	Prior Reimbursed Amount	- \$0.00
	Eligible Amount	= \$35.79
DED	Amount applied to your deductible.	- \$35.79
	Reimbursed Amount	= \$0.00

This letter serves as confirmation that your recently submitted claim has been processed for reimbursement. Depending on your reimbursement method you will see your payment within 3-5 business days.

Please do not hesitate to contact at 800-499-3539 should you have any further questions.

Thank you,

American Benefits Group  
PO BOX 1209  
Northampton, MA 010611209

MAIL TO: [claims@amben.com](mailto:claims@amben.com)



## Employee Account Change Notifications

### Direct Deposit Account Change

**From:** [noreply@amben.com](mailto:noreply@amben.com)

**Subject:** Your Direct Deposit Account Information Has Been Changed



<b>Administrator Name:</b>	<b>American Benefits Group</b>
<b>Administrator Address:</b>	<b>PO BOX 1209</b>
<b>Employer Name:</b>	<b>Northampton, MA 01061-1209</b>
<b>Participant Name:</b>	

Your direct deposit information has been updated. The new account and/or routing number will now be used for future reimbursements. This information can be verified in the WealthCare Portal.

If you have any questions or concern, please contact us at 800-499-3539 or [support@amben.com](mailto:support@amben.com).

Thank you,  
American Benefits Group



**Password Change**

**From:** [noreply@amben.com](mailto:noreply@amben.com)

**Subject:** Your WealthCare Portal Password Has Changed



<b>Administrator Name:</b>	<b>American Benefits Group</b>
<b>Administrator Address:</b>	<b>PO BOX 1209</b>
	<b>Northampton, MA 01061-1209</b>
<b>Employer Name:</b>	
<b>Participant Name:</b>	

Your password for accessing the WealthCare Portal has been reset.

If you have any questions or concern, please contact us at 800-499-3539 or [support@amben.com](mailto:support@amben.com).

Thank you,  
American Benefits Group





## WealthCare Administration System

The WealthCare Administration system has web portals for Consultants, Employer/HR Administrators as well as Participants. Browse to [www.amben.com/wealthcare](http://www.amben.com/wealthcare) - The WealthCare Portal features educational Resources which are available before login. These resources are organized by line of service and include: Videos, Tools & Calculators, Forms & Documents and Frequently Asked Questions. The resources are great decision tools during open enrollment.

### WealthCare Portal (Participant Access) – [View Presentation](#)

**WealthCare Portal** - Once logged in your participants will access account information, submit claims and more.

### WealthCare Admin (Administrator Access)

Designated users will receive an Employer **User ID** and **Password**. If you need to add designated users please fill out the form on page 5 or email [processing@amben.com](mailto:processing@amben.com).

Once logged into the WealthCare Admin System Administrators will have access to the following tabs, **Employer, Employee, Transactions & Reports**. **IMPORTANT:** Please ensure that all employees being provided with **Employer Plan Administrator access** to the WealthCare Portal have either been designated as a privacy officer or have been cleared for access to **PHI (Protected Health Information)** per HIPAA and HITECH Act requirements. For employer contacts that should not have access to PHI, those in your organization with Employer Plan Administrator access will be able to generate reports on their behalf and can select to mask the transaction detail showing merchant information on any reports that contain such information.

#### **Employer** – *Read Only*

Employer Demographics and Employer ID (members will need this code for registration)

#### **Employee** – *Read Only Access*

The Employee Home page shows their status, their WealthCare Portal User ID. This User ID will only show if they have registered in the WealthCare Portal. It also shows their account, election, contributions, total disbursements YTD, balance and balance due (balance due is typically related to ineligible card transactions).

From here you can view the following:

**Demographics** – including: eligibility date, address, email address

**Communications** – which types of communications this participants will receive and how

**Payroll Deposits** – Pending, Future and Posted

**Dependent Demographics**

**Accounts** - View account set-up details for all accounts

**Cards** – for employee and dependents, status, Effective date and Expiration Date

#### **Transactions** – *Read Only Access*

Participant Balance, Deposits and Claims – no provider information is listed. Update the search criteria to specific Account Types, Service Dates, Transaction Types and Statuses.



## Guide to Running Reports

We have created some documents to assist you in running those reports on an ad-hoc basis in the WealthCare Administration System, using Employer Plan Administrator access. Because of potential access to Protected Health Information (PHI), Employer Plan Administrator access will not be available to all report recipients.

