



## CONEXIS Participant Web Site Enrollment Instructions

### Step 1: Log on to the CONEXIS Web Site and Register Your Account

Log on to <https://mybenefits.conexis.com>. If you have not created an account on this Web site, you are required to register with CONEXIS.

Find the **Not Registered Yet?** question and **Click Here** to register. A new window will open with a registration form (see registration instructions on following page).

#### Secure Login


If you are already registered, Please enter your UserName and Password.

UserName:	<input type="text"/>	Not registered yet? <a href="#">Click here</a> to register.*
Password:	<input type="password"/>	

**\* Important message: When accessing this site for the first time, you will be required to complete our registration process. If you have previously used other CONEXIS Web sites, you must complete this registration process for security purposes.**

You are entering a private portion of the CONEXIS Web site. This portion of the Web site is provided for the sole use of CONEXIS participants. Unauthorized use of this site is prohibited and all usage is tracked. This site uses secure connections to protect your personal information. [Click here](#) to view our Privacy Policy.

[Forgot UserName](#)  
[Forgot Password](#)

This site is designed for use with [Internet Explorer 7](#) 



## Registration Instructions

### Sign Up To View Your Healthcare Accounts

Manage your Healthcare accounts simply and securely, anytime and anywhere you have internet access. It takes just a few minutes to sign up. Your security is important and CONEXIS is committed to protecting your privacy. We use techniques to encrypt, safeguard and secure your personal information.

An E-mail address is required as we will send you an E-mail with a link that will allow you to activate your account. Without an E-mail address, you cannot activate your account online.

**Participant Details**

First Name *	<input type="text"/>	Last Name *	<input type="text"/>
UserName *	<input type="text"/> ?	E-mail *	<input type="text"/> ?
Birth Date *	<input type="text"/> ?	Confirm E-mail *	<input type="text"/> ?
		Phone No	<input type="text"/> ?

**Enter Password**

Password \*

Confirm Password \*

**Enter Account Number OR Social Security Number**

Account No  SSN \*

Where do I find my account number?

**Password Questions**

Question 1 * <input type="text" value="Please select one"/>	Question 3 * <input type="text"/>
Answer 1 * <input type="text"/>	Answer 3 * <input type="text"/>
Question 2 * <input type="text"/>	
Answer 2 * <input type="text"/>	

[Register](#)

Already Registered? [Sign On](#)

Fill in the required information in **Participant Details** and the **Password Questions** sections.

- Your account number is on the top right corner of all communications sent by CONEXIS.
- If you have not yet received communications from CONEXIS, simply enter your SSN.

Click **Register**.

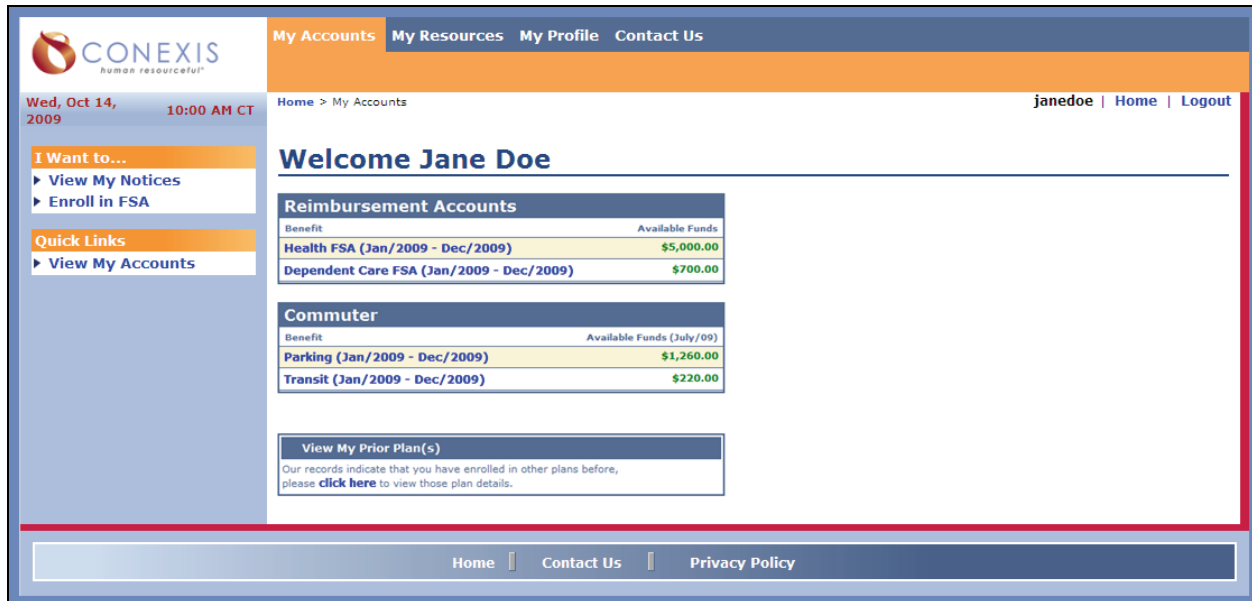
You are required to have an e-mail address to register.

