WealthCare Portal
Online Enrollment Instructions
Browse to: www.amben.com/enroll
For best results use the google chrome browser. If you already have a WealthCare Portal user account SIGN IN.
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.
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.
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.

FSA 2019
Health Flexible Spending Account - FSA
New
Enrollment Dates
Nov 1, 2018 - Nov 15, 2018

DCA 2019
Dependent Care Account - DCA
New
Enrollment Dates
Nov 1, 2018 - Nov 15, 2018
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).
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).

**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.
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. Otherwise, just add a Home Address.

[Form showing fields for Home Address and Mailing Address with arrows pointing to them]
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
Add Dependent Information

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

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

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 $2,650 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: $103.84
- Remaining Contributions: 26

Annual Election: 2,700.00

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 $2,700 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.
Enrollment Overview

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Health Flexible Spending Account</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Plan Start Date</strong></td>
<td>1/1/2020</td>
</tr>
<tr>
<td><strong>Plan End Date</strong></td>
<td>12/31/2020</td>
</tr>
</tbody>
</table>

**Participant Demographics**
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.

DONE
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.
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