Here is a link to a step-by-step guide to running the Enrollee Account Balance and Employer Disbursements Report: [http://www.amben.com/demos/HowTo/Run\\_Reports\\_Index.pdf](http://www.amben.com/demos/HowTo/Run_Reports_Index.pdf)

### Enrollee Account Balance

**(Monthly by default, on the 1st of every month; can be run ad-hoc with Employer Plan Administrator access)**

The Enrollee Account Balance report provides administrators with a list of all participants detailing: Account Status, Annual Election, Contributions Year to Date (Employee and Employer), Deposits, Total Year to Date Disbursements, Plan Forfeiture Balance, and Balance Due.

*Sample:*

Enrollee Account Balance													
Plan Date Range: 7/1/2009 - 6/30/2010													
American Benefits Group-T01340 Demo Group-ABGDEMO										Total Employer Contributions To Date: \$0.00			
Employee Name	Employee ID	Effective/ Termination Date	Employee Status	Payroll Cycle	Annual Election	Employee Deposits	Employer Deposits	Deposits	Other Deposits	Total Disbursed	Forfeiture Balance	Available Balance	Balance Due
Account Type : DCA (Payroll)													
Plan ID : DEM0910													
Brown, Joseph	XXX-XX-3993	7/1/2009 - N/A	New	Semi-Monthly	\$4,999.92	\$3,749.94	\$0.00	\$3,749.94	\$0.00	\$500.00	\$3,249.94	\$3,249.94	\$0.00
Roberts, Julia	XXX-XX-9119	7/1/2009 - N/A	New	Semi-Monthly	\$2,499.84	\$1,874.88	\$0.00	\$1,874.88	\$0.00	\$0.00	\$1,874.88	\$1,874.88	\$0.00
Account Type : FSA (Prefunded)													
Plan ID : DEM0910													
Brown, Joseph	XXX-XX-3993	7/1/2009 - N/A	New	Semi-Monthly	\$600.00	\$450.00	\$0.00	\$450.00	\$0.00	\$100.00	\$350.00	\$500.00	\$0.00
Cool, Joseph	XXX-XX-9979	7/1/2009 - N/A	New	Semi-Monthly	\$1,200.00	\$900.00	\$0.00	\$900.00	\$0.00	\$350.00	\$550.00	\$850.00	\$0.00
Doe, Kirsten	XXX-XX-1313	7/1/2009 - N/A	New	Semi-Monthly	\$2,400.00	\$1,800.00	\$0.00	\$1,800.00	\$0.00	\$150.00	\$1,650.00	\$2,250.00	\$0.00
Green, Rachel	XXX-XX-3573	7/1/2009 - N/A	New	Semi-Monthly	\$999.84	\$749.88	\$0.00	\$749.88	\$0.00	\$0.00	\$749.88	\$999.84	\$0.00
Payton, Walter	XXX-XX-7391	7/1/2009 - N/A	New	Semi-Monthly	\$1,800.00	\$1,350.00	\$0.00	\$1,350.00	\$0.00	\$300.00	\$1,050.00	\$1,500.00	\$0.00
Roberts, Julia	XXX-XX-9119	7/1/2009 - N/A	New	Semi-Monthly	\$720.00	\$540.00	\$0.00	\$540.00	\$0.00	\$25.00	\$515.00	\$695.00	\$0.00
Santos, Nina	XXX-XX-5311	7/1/2009 - N/A	New	Semi-Monthly	\$960.00	\$720.00	\$0.00	\$720.00	\$0.00	\$250.00	\$470.00	\$710.00	\$0.00
Smith, Patricia	XXX-XX-8953	7/1/2009 - N/A	New	Semi-Monthly	\$1,200.00	\$900.00	\$0.00	\$900.00	\$0.00	\$200.00	\$700.00	\$1,000.00	\$0.00
Summers, Susan	XXX-XX-1139	7/1/2009 - N/A	New	Semi-Monthly	\$1,440.00	\$1,080.00	\$0.00	\$1,080.00	\$0.00	\$50.00	\$1,030.00	\$1,390.00	\$0.00
Account Type : HRA (Prefunded)													
Plan ID : DEM0910													
Brown, Joseph	XXX-XX-3993	7/1/2009 - N/A	New	None	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$200.00	(\$200.00)	\$1,300.00	\$0.00
Cool, Joseph	XXX-XX-9979	7/1/2009 - N/A	New	None	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	(\$100.00)	\$1,400.00	\$0.00
Doe, Kirsten	XXX-XX-1313	7/1/2009 - N/A	New	None	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	(\$100.00)	\$1,400.00	\$0.00
<b>Totals For Demo Group</b>				Total: DCA	\$7,499.76	\$5,624.82	\$0.00	\$5,624.82	\$0.00	\$500.00	\$5,124.82	\$5,124.82	\$0.00
				Total Enrollees:	2								
				Total: FSA	\$11,319.84	\$8,489.88	\$0.00	\$8,489.88	\$0.00	\$1,425.00	\$7,064.88	\$9,894.84	\$0.00
				Total Enrollees:	9								
				Total: HRA	\$4,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$400.00	(\$400.00)	\$4,100.00	\$0.00
				Total Enrollees:	3								
<b>Totals For American Benefits Group</b>				Total:	\$23,319.60	\$14,114.70	\$0.00	\$14,114.70	\$0.00	\$2,325.00	\$11,789.70	\$19,119.66	\$0.00