- If you don't have an e-mail address, you can obtain a free address from sites such as yahoo.com, gmail.com, etc.

You will receive an e-mail to complete the registration process and activate your Web profile. You must follow the instructions in this e-mail to activate your registration.



Once logged in, a homepage with your account information will open.



The screenshot shows a user account homepage for Jane Doe. The page features a navigation bar with 'My Accounts', 'My Resources', 'My Profile', and 'Contact Us'. A sidebar on the left contains 'I Want to...' and 'Quick Links' sections. The main content area displays 'Welcome Jane Doe' and two tables: 'Reimbursement Accounts' and 'Commuter'. A 'View My Prior Plan(s)' section is also present. The footer contains 'Home', 'Contact Us', and 'Privacy Policy' links.

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human resourceful®

Wed, Oct 14, 2009 10:00 AM CT

Home > My Accounts janedoe | Home | Logout

**Welcome Jane Doe**

**Reimbursement Accounts**

Benefit	Available Funds
Health FSA (Jan/2009 - Dec/2009)	\$5,000.00
Dependent Care FSA (Jan/2009 - Dec/2009)	\$700.00

**Commuter**

Benefit	Available Funds (July/09)
Parking (Jan/2009 - Dec/2009)	\$1,260.00
Transit (Jan/2009 - Dec/2009)	\$220.00

**View My Prior Plan(s)**

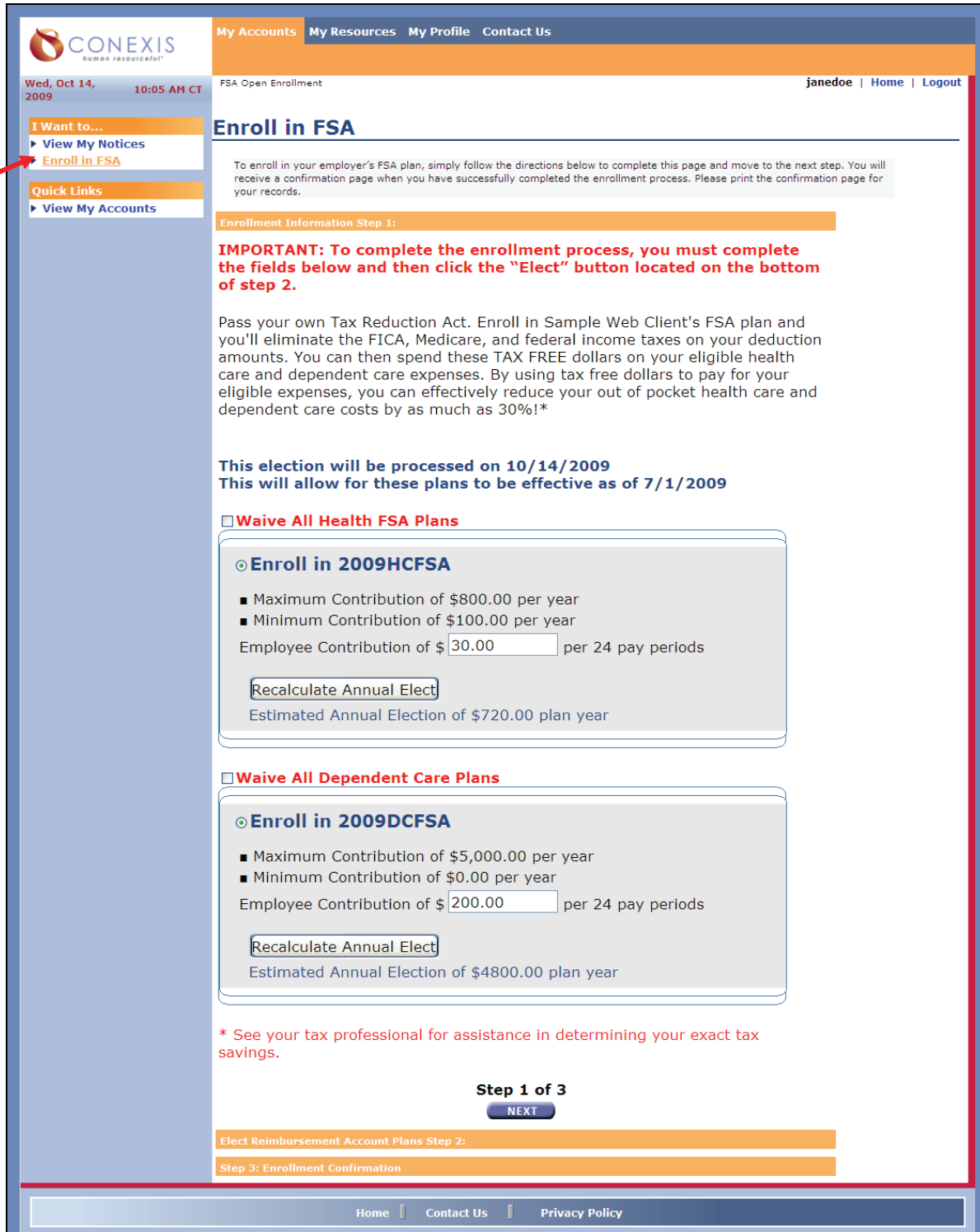
Our records indicate that you have enrolled in other plans before, please [click here](#) to view those plan details.

