

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"

Login

<p>Existing User? Login to your account</p> <p>Username <input type="text"/> Forgot Username?</p> <p>Password <input type="password"/> Forgot Password?</p> <p style="text-align: center;"><input type="button" value="Login"/></p>	<p>Setting up a New Account? It's easy to apply for a new account. Click 'Get Started' below to begin.</p> <p style="text-align: center;"><input type="button" value="Get Started"/></p>
<p>New User? Create your new username and password</p>	

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

Login

<p>Existing User? Login to your account</p> <p>Username <input type="text"/> Forgot Username?</p> <p>Password <input type="password"/> Forgot Password?</p> <p style="text-align: center;"><input type="button" value="Login"/></p>	<p>Setting up a New Account? It's easy to apply for a new account. Click 'Get Started' below to begin.</p> <p>Code <input type="text"/></p> <p style="text-align: center;"><input type="button" value="Get Started"/></p>
<p>New User? Create your new username and password</p>	

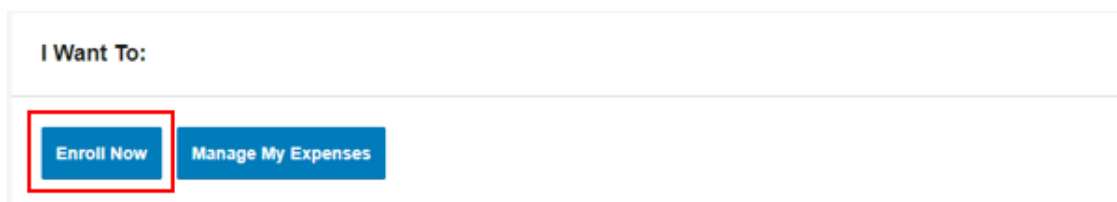


Flexible Spending Plan Enrollment

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.



Step 2 of 8:

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

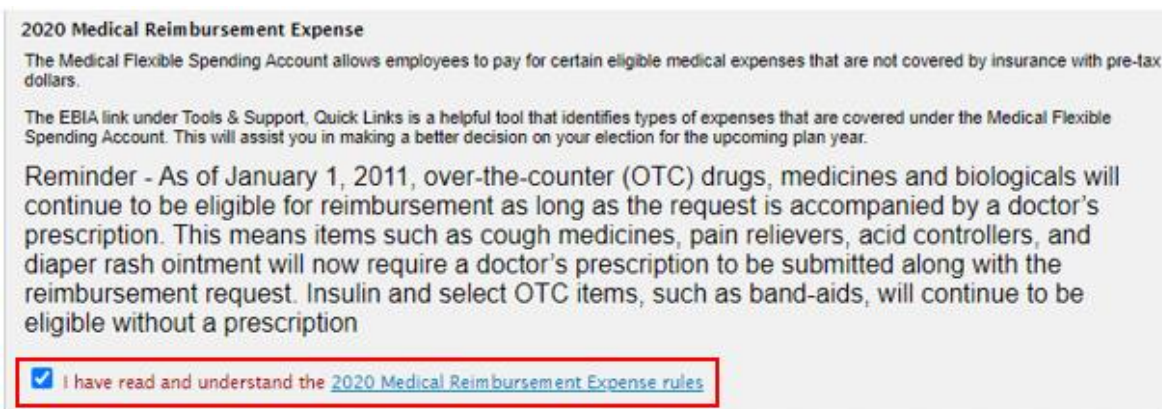


Step 3 of 8:

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”.



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 Expense	<input type="text" value="2750"/>	\$2,750.00
** 2020 Dependent Care Reimbursement	<input type="text"/>	\$5,000.00
2020 Transit Reimbursement	<input type="text" value="100"/> /mo	\$270.00 /mo
2020 Parking Reimbursement	<input type="text"/> /mo	\$270.00 /mo
Total election for the year:		<input type="button" value="Calculate"/>
Total tax savings for the year *:		


* Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances.
 ** You can enroll now, but you must add dependent(s) later in order to file claims.

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.

Debit Card

Your Debit Card provides convenient access to your benefit dollars. Use the card to pay qualified medical expenses for you and your qualified dependents.



If you choose to be reimbursed using the Debit Card, please answer the questions below.

1) What alternate reimbursement method would you like to use for the reimbursement of claims that are filed online?

Check
 Direct Deposit



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”.



You must click submit at the bottom of this page to complete your enrollment.

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@pensiondynamics.com

Do you have any dependents? No

Dependents [Edit Information](#)

No dependents specified.

Enrollment Elections [Edit Information](#)

	Employee Contribution	Company Contribution
2020 Medical Reimbursement Expense	\$2,750.00	
2020 Dependent Care Reimbursement	\$0.00	
2020 Transit Reimbursement	\$100.00 /mo	
2020 Parking Reimbursement	\$0.00 /mo	
Total Election for the year:		\$3,950.00

Method of Reimbursement [Edit Information](#)

You have chosen **Debit Card** as your method of payment.
Your alternate reimbursement method is Direct Deposit.

Separate debit cards will be issued to the following dependents:
No dependent debit cards issued

Submit
Cancel

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.

