



**ENROLL  
NOW!**

# **WealthCare Portal Online Enrollment Instructions**



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**Browse to: [www.amben.com/enroll](http://www.amben.com/enroll)**

For best results use the google chrome browser. If you already have a WealthCare Portal user account you can SIGN IN.



800-499-3539  
support@amben.com



SIGN IN



REGISTER

Open Enrollment



Find my  
Employer ID

Already Have a WealthCare Portal User Account?

If you have already registered in the WealthCare Portal you may log into your account using the SIGN IN button above. Once logged in you can enroll or make benefit elections, based on your Employers offerings.



Open Enrollment

Please enter the following information to begin:

\* - Required Field



Employer/Enrollment ID \*



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# Employer ID

Enter your Employer ID; then click Submit. Your Employer ID will begin with “ABG\_\_\_\_\_” and will be provided to you separately from this set of instructions.



800-499-3539  
support@amben.com



SIGN IN



REGISTER

## Open Enrollment



Find my  
Employer ID

## Already Have a WealthCare Portal User Account?

If you have already registered in the WealthCare Portal you may log into your account using the SIGN IN button above. Once logged in you can enroll or make benefit elections, based on your Employers offerings.



## Open Enrollment

Please enter the following information to begin:

\* - Required Field



Employer/Enrollment ID \*

ABGXYZ



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## Employee ID

Your Employee ID / Participant ID is your Social Security Number (SSN), without any spaces or dashes. Enter your SSN, and your Last Name. Check I'm not a robot and click submit.



### Open Enrollment

Please enter the following information to begin:

\* - Required Field



Employer/Enrollment ID \*

ABGXYZ



Employee ID/Participant ID \*



Last Name \*



Enter text for verification \*



I'm not a robot



reCAPTCHA  
Privacy - Terms



SUBMIT



## Available Benefits

- ▶ You will see all plans available for enrollment.
- ▶ Begin the enrollment process by clicking the **ENROLL** button.
- ▶ You will continue step-by-step in enrolling for each benefit separately, and will be returned to this screen where you can begin enrolling in the next benefit.

### Online Enrollment

#### Choose A Benefit To Enroll In

If you have been using ABG to administer your benefits in the current plan year, you will also be able to manage your enrollment by using your normal WealthCare login.

To proceed with enrollment for your reimbursement account(s), click **ENROLL** or **WAIVE** for each of the benefit options listed below. If **WAIVE** is unavailable, choose **ENROLL** for one benefit, enter your demographics and click Previous, then the **WAIVE** Option will become available.

Have questions or need assistance? Please call 800-499-3539, 8:30am to 5:00pm EST. You can also email your questions to [support@amben.com](mailto:support@amben.com).

#### FSA 2019

Health Flexible Spending Account - FSA

*New*

Enrollment Dates

Nov 1, 2018 - Nov 15, 2018

ENROLL

#### DCA 2019

Dependent Care Account - DCA

*New*

Enrollment Dates

Nov 1, 2018 - Nov 15, 2018

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# Add or Verify Your Personal Information

Complete all of the required General Info fields (instructions on adding Dependent information can be found later in this guide).

FSA Online Enrollment

STEP 1 STEP 2 STEP 3

Please verify your personal information below:

## General Info

First Name \*



Gender

Initial



Phone

Last Name \*



Email \*



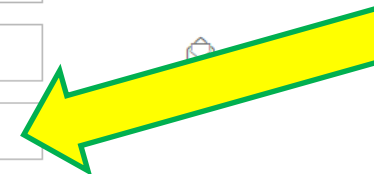
Date of Birth



SSN

Marital

Select



### IMPORTANT:

**Your SSN is required** (even though the field is not marked with an asterisk).

Your Social Security Number will be used as your Employee ID – enter it without spaces or dashes in the SSN field.















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# Add or Verify Your Address

If you have an HSA, PO Boxes need to be entered as the Mailing Address and you must provide your Home/physical Address.

Address	
Home Address*	Mailing Address
	<input type="checkbox"/> Same as home address
 Address 1 *	 Address 1 *
 Address 2	 Address 2
 City *	 City *
 State *	 State *
 ZIP *	 ZIP *
 Country *	 Country *

## Employee Information

Legal dependents and adult children (up to age 26) may use your Flexible Spending benefit, however they are not eligible to use your Commuter Transit or Parking benefit.

ADD DEPENDENT INFORMATION

A circular graphic with a green border and a blue center. The text "ENROLL NOW!" is written in white, bold, capital letters inside the blue circle.

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# Dependent Information

## Dependent Information

Legal dependents and adult children (up to age 26) may use your Flexible Spending benefit, however they are not eligible to use your Commuter Transit or Parking benefit.

ADD DEPENDENT INFORMATION

A large yellow arrow with a black outline, pointing diagonally upwards and to the right towards the "ADD DEPENDENT INFORMATION" button.



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## Add Dependent Information

- ▶ A Dependent Information Number is automatically generated.
- ▶ Please use your own address by choosing . . .


