RETIREMENT HEALTH SAVINGS (RHS) PLAN

a/k/a Health Reimbursement Arrangement (HRA)

PARTICIPANT WEB PORTAL INSTRUCTIONS



Educators Benefit Consultants 3125 Airport Parkway, N.E. Cambridge, MN 55008 <u>www.ebcsolutions.com</u> 763-689-0111

1-855-369-5518 Fax: 763-552-6055

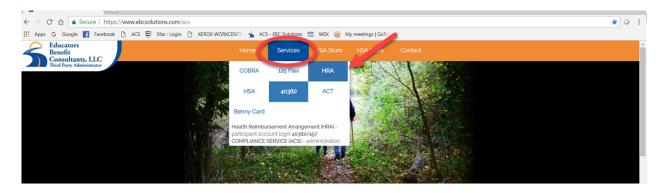
Contents

GETTING STARTED	
BENEFITS OVERVIEW	7
CLAIMS COMPONENT	
SUBMIT A CLAIM	9
ADD CLAIM RECEIPTS	
VIEW CLAIM HISTORY	16
PLAN MATERIALS AND FORMS	
PERSONAL INFORMATION	
DEPENDENT INFORMATION	
CHANGE YOUR PASSWORD	
DIRECT DEPOSIT INFORMATION	
INVESTMENT COMPONENT	
STATEMENTS	
INVESTMENT CHANGES	
BENEFICIARY INFORMATION	

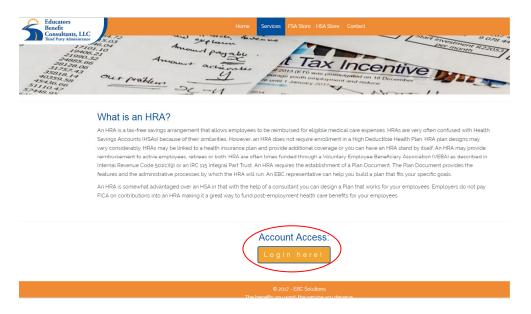
GETTING STARTED

Managing your accounts through EBC's web portal is easy and convenient. You are now able to submit claims online and view your account activity.

- Go to <u>https://www.ebcsolutions.com</u>
- Hover your cursor over the **Services** tab at the top of the screen and click on the **HRA** (health reimbursement arrangement) option.



• Click on the Account Access: Login Here! box that is shown after the HRA description.



You are now at the login page to your personal benefits information. Your account has already been set up for you. To enter the first time:

First Time Accessing the Site

If you haven't previously accessed the online enrollment tool, then you will log in using a default user name and password.

Username:	Your full Social Security Number (no spaces or dashes)
Password:	The last 4 digits of your Social Security Number
Third box:	Participant

Please sign into your account using the temporary sign on information provided to you as soon as possible. Once you sign in you must change your password. Follow the instructions on the screen.

With the exception of the User Id, all fields are required. If you don't populate the User Id field, then the current User Id will be retained.

Click: LOGIN



Note:	You will be req	uired to chang	e your pas	sword before	logging on	to the site.
-------	-----------------	----------------	------------	--------------	------------	--------------

Password Cha	nge	Print
Criteria		
 Your user id cannot be some Your password cannot be the Your password cannot be so 	ord will take effect Immediately. your Voice Response access (if evailable). some as your social security number. e portion of your your buser id. alphabetic and numeric characters (Aa-Zz and 0-1). c characters. 30 characters in length.	
Enter old password		
Enter new password	Re-enter new password	
		SUBMIT

You will then see a confirmation regarding your change. Click: Continue



You will see a confirmation page once your password has been changed successfully. You can click on **Benefits Summary** in the top grey bar to proceed to your benefit information.

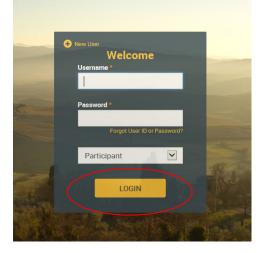
	User ID/Password Change	Print
\langle	Your request has been processed. Your confirmation number is 104600 You may use this number to reference this transaction in the future.	
	User ID/Password Change	
	You requested to change your user ID and/or password.	
	Requests, while processed into the database, may not take effect immediately. Some requests may still need to be approved before they will take effect.	