## Employer Disbursements Report (sent from [support@amben.com](mailto:support@amben.com))

(Weekly by default, every Wednesday, also Monthly on the 1<sup>st</sup> of every month; Can be run ad-hoc with Employer Plan Administrator access)

The Employer Disbursements Report provides transaction detail on debit card transactions (for those employers who offer the ABG Benefit Card), reimbursed manual claims, and refunds. The transaction data returned gives administrators a consolidated, accurate report of all spending activity for an employer group. Employers can use this report to reconcile all claim activity for a specified timeframe.

*Sample:*

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	<b>Employer Disbursements Report</b>												
2	<b>American Benefits Group</b>												
3	<b>01/01/2015 - 04/27/2016</b>												
4	<b>Report Generated: 4/27/2016 8:43:31</b>												
5													
6	<b>Employer</b>	<b>Division</b>	<b>Settlement Date</b>	<b>Employee Name</b>	<b>Employee Id</b>	<b>Service Date</b>	<b>Claim Type</b>	<b>Amount</b>	<b>Check Number</b>	<b>Account Type</b>	<b>Plan Id</b>	<b>Plan Start Date</b>	<b>Plan End Date</b>
7	ACME Corporation		01/15/2016	O'Keefe, Georgia	XXX-XX-3456	01/13/2016	Card	\$80.00		FSA	DEMOGROUP	01/01/2016	12/31/2016
8	ACME Corporation		01/15/2016	Borden, James	XXX-XX-6123	01/13/2016	Card	\$31.00		TRN	DEMOGROUP	01/01/2016	12/31/2016
9	ACME Corporation		01/15/2016	Borden, James	XXX-XX-6123	01/08/2016	Manual Refund	(\$204.98)		LPF	DEMOGROUP	01/01/2016	12/31/2016
10	ACME Corporation		01/16/2016	Rockwell, Norman I	XXX-XX-9887	01/14/2016	Card	\$1.25		TRN	DEMOGROUP	01/01/2015	12/31/2015
11	ACME Corporation		01/23/2016	Borden, James	XXX-XX-6123	01/22/2016	Check	\$219.99	167000	FSA	DEMOGROUP	01/01/2016	12/31/2016
12	ACME Corporation		01/23/2016	Leibovitz, Annie	XXX-XX-2222	01/22/2016	Card	\$20.00		FSA	DEMOGROUP	01/01/2016	12/31/2016
13	ACME Corporation		01/25/2016	O'Keefe, Georgia	XXX-XX-3456	01/22/2016	Card	\$40.00		TRN	DEMOGROUP	01/01/2015	12/31/2015
14	ACME Corporation		01/25/2016	Borden, James	XXX-XX-6123	01/22/2016	Card	\$116.50		TRN	DEMOGROUP	01/01/2016	12/31/2016
15	ACME Corporation		01/26/2016	Rockwell, Norman I	XXX-XX-9887	01/25/2016	Card	\$9.00		TRN	DEMOGROUP	01/01/2015	12/31/2015
16	ACME Corporation		01/26/2016	Borden, James	XXX-XX-6123	01/25/2016	Card	\$3.50		TRN	DEMOGROUP	01/01/2015	12/31/2015
17	ACME Corporation		01/26/2016	Borden, James	XXX-XX-1373	01/04/2016	Direct Deposit	\$165.00	166063	PKG	DEMOGROUP	01/01/2016	12/31/2016
18	ACME Corporation		01/27/2016	O'Keefe, Georgia	XXX-XX-3456	01/25/2016	Card	\$31.00		TRN	DEMOGROUP	01/01/2016	12/31/2016
19	ACME Corporation		02/02/2016	Borden, James	XXX-XX-6123	02/01/2016	Card	\$107.00		TRN	DEMOGROUP	01/01/2016	12/31/2016
20	ACME Corporation		02/02/2016	O'Keefe, Georgia	XXX-XX-3456	01/12/2016	Direct Deposit	\$125.00	167136	FSA	DEMOGROUP	01/01/2016	12/31/2016
21	ACME Corporation		02/02/2016	Borden, James	XXX-XX-6123	02/24/2015	Direct Deposit	\$20.00	167137	TRN	DEMOGROUP	01/01/2015	12/31/2015
22	ACME Corporation		02/02/2016	Borden, James	XXX-XX-1373	05/29/2015	Direct Deposit	\$40.00	167137	TRN	DEMOGROUP	01/01/2015	12/31/2015
23	ACME Corporation		02/03/2016	Leibovitz, Annie	XXX-XX-2222	02/01/2016	Card	\$40.00		TRN	DEMOGROUP	01/01/2015	12/31/2015
24	ACME Corporation		02/08/2016	Borden, James	XXX-XX-6123	02/05/2016	Card	\$20.00		TRN	DEMOGROUP	01/01/2015	12/31/2015
25	ACME Corporation		02/08/2016	Leibovitz, Annie	XXX-XX-2222	02/08/2016	POS Refund	(\$99.99)		TRN	DEMOGROUP	01/01/2016	12/31/2016