Add Dependent Information

First Name \*


Last Name \*

Initial


General Info


 Dependent Information \*

999996598d3


 Relationship \*


-- Select One --


 Date of Birth


 Gender


Select

 Phone


 Address 1 \*


 Address 2

 City \*


 State \*


Select state

 ZIP \*

 Country \*

Select country

 CANCEL

 SAVE

9

A circular graphic with a green border and a blue textured center. The words "ENROLL NOW!" are written in white, bold, capital letters across the center.

# Review Account Details

Read the accompanying text carefully, it describes the parameters of the benefit as well as the contribution limits.

## FSA Online Enrollment

STEP 1 STEP 2 STEP 3

Enter your election amount below:

### Account Details

Plan Description	Health Flexible Spending Account		
Plan Start Date	01/01/2019		
Plan End Date	12/31/2019		
Election	Per Period Contribution	$\times$ Remaining Contributions $\times 26$	= Annual Election <input type="text"/>

The Health Flexible Spending Account (Health FSA) is available to reimburse you for out-of-pocket medical expenses. The full amount of your annual election is available from the first day of your plan year. There is a \$2,750 limit to a Health FSA annual election. You may not use your Health FSA to pay for any expense that is reimbursable through insurance, nor should the card be used to pay for expenses that were not incurred during the active plan year. Cosmetic procedures, personal hygiene items, vitamins and over-the-counter (OTC) medications are not eligible Health FSA expenses.

☐ 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 Health Flexible Spending Account contributions for eligible medical expenses or forfeit them. This agreement is subject to the terms of the employer's Section 125 Plan, as amended from time to time.



# Enter Your Annual Election Amount

Read and check the agreement. Click the NEXT button.

Account Details

Plan Description	Health Flexible Spending Account		
Plan Start Date	01/01/2019		
Plan End Date	12/31/2019		
Election	Per Period Contribution	x Remaining Contributions	= Annual Election
	101.92	x 26	2750

The Health Flexible Spending Account (Health FSA) is available to reimburse you for out-of-pocket medical expenses. The full amount of your annual election is available from the first day of your plan year. There is a \$2,750 limit to a Health FSA annual election. You may not use your Health FSA to pay for any expense that is reimbursable through insurance, nor should the card be used to pay for expenses that were not incurred during the active plan year. Cosmetic procedures, personal hygiene items, vitamins and over-the-counter (OTC) medications are not eligible Health FSA expenses.

☒ 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 Health Flexible Spending Account contributions for eligible medical expenses or forfeit them. This agreement is subject to the terms of the employer's Section 125 Plan, as amended from time to time.

✓ NEXT

⌚ SAVE FOR LATER

✕ CANCEL



# Enrollment Overview

Review your information, scroll to bottom of page and SUBMIT.

FSA Online Enrollment

STEP 1 STEP 2 STEP 3

Plan Description	Health Flexible Spending Account
Plan Start Date	01/01/2020
Plan End Date	12/31/2020
Participant Demographics	



# Submittal Confirmation



Thank you!

Your application has been submitted.

Thank you for submitting your election. After clicking **Done**, you will be returned to the main Online Enrollment page. If there are other benefits available to you, you will need to Enroll or Waive them separately from the main Online Enrollment page.



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## Enroll in another benefit or Log out

You will see that you now have the ability to **WAIVE** the benefit. You may enroll in another benefit or log out. You have until the last day of your open enrollment to make any changes to your election.

### Choose A Benefit To Enroll In

If you have been using ABG to administer your benefits in the current plan year, you will also be able to manage your enrollment by using your normal WealthCare login.

To proceed with enrollment for your reimbursement account(s), click **ENROLL** or **WAIVE** for each of the benefit options listed below. If **WAIVE** is unavailable, choose **ENROLL** for one benefit, enter your demographics and click **Previous**, then the **WAIVE** Option will become available.

Have questions or need assistance? Please call 800-499-3539, 8:30am to 5:00pm EST. You can also email your questions to [support@amben.com](mailto:support@amben.com).

<div><div>FSA 2019</div><div>Health Flexible Spending Account - FSA</div><div>Completed</div><div>Enrollment Dates</div><div>Nov 1, 2019 Nov 15, 2019</div></div>	<div>EDIT</div> <div>EDIT</div> <div><a href="#">WAIVE NOW</a></div>	<div>DCA 2019</div> <div>Dependent Care Account - DCA</div> <div>New</div> <div>Enrollment Dates</div> <div>Nov 1, 2019 Nov 15, 2019</div>	<div>ENROLL</div> <div><a href="#">WAIVE NOW</a></div>
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## Need Help?

If you need assistance with the Online Enrollment process please reach out to our Flexible Benefits Administrators:

- ▶ Call 800-499-3539
- ▶ Monday – Friday 8:30am to 5:00pm EST,
- ▶ email [support@amben.com](mailto:support@amben.com)



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