



ABG Flexible Spending Account Enrollment Packet

Helping America Retire

The following forms are included in this enrollment packet:

- **New System Notice**
 - Please read this notice to understand what is happening to your FSA account, your debit card and website login information
- **Enrollment Form**
 - In order to participate in a cafeteria plan you must complete the enrollment form and submit it to your HR department.
- **Claim Form**
 - To access your funds from the cafeteria plan you must complete a claim form. Please submit a signed copy to Alliance Benefit Group-Rocky Mountain by mail, email, fax or online with itemized copies of your receipts.
- **Expense Worksheet**
 - This form is designed to assist you in identifying your out of pocket medical expenses. The form will give you a fairly accurate projection of what you should elect on your Health FSA. This form should not be submitted.
- **Sample of Eligible Expense Sheet**
 - This worksheet will give you an overview of general categories of eligible and non-eligible expenses. To view a more comprehensive list please go to our website at abgrm.com.
- **New FSA Quick Start Guide**
 - This guide will help you get familiar with the new online portal.

Alliance Benefit Group-Rocky Mountain (801)486-3087

Fax: (801)483-1255

Email: claims@abgrm.com

Website: abgrm.com/cafeteria



NOTICE:

ABGRM is pleased to announce a new Cafeteria Plan Administration system!

Dear Plan Participant,

ABGRM has recently upgraded our administration software for all of our cafeteria plans (FSA, HRA, HSA, Transit and Parking, Etc.). We have been transitioning participants over to the new system during their company's open enrollment period.

Your company's new plan year for your cafeteria plan begins on 1/1/2018. Your new plan year account will be setup on the new system. With this new transition, there are a few things you will want to be aware of.

1 – New debit card:

Your current, **Red**, Benny card will work up to the last day of your current plan year (12/31/2017). You will receive a new, **Blue**, Benny card on or around the beginning of your new plan year. Please note that the red card will not work in the new plan year, only the blue card will be tied to your account. All rollover balances will be transferred to the new card within the first two weeks of the new plan year.

2 – New ABG Website:

We have a new website location that you can access to view your account. After your new plan year begins, please log into www.ABGRM.com/cafeteria to view your new account.

Your username and password will be reset to the default: **Username = your full SSN, Password = the last four of your SSN**. Even if you have already changed your login information, it will be reset on the beginning of this plan year.

3 – New ABG Mobile App:

We now have an Android and Iphone mobile app that you can download and use to manage your cafeteria plan. Please search app store for ABG Health, the icon will look like this:



7090 South Union Park Avenue, Suite 650
Salt Lake City, Utah 84047

P.O. Box 651366
Salt Lake City, Utah 84165-1366

Phone: 801-486-3087 • Toll Free: 800-421-4758 • Fax: 801-483-1255

www.abgrm.com • www.abgnational.com



Flexible Spending Account Enrollment Form



Required Employee Information - Please print legibly.

Employee Name	Social Security Number
Street Address	Date of Eligibility
City, State, Zip	Date of Birth
Employee Email Address	Employee Phone Number

Elections (Health FSA maximum is \$2650 for all plan years beginning on or after January 1, 2018)

Full Health FSA	
<input type="checkbox"/> I elect to participate.	Annual Election \$ _____
<input type="checkbox"/> I do not wish to participate.	<input type="checkbox"/> I would like to use a debit card \$14 annual fee applies

Limited Dental and Vision only FSA	
<input type="checkbox"/> I elect to participate.	Annual Election \$ _____
<input type="checkbox"/> I do not wish to participate.	<input type="checkbox"/> I would like to use a debit card \$14 annual fee applies

Dependent Care FSA	
<input type="checkbox"/> I elect to participate. <small>Maximum annual deduction is \$5000 for married filing joint/\$2500 for single</small>	Annual Election \$ _____
<input type="checkbox"/> I do not wish to participate.	<input type="checkbox"/> I would like to use a debit card \$14 annual fee applies

Direct Deposit Information

<input type="checkbox"/> YES! I would like to have my reimbursement's direct deposited into my bank account	<input type="checkbox"/> Checking Account
Please attach a copy of a voided check. Deposit slips are only accepted for Saving Accounts	<input type="checkbox"/> Savings Account
<small>By marking yes above I hereby authorize Alliance Benefit Group – Rocky Mountain to initiate credit entries for depositing my Flexible Spending Account reimbursements into my account designated above and, if necessary, make corrections for any entries to be made to my account in error. This authority is to remain in full force and effect until Alliance Benefit Group – Rocky Mountain has received written notification from me of its termination in such time and in such manner as to afford Alliance Benefit Group – Rocky Mountain a reasonable opportunity to act on it.</small>	
Financial Institution	Financial institution's address
Routing Number (9 digits)	Account Number