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## Step 2: Enroll in a Flexible Spending Account

Click **Enroll in FSA** on the left side of the page to begin the enrollment process. An enrollment page will appear, and you may input your desired election amount or waive a plan. Click **Next** once you have elected or waived coverage.



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Wed, Oct 14, 2009 10:05 AM CT

FSA Open Enrollment

janedoe | Home | Logout

**I Want to...**

- View My Notices
- Enroll in FSA**

**Quick Links**

- View My Accounts

### Enroll in FSA

To enroll in your employer's FSA plan, simply follow the directions below to complete this page and move to the next step. You will receive a confirmation page when you have successfully completed the enrollment process. Please print the confirmation page for your records.

**Enrollment Information Step 1:**

**IMPORTANT: To complete the enrollment process, you must complete the fields below and then click the "Elect" button located on the bottom of step 2.**

Pass your own Tax Reduction Act. Enroll in Sample Web Client's FSA plan and you'll eliminate the FICA, Medicare, and federal income taxes on your deduction amounts. You can then spend these TAX FREE dollars on your eligible health care and dependent care expenses. By using tax free dollars to pay for your eligible expenses, you can effectively reduce your out of pocket health care and dependent care costs by as much as 30%!\*

**This election will be processed on 10/14/2009**  
**This will allow for these plans to be effective as of 7/1/2009**

**Waive All Health FSA Plans**

**Enroll in 2009HCFSA**

- Maximum Contribution of \$800.00 per year
- Minimum Contribution of \$100.00 per year

Employee Contribution of \$  per 24 pay periods

Estimated Annual Election of \$720.00 plan year

**Waive All Dependent Care Plans**

**Enroll in 2009DCFSA**

- Maximum Contribution of \$5,000.00 per year
- Minimum Contribution of \$0.00 per year

Employee Contribution of \$  per 24 pay periods

Estimated Annual Election of \$4800.00 plan year

\* See your tax professional for assistance in determining your exact tax savings.

**Step 1 of 3**

**Elect Reimbursement Account Plans Step 2:**


**Step 3: Enrollment Confirmation**

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### Step 3: Confirm Your Election

To complete enrollment, you must confirm your election. Carefully read the confirmation statement and verify all amounts are correct. Type your initials in the designated box and click **Elect** to complete the enrollment process.