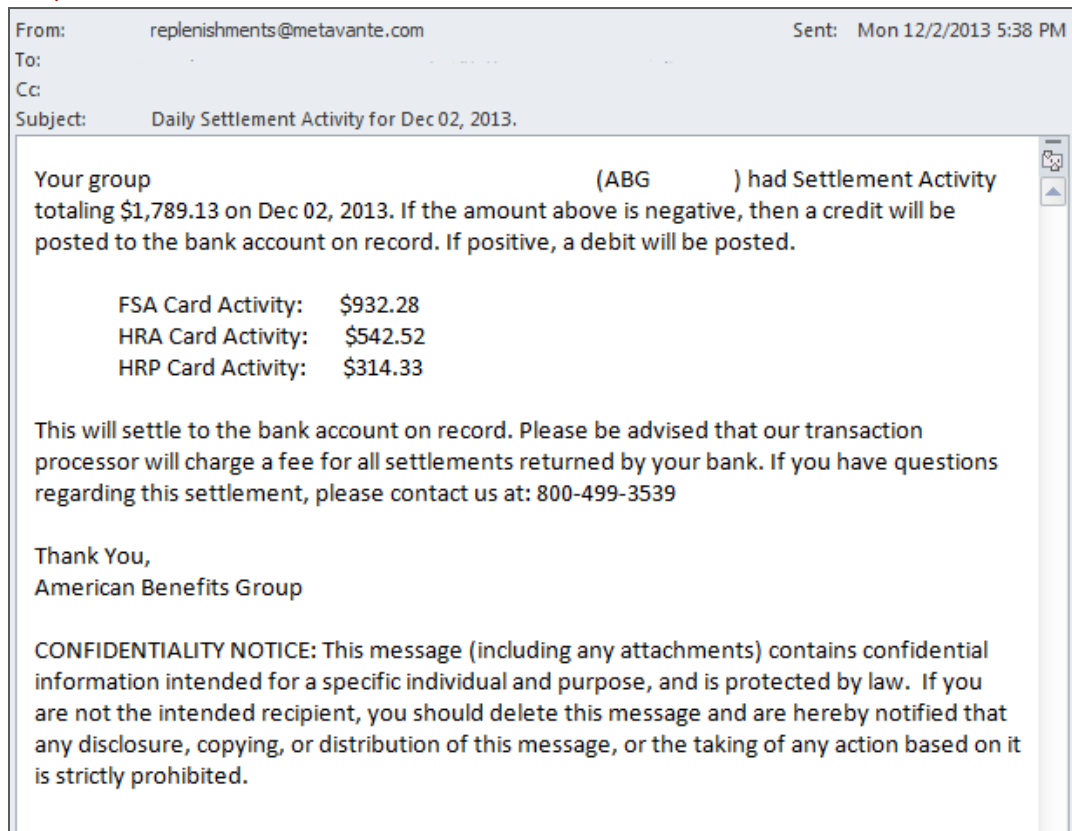


### Settlement Activity Notification email

(Daily; cannot be run ad-hoc)

The Settlement Activity Notification email shows the total drafted on the previous day from your employer bank account for debit card transactions. It does not contain individual transaction detail (for detailed transaction information, see the Bank Transaction Reconciliation report below). Following a Sunday or banking holiday, the Settlement Activity Notification will show all activity for two days prior rather than one day prior.

*Sample:*





## Resource Links

American Benefits Group Website - [www.amben.com](http://www.amben.com)

Participant WealthCare Portal – [www.amben.com/wealthcare](http://www.amben.com/wealthcare)

Flex Reimbursement Accounts HR / Admin Access WealthCare Admin -  
<https://www.wealthcareadmin.com/selfservicelogin.aspx>

Employer Resources - <https://www.amben.com/employers-resources.html>

Employer Forms – <https://www.amben.com/employers-forms.html>

Employee Forms - <https://www.amben.com/participants-forms.html>

Employee Facing Resources – <https://www.amben.com/resources.html>