Authorization

I understand that by signing and submitting this form, I authorize the adjustment of my annual taxable salary based on my elections above, with the "tax protected" funds being transferred into my Flexible Spending Account. My election cannot be changed during the plan year, unless I experience an eligible change in status. Any unused amounts remaining in my account at the end of the plan year will be forfeited. However, I will have a specified period of time (indicated on the FSA Highlights) after the end of the plan year or date of my termination to submit receipts for reimbursement for services received during the plan year.

I also certify that I, my spouse and/or dependent(s) if applicable, will only use the Flexible Spending Account in accordance with Section 213 of the Internal Revenue Code. I further certify that I will not seek reimbursement from any other plan for medical expense paid with the Flexible Spending Account, nor will I claim any federal income tax deduction with respect to such expense.

Employee Signature	Date
--------------------	------

Please submit this form to benefits@1sourcebusiness.com

Flexible Spending Account Claim Form

Employee Information (Print)

Employee Name	Company Name	Social Security Number
Address, City, State, Zip		Phone Number
Email Address		Address Change? <input type="checkbox"/> No <input type="checkbox"/> Yes

Claim Instructions

- 1) Please itemize each expense below.
- 2) Provide a copy of the receipt, bill, Explanation of Benefits (EOB) or statement as proof of service.
Check register's, bank statement and credit card receipts are not valid forms of proof of service.
- 3) A receipt must show date, amount, service provided and provider to be valid.
- 4) **IMPORTANT! If you do not receive payment within five business days, please log onto www.abgrm.com to view payment status**

Medical Expenses (including Health, Dental, Vision and Pharmacy)

Date of Service	Individual Receiving Service	Service Type (Office Visit, RX, Dental, Vision, Orthodontia etc.)	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Total			\$

Dependent Care Expenses

Date of Service	Dependent Receiving Service	Age	Service Provider	Amount
				\$
				\$
				\$
Total				\$

Employee Signature

To the best of my knowledge, my statements on this Claim Form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year. I certify that these expenses have not been previously reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I authorize my Flexible Spending Account to be reduced by the amount requested.

Employee Signature	Date
--------------------	------

Please return this form with receipts to:

Alliance Benefit Group-Rocky Mountain (801)486-3087
 Mail to: P.O. Box 651366, Salt Lake City, UT 84165-1366
 Fax: (801)483-1255
 Email: claims@abgrm.com
 Online Claim Website: abgrm.com



Helping America Retire

Flexible Spending Account Expense Worksheet

Medical Expenses

Doctors Office Visits	\$
Pharmacy/RX	\$
Hospitals	\$
Deductibles	\$
Copays	\$
Chiropractors	\$
Laboratory/Exams	\$
X-Rays	\$
Other	\$
Total Medical Expenses	\$

Dental Expenses

Annual Cleanings	\$
X-Rays	\$
Fillings	\$
Root Canals	\$
Crowns	\$
Orthodontia	\$
Other	\$
Total Dental Expenses	\$

Vision Expenses

Eye Glasses	\$
Contact Lenses	\$
Exams	\$
Lasik Surgery	\$
Other	\$
Total Dental Expenses	\$

Total Expenses

Grand Total	Number of pay periods	Per Pay period Deductions
-------------	-----------------------	---------------------------