Wed, Oct 14, 2009 10:05 AM CT

**I Want to...**  
[View My Notices](#)  
[Enroll in FSA](#)

**Quick Links**  
[View My Accounts](#)

My Accounts | My Resources | My Profile | Contact Us

FSA Open Enrollment janedoe | Home | Logout

## Enroll in FSA

To enroll in your employer's FSA plan, simply follow the directions below to complete this page and move to the next step. You will receive a confirmation page when you have successfully completed the enrollment process. Please print the confirmation page for your records.

Enrollment Information Step 1:

Elect Reimbursement Account Plans Step 2:

**IMPORTANT: To complete the enrollment process, you must confirm your agreement below and then click the "Elect" button located on the bottom of this page.**

### Confirm Reimbursement Account Plan Enrollment

Plan Type	Plan Name	Annual Election	Election Date	Effective Date	Action
HealthFSA	2009HCFSA	\$720.00	10/14/2009	7/1/2009	Enroll
DependentCareFSA	2009DCFSA	\$4,800.00	10/14/2009	7/1/2009	Enroll

**This election will be processed on 10/14/2009**  
**This will allow for these plans to be effective as of 7/1/2009**

I have reviewed the terms of the Sample Web Client FSA Plan. I understand that I may elect coverage under any or all of the previous components. I understand that the premiums for the coverage will be deducted from my compensation on a pre-tax basis and the deductions cannot be changed until the next plan year unless I have a qualified change in status.\* I have read and agree to the terms of participation in this plan.

I agree that the above statement is true and correct:

\*Your employer may restrict mid-year election changes through plan design. Please see your summary plan description for specific rules governing your plan.

**Step 2 of 3**

PREV ELECT


Step 3: Enrollment Confirmation

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## Step 4: Print Confirmation

Your enrollment is complete and you are enrolled in an FSA account. Print and save a copy of your confirmation page for your records.



[My Accounts](#) | [My Resources](#) | [My Profile](#) | [Contact Us](#)

Wed, Oct 14, 2009 10:47 AM CT
FSA Open Enrollment [janedoe](#) | [Home](#) | [Logout](#)

**I Want to...**

- [View My Notices](#)
- [Enroll in FSA](#)

**Quick Links**

- [View My Accounts](#)

### Enroll in FSA

To enroll in your employer's FSA plan, simply follow the directions below to complete this page and move to the next step. You will receive a confirmation page when you have successfully completed the enrollment process. Please print the confirmation page for your records.

Enrollment Information Step 1:

Elect Reimbursement Account Plans Step 2:

Step 3: Enrollment Confirmation

### Confirmation Page

**Your enrollment has been successfully processed**

**IMPORTANT: Please print and retain this confirmation page for your records. This is confirmation of your election for the upcoming plan year. Your new election amount(s) will not be viewable online until the first day of your new plan year.**

<b>Name</b>	Jane Doe	<b>Social Security Number</b>	*****6789
<b>Address</b>	123 Elm St Canutillo, WA 123456	<b>HireDate</b>	8/18/2008
<b>Birth Date</b>	1/1/1950		
<b>Effective Date</b>	7/1/2009		
<b>Confirmation ID</b>	1378		

Plan Type	Plan Name	Annual Contribution	Election Date	Effective Date	Action
HealthFSA	2009HCFSA	\$720.00	10/14/2009	7/1/2009	Enroll
DependentCareFSA	2009DCFSA	\$4,800.00	10/14/2009	7/1/2009	Enroll

[HOME](#)

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### Successfully Processed Enrollment

**IMPORTANT: Please print and retain this confirmation page for your records. This is confirmation of your election for the upcoming plan year. Your new election amount(s) will not be viewable online until the first day of your new plan year.**

<b>Name</b>	Jane Doe	<b>Social Security Number</b>	*****6789
<b>Address</b>	123 Elm St Canutillo, WA 123456	<b>HireDate</b>	8/18/2008
<b>Birth Date</b>	1/1/1950		
<b>Effective Date</b>	7/1/2009		
<b>Confirmation ID</b>	1377		

Plan Type	Plan Name	Annual Election	Election Date	Effective Date	Action
HealthFSA	2009HCFSA	\$720.00	10/14/2009	7/1/2009	Enroll
DependentCareFSA	2009DCFSA	\$4,800.00	10/14/2009	7/1/2009	Enroll

Thank you for participating in the CONEXIS online enrollment process.