First-Time Online Registration

PLEASE NOTE: You must complete your enrollment prior to the enrollment deadline provided by your employer or you will miss your opportunity to participate in the program. Please follow these steps for enrolling for the upcoming plan year online

New enrollees/participants who have NOT been in the plan (Use one of two options below): Either click this hyperlink https://Myplans.cbiz.com/Login.aspx?sec=BIS-B04902; then select "Get Started"

Existing User?		Setting up a New Account? It's easy to apply for a new account. Click 'Get Started' below to
Username Password Login	Forgot Username?	Get Started
New User? Create your new usernam	e and password	

Or go to https://myplans.cbiz.com; under "Setting Up New Account" enter CODE: BIS-B04902

Login to you Username Password	r account	Forgot Username? Forgot Password?	It's easy to apply for a new account. Click 'Get Started' below to begin. Code Get Storted





I 855-410-2249 I cbizflex@cbiz.com I CBIZ HCM Benefits

Flexible Spending Plan Enrollment

PLEASE NOTE: You must complete your enrollment prior to the enrollment deadline provided by your employer or you will miss your opportunity to participate in the program. Please follow these steps for enrolling for the upcoming plan year

Step 1 of 8:

After you log in, click the "Enroll Now" button towards the middle of the home page.

I Want To:	
Enroll Now Ma	anage My Expenses

Step 2 of 8:

Review the plans you are eligible for and click the "Begin Your Enrollment Now" button when ready.

HOME	EXPENSES	ACCOUNTS	TOOLS & SUPPORT	STATEMENTS & NOTIFICATIONS	PROFILE		Testy Testerson ▼ <u>Logout</u>
Enro	llment						
					Are	you ready to enroll?	Begin Your Enrollment Now
Enrollin You co	in a Pre-Tax	Benefit plan allo oximately 30%	ows you to sa	ve Federal, State, Soci	ial Security an depending or	nd Medicare taxes on n your tax bracket.	dollars you put into the plan.

Review your available plans to find out how to best use these programs. To learn more about the benefits offered, click on the appropriate Plan Description link below.

Step 3 of 8:

First, verify/update your profile and click "continue".

Step 4 of 8:

Then, check each acknowledgement box once you understand the plans available and click "continue".

2020 Medical Reimbursement Expense
The Medical Flexible Spending Account allows employees to pay for certain eligible medical expenses that are not covered by insurance with pre-tax dollars.
The EBIA link under Tools & Support, Quick Links is a helpful tool that identifies types of expenses that are covered under the Medical Flexible Spending Account. This will assist you in making a better decision on your election for the upcoming plan year.
Reminder - As of January 1, 2011, over-the-counter (OTC) drugs, medicines and biologicals will continue to be eligible for reimbursement as long as the request is accompanied by a doctor's prescription. This means items such as cough medicines, pain relievers, acid controllers, and diaper rash ointment will now require a doctor's prescription to be submitted along with the reimbursement request. Insulin and select OTC items, such as band-aids, will continue to be eligible without a prescription
I have read and understand the 2020 Medical Reimbursement Expense rules



Step 5 of 8:

Enter in the desired election for each plan that you wish to enroll in. Do note that some elections are *annual* and some are *monthly*. For plan(s) that you do not wish to enroll, leave the field blank. Click "Continue" when finished.

	Your Election	Max Employee Election
2020 Medical Reimbursement 😢	2750	\$2,750.00
** 2020 Dependent Care 😗		\$5,000.00
2020 Transit Reimbursement 😮	100 /mo	\$270.00 /mo
2020 Parking Reimbursement 😮	/mo	\$270.00 /mo
Total election for the year:		Columbus -
Total tax savings for the year *:		Calculate

** You can enroll now, but you must add dependent(s) later in order to file claims.

Continue)
----------	---

Step 6 of 8:

Choose the payment method of your reimbursements. If Debit Card is available, you will still have the option to be reimbursed by valid claims, but a card will also be issued in your name. If Direct Deposit is chosen, you will need to enter in your bank information. Click "Continue" when finished.





I 855-410-2249 I cbizflex@cbiz.com I CBIZ HCM Benefits

Step 7 of 8:

Verify your information. You may go back to any previous page by clicking the "Edit Information" button. Once verified, click "Submit".

ou must click submit at t	ne bottom of this page to	complete your en	rollment.	
Profile				Edit Information
Name:	Testy Testerson			
Social Security Number:	xxx-xx-9101			
Address:	2300 Contra Costa Blvd Pleasant Hill, CA 94523 United States			
Home Phone:	(925) 956-0514			
Birth Date:	7/11/1988			
Gender:				
Marital Status:	Single			
Email Address:	benefits@pensiondynam	nics.com		
Do you have any depend	lents? No			
Dependents				Edit Information
No dependents specified	d.			
Enrollment Elections				Edit Informati
		Employee	Company	
		Contribution	Contribution	
2020 Medical Reimburse	ement Expense	\$2,750.00		
2020 Dependent Care R	eimbursement	\$0.00		
2020 Transit Reimburse	ment	\$100.00 /mc	0	
2020 Parking Reimburse	ement	\$0.00 /mc	0	
Тс	tal Election for the year:	\$3,950.00		
Method of Reimbursen	ient			Edit Information
You have chosen Debit	Card as your method of	payment.		
Your alternate reimburs	ement method is Direct (Deposit.		
Separate debit cards wil No dependent debit card	l be issued to the followi ds issued	ng dependents:		
No dependent debit card	ds issued			

Step 8 of 8:

You're all set! You may revisit the homepage and review your account at any time. If your plan offers debit cards, one will be mailed to the address provided.

Submit

Cancel