Alliance Benefit Group-Rocky Mountain (801)486-3087

Please do not return this form

Sample Eligible Expense Sheet

Medical Expenses

- | | | | |
|-----------------------------------|----------------------------|--|--------------------------------|
| ● Acupuncture | ● Dermatologist | ● Orthopedic Shoes | ● Acne medications* |
| ● Air Purification Equipment | ● Fertility Treatment | ● Osteopath | ● Allergy & sinus* |
| ● Allergist | ● Hearing Exams | ● Oxygen | ● Antibiotic products* |
| ● Ambulance | ● Hearing Aids & Batteries | ● Physical Examination | ● Anti-itch & insect bite* |
| ● Arches & Orthotic Inserts | ● Homeopath | ● Physician | ● Cold sore remedies* |
| ● Blood & Metabolism Tests | ● Hospital Beds | ● Prescription Drugs | ● Cough, cold & flu* |
| ● Body Scans | ● Hospital Services | ● Prosthetics | ● Digestive aids* |
| ● Cardiograms | ● Immunization | ● Psychiatrist or Psychologist | ● First aid burn remedies* |
| ● Chiropractor | ● In Vitro Fertilization | ● Service Animals | ● Motion sickness* |
| ● Christian Science Practitioner | ● Insulin | ● Sterilization | ● Oral remedies or treatments* |
| ● Contraceptive Devices | ● Laboratory Fees | ● Syringes | ● Pain relief* |
| ● Copays | ● Nebulizers | ● Transplants (i.e. organ) | ● Sleep aids & sedatives* |
| ● Crutches, Walkers, Wheel Chairs | ● OB/GYN Exams | ● X-Rays | ● Smoking deterrents* |
| ● Deductibles | ● Optometrist | *OTC Medicated expenses require a prescription | |

Vision Expenses

- | | | |
|-------------------------|---------------------------------|---------------------------|
| ● Contact lens solution | ● Eyeglasses and Contact Lenses | ● Prescription Sunglasses |
| ● Eye Exams | ● Laser Eye Surgeries | ● Radial Keratotomy |

Dental Expenses

- | | | |
|----------------------------|----------------------------|------------------------|
| ● Dental X-Rays | ● Extractions and Fillings | ● Periodontal Services |
| ● Dentures and Bridges | ● Oral Surgery | ● Retainers |
| ● Exams and Teeth Cleaning | ● Orthodontia | |

Ineligible Items

Items that are generally not eligible but may qualify if prescribed by a Medical Practitioner

- | | | |
|---|---|---------------------------------------|
| ● Cologne | ● Face creams | ● Prepayments |
| ● Controlled substances violating federal law | ● Feminine hygiene products (tampons, etc.) | ● Prescription drug discount programs |
| ● Cosmetic procedures | ● Fluoride rinses | ● Shampoos |
| ● Cosmetics | ● Insurance premiums from an FSA | ● Skin moisturizers |
| ● Dental floss | ● Laser hair removal | ● Soaps |
| ● Deodorant | ● Makeup | ● Tanning salons and equipment |
| ● Diet foods | ● Marijuana | ● Teeth whitening |
| ● Ear piercing | ● Moisturizers | ● Toothbrushes |
| ● Electrolysis or hair removal | ● Mouthwash | ● Toothpaste |

If you have a question on an expense that is not on this list please contact ABG-Rocky Mountain.

Alliance Benefit Group-Rocky Mountain (801)486-3087
Mail to: P.O. Box 651366, Salt Lake City, UT 84165-1366
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Consumer Portal Guide

Welcome to your Alliance Benefit Group Rocky Mountain Benefit Accounts Consumer Portal. This one-stop portal gives you 24/7 access to view information and manage your Alliance Benefit Group Cafeteria Account. It enables you to:

- File a claim online
- Upload receipts and track expenses
- View up-to-the-minute account balances
- View your account activity, claims history and payment (reimbursement) history
- Report a lost/stolen Card and request a new one
- Update your personal profile information
- Change your login ID and/or password
- Download plan information, forms and notifications

The portal is designed to be easy to use and convenient. You have your choice of two ways to navigate this site:

1. Work from sections within the Home Page,
2. Hover over or click on the six tabs at the top.



Consumer Portal Guide

HOW DO I LOG ON TO HOME PAGE?

1. Go to www.abgrm.com/cafeteria
2. Enter your login ID and password:
For your first time login, your Login ID is your full SSN
For your first time login, your Password is the last four of your SSN.
3. Click Login.

The Home Page is easy to navigate:

- Easily access the Available Balance and “I Want To” sections from the left-hand navigation area.
- The I Want To...section contains the most frequently used features for the Consumer Portal.
- In the left-hand column Available Balance links to the Account Summary page, where you can see and manage your accounts.
- The Message Center section displays alerts and relevant links that enable you to keep current on your accounts.
- The Quick View section graphically displays some of your key account information.

You can also hover over the tabs at the top of the page.



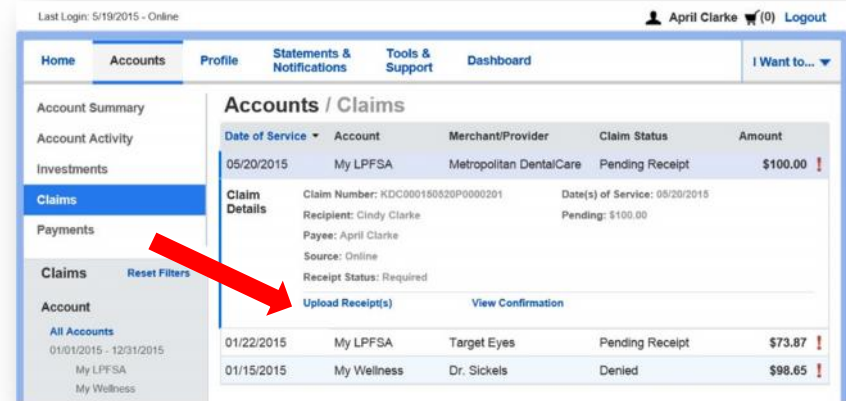
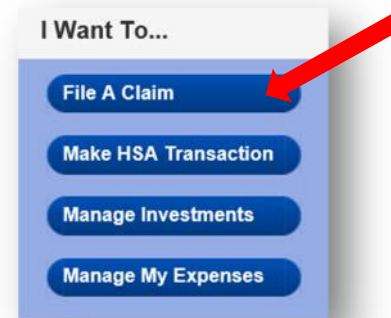


Consumer Portal Guide

HOW DO I FILE A CLAIM AND UPLOAD A RECEIPT?

1. On the Home Page, you may simply select the “File a Claim” under the “I want to...” section which can be located on the left-hand side of the home page.
OR from any page on the portal, expand the “I want to...” section on the right hand side of the screen.
2. The claim filing wizard will walk you through the request including entry of information, payee details and uploading a receipt.
3. For submitting more than one claim, click Add Another, from the Transaction Summary page.
4. When all claims are entered in the Transaction Summary, agree to the terms and conditions click Submit to send the claims for processing.
5. The Claim Confirmation page displays. You may print the Claim Confirmation Form as a record of your submission. If you did not upload a receipt, you can upload the receipt from this screen or print a Claim Confirmation Form to submit to the administrator with the required receipts.

NOTE: If you see a Receipts Needed link in the Message Center section of your Home Page, click on it. You will be taken to the Claims page where you can see the claims that require documentation. You can easily upload the receipts from this page. Simply click to expand the line item to view claim details and the upload receipts link.





Consumer Portal Guide

HOW DO I VIEW CURRENT ACCOUNT BALANCES AND ACTIVITY?

1. For current Account Balance only, on the Home Page, see the Available Balance section.
2. For all Account Activity, click on the Available Balance link from the Home Page to bring you to the Account Summary page. Then you may select the underlined dollar amounts for more detail. For example, click on the amount under “Eligible Amount” to view enrollment detail.

NOTE: You can see election details by clicking to expand the line item for each account.

The screenshot displays the 'Accounts / Account Summary' page. It includes a navigation menu at the top with options like Home, Accounts, Profile, Statements & Notifications, Tools & Support, and Dashboard. The main content area shows a summary of account balances and a detailed table of HSA contributions for the year 2015.

Health Savings Account			Available Cash Balance	Investment Balance	Total Available Balance
			\$200.00	\$3,065.00 <small>* Current as of 4/30/2015</small>	\$3,265.00

01/01/2015 - 12/31/2015							Total Payroll Deductions: \$43.26
Account	Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance	
My LPFSA	\$1,500.00	\$815.11	\$343.94	\$471.17	\$0.00	\$684.89	
Election Details		Effective: 1/1/2015		My Contributions to Date: \$578.80			
		My Annual Election: \$1,500.00		Estimated Payroll Deductions: \$38.84			
		Company Contribution to-date: \$0.00		Plan Year Balance: \$684.89			
My DCFSA	\$750.00	\$100.00	\$0.00	\$100.00	\$0.00	\$188.40	
My Wellness	-	\$98.65	\$0.00	\$0.00	\$98.65	\$100.00	



Consumer Portal Guide

ALL HEALTH CARE EXPENSE ACTIVITY IN ONE PLACE
To view and manage ALL healthcare expense activity from EVERY source, use the [DASHBOARD](#)

1. On the Home Page, under the **Dashboard** tab. The 1View **Dashboard** provides you with an easy-to-use consolidated view of healthcare expenses for ongoing management of medical claims, premiums, and card transactions.
2. Easily filter expenses by clicking on the filter options on the navigation pane on the left side of the screen or, by clicking on the field headers within the **Dashboard**.
3. You can search for specific expenses using the search field on the bottom left side of the screen.
4. Expenses can be exported into an Excel spreadsheet by clicking on the Export Expenses button on the upper left side of the page.

Dashboard View Non-Healthcare
View by: 2015
Reset Graph

Expenses by Category

View By Category
View By Status
View By Recipient
View By Merchant/Provider

Expense Summary

Total Healthcare Expenses	\$1,229.90
Total Paid Expenses	\$543.94
Total Unpaid Expenses	\$685.96

Total Eligible to Submit: **\$215.14**

Date	Expense	Recipient/Patient	Merchant/Provider	Submitted Amount	Status
5/6/2015	Medical	April Clarke	Metropolitan Clinic	\$142.30	Unpaid
4/28/2015	Medical	April Clarke	LabAmerica	\$60.69	Paid
4/23/2015	Laboratory	April Clarke	Physician Services	\$79.08	Unpaid Pay
3/12/2015	Laboratory	April Clarke	-	\$100.00	Paid
3/9/2015	Medical	April Clarke	-	\$25.00	Paid
3/9/2015	Medical	April Clarke	-	\$50.00	Paid
3/6/2015	Medical	April Clarke	-	\$1.00	Unpaid
3/3/2015	Medical	April Clarke	Fairview Clinic	\$155.00	Unpaid
3/1/2015	Medical	April Clarke	Dr. Sickels	\$63.91	Paid
2/23/2015	Laboratory	Cindy Clarke	LabAmerica	\$79.06	Unpaid Pay

1 | 2 >> Next >>



Consumer Portal Guide

HOW DO I ADD AN EXPENSE TO THE DASHBOARD?

1. From the **Dashboard** click on the Add Expense button in the upper left side of the page.
2. Complete the expense detail fields. You can even upload a copy of the receipt and, add notes for your records.
3. Once the expense has been added to the **dashboard** you can pay the expense, if desired.

HOW DO I PAY AN EXPENSE?

1. You may process payments/ reimbursements for unpaid expenses directly from the **Dashboard** page.
2. Expenses will be categorized and payment can be initiated for unpaid expenses by clicking on the button to the right of the expense details.
3. Simply choose which expenses you would like paid and you will be presented with the eligible accounts from which you can initiate payment.
4. When you click Pay, the claim details from the **Dashboard** will be pre-populated within the claim form. Review & edit the claim details as needed.
5. You will have the option to either request a reimbursement to yourself or, pay the provider.

The screenshot shows the 'Dashboard' page with a navigation menu at the top. A red arrow points to the 'Add Expense' button in the left sidebar. The main content area features a 'Dashboard' header, a 'View by: 2015' filter, and a 'Expenses by Category' donut chart. Below the chart is an 'Expense Summary' table with columns for Total Healthcare Expenses (\$1,229.90), Total Paid Expenses (\$543.94), and Total Unpaid Expenses (\$685.96). A 'Total Eligible to Submit: \$215.14' banner is also present. The main table lists individual expenses with columns for Date, Expense, Recipient/Patient, Merchant/Provider, Submitted Amount, and Status. A red arrow points to the 'Pay' button next to the expense dated 4/23/2015 for 'Physician Services'.

Date	Expense	Recipient/Patient	Merchant/Provider	Submitted Amount	Status
5/6/2015	Medical	April Clarke	Metropolitan Clinic	\$142.30	Unpaid
4/28/2015	Medical	April Clarke	LabAmerica	\$60.69	Paid
4/23/2015	Laboratory	April Clarke	Physician Services	\$79.08	Unpaid
3/12/2015	Laboratory	April Clarke	-	\$100.00	Paid
3/9/2015	Medical	April Clarke	-	\$25.00	Paid
3/9/2015	Medical	April Clarke	-	\$50.00	Paid
3/6/2015	Medical	April Clarke	-	\$1.00	Unpaid
3/3/2015	Medical	April Clarke	Fairview Clinic	\$155.00	Unpaid
3/1/2015	Medical	April Clarke	Dr. Sickels	\$63.91	Paid
2/23/2015	Laboratory	Cindy Clarke	LabAmerica	\$79.06	Unpaid



Consumer Portal Guide

HOW DO I EDIT AN EXISTING EXPENSE IN THE DASHBOARD?

1. You can edit expense details for all claim statuses directly from the **Dashboard** page.
2. Expand the claim details visible by clicking on the expense line item from the Dashboard.
3. You will be presented with options to add expense notes, update the expense details, mark the expense as paid/unpaid or, remove the expense from the Dashboard.

Total Eligible to Submit: \$215.14

Date	Expense	Recipient/Patient	Merchant/Provider	Submitted Amount	Status
5/20/2015	Medical	Cindy Clarke	Metropolitan DentalCare	\$100.00	Ⓢ
5/6/2015	Medical	April Clarke	Metropolitan Clinic	\$142.30	Ⓢ
4/28/2015	Medical	April Clarke	LabAmerica	\$60.69	Ⓢ
4/23/2015	Laboratory	April Clarke	Physician Services	\$79.08	Ⓢ Pay

Expense Details

Description: X-rays	Date(s) of Service: 4/23/2015
Source: Online	Expense Amount: \$79.08
Received Date: 5/12/2015	Payable Amount: \$79.08

[Upload Receipt\(s\)](#) [View Receipt\(s\)](#) [Add Expense Note](#)
[Mark as Paid](#) [Remove Expense](#) [Update Expense](#)



Consumer Portal Guide

HOW DO I VIEW MY CDH CLAIMS HISTORY AND STATUS?

1. From the Home Page, click on the Accounts Tab, and then click on the Claims link to see your claims history. You can apply filters from the left-hand side of the screen. You can filter by plan year, account type, claim status or receipt status.
2. By clicking on the line of the claim, you can expand the data to display additional claim details.

Did you Know? For an alternative perspective, you may also view claims history and status for all claim types including dependent care on the Dashboard page. You can apply filters from the left-hand side of the screen. Filter options on the Dashboard screen include: expense type, status, date, recipient or merchant/provider. You may also search for a specific expense by entering a description into the search field.

HOW DO I VIEW MY PAYMENT (REIMBURSEMENT) HISTORY?

1. From the Home Page, under the Accounts tab, click Payments. You will see reimbursement payments made to date, including debit card transactions.
2. By clicking on the line of a payment, you can expand the data to display additional details about the transaction.

HOW DO I REPORT A DEBIT CARD MISSING AND/OR REQUEST A NEW CARD?

1. From the Home Page, under the Profile, click the Banking/Cards link on the left-hand side of the screen.
2. Under the Debit Cards column, click Report Lost/Stolen or Order Replacement and follow instructions.

HOW DO I UPDATE MY PERSONAL PROFILE?

1. From the Home Page, under the Profile, you will find links to update profile information including profile summary details, dependents, and beneficiaries.
2. Click the appropriate link on the Profile screen for your updates: Update Profile or Add/Update Dependent or Add Beneficiary. Some profile changes will require you to answer an additional security question.
3. Complete your changes in the form.
4. Click Submit.



Consumer Portal Guide

HOW DO I GET MY REIMBURSEMENT FASTER?

The fastest way to get your money is to sign up online for direct deposit to your personal checking account. Before you begin, make sure that your employer is offering direct deposit setup online.

1. From the Home Page, under the Tools&Support tab, click Change Payment Method under the “How Do I” section.
2. Select Reimburse Myself Using Direct Deposit and click Change Payment Method. The Add Bank Account: Direct Deposit Setup page displays.
3. Enter your bank account information, and click Submit.
4. The Payment Method Changed confirmation displays.
5. **If there is a bank validation requirement**, you will be notified on the portal to look for a small transaction or “micro-deposit” in your designated bank account in the next couple of days to enter online, which will validate your account

HOW DO I CHANGE MY LOGIN AND/OR PASSWORD?

1. From the Home Page, click on the Profile tab, and click Login Information on the left-hand navigation bar.
2. Follow instructions on the screen. (For a new account, the first time you log in, you will be prompted to change the password that was assigned by your plan administrator. Follow the instructions.)
3. Click Save.
- 4.

HOW DO I VIEW OR ACCESS...

...DOCUMENTS & FORMS?

1. From the Home Page, click the Tools & Support tab.
2. Click any form or document of your choice.

...NOTIFICATIONS?

1. From the Home Page, click the Statements & Notifications tab.
2. Click any link of your choice. Receipt Reminders, Account Statements, Advice of Deposits, Denial Letters, or Denial Letters with Repayments are a few options.

...PLAN INFORMATION?

1. On the Home Page, under the Accounts tab, you will be directed to the Account Summary page
2. Click onto the applicable account name and the Plan Rules will open in a pop-up window.
OR from the Home Page, under the Tools & Support tab, you may view Plan Summaries for basic information. Then click each applicable plan to see the plan details.