Previously Utilized the Online Enrollment Tool

If you have previously utilized the online enrollment tool, enter the User Id and Password you previously set to log into your account.

Username: Previously set user name Password: Previously set password Third box: Participant

If you do not remember your previously set user name and/or password, click on <u>Forgot User ID</u> <u>or Password</u> and follow the prompts.



Still Can't Get In?

Call EBC at 1-888-507-6053 and an EBC representative will be happy to assist you. If they set your username and password back to the default, then you will then log in as if it is your first time accessing the site (see details above)

BENEFITS OVERVIEW

As a participant in the HRA, you can both make benefit claims for reimbursement and also decide how you would like your HRA contributions invested. To do this, there are two components to the system. One component is titled to indicate "Claims" and the other to indicate "Investments".

To access the components, you can either click on the plan names or you can click on the Plan Selection drop down and select the required plan component.

Demo plan names are shown in the examples below, but your options will be:

Claims:	Demo Plan HRA Claims
Investments:	Demo Plan HRA Invest

To edit your personal information, click on your name under the **Personal Info** section. This will allow you to edit items such as your address, phone, email, and security question.

To log out of the system, click on the **Logout symbol** to the left of the Welcome in the upper right hand corner of the screen.

			Welcome, Ima Tes
			Plan Selection 🗸
			Print
Birth date:06/01/1961 Marital status:Married			
Enrolled	DemoPlan Investments Status: Belance as of: Account belance:	Active 01/01/2012 \$500.00	
	Marital status:Married	Marital status:Married DemoPlan Investmenta Enrolled Status: Balance as of:	Marital status:Married

CLAIMS COMPONENT

When you first enter the claims component, it will open to the Summary screen and look something like the picture below.

You can click on the blue arrows to expand or minimalize the detail sections.

On the top right of the screen, next to the "Welcome", you will see three icons.

The bell is for messages. If the number in red next to the bell is > 0, than there are messages for you to read.

The gear cog when clicked will allow some edits to your personal, dependent, password, and direct deposit information.

The last icon will log you out of the system.

Section 11.C		Welcome, Ima Te	est 🌲 🔍 🌣 🕞
👫 Benefit Detail Benefits Overview Documents & Reports Claims			Plan Selection \smallsetminus
Benefit Detail			n 🚔 Print
Personal Info Ima Test	Payment method:	Check	View Details
14852 Scenic Heights Road Suite 200 Eden Prairie , MN 55344	Home e-mail:	skibo33_match@hotmail.com	
> Balance by Investment as of			
> Participant Directed Benefit			
> Recent Claims			View Claim History

SUBMIT A CLAIM

Please Note: Claims cannot be submitted by active employees.

Click: **Claims** located in the top grey bar to open the drop down box Click: **Claim Entry**

S Radio 5.1C		Welcome, Ima Test	▲ ♥ 🌣 🕞
A Benefit Detail Benefits Overview Documents & Reports	Claims		Plan Selection $ \smallsetminus $
Benefit Detail	Claim History Claim Entry		Print
Personal Info Ima Test Id82: Scenic Heights Road Suite 200 Eden Prairie, MN 55344	Transaction History Home e-mail:	Check skibo33_match@hotmail.com	View Details
> Balance by Investment as of			
Participant Directed Benefit Recent Claims			View Claim History

Fill in the fields. Those with an asterisk next to the field name are required.

Claim Entry							F
Overall Progress: 0	% Complete						
information, click the 'Save 8 considered for reimburseme	Continue' button to save you	r claims and proceed	to the next :	and press the 'Add' button. Once you step. Please note that you MUST ele saving your entered data. DO NOT u	ctronically sul	bmit your receipts i	n order to be
Benny Receipts.							
Required field *							
	Start date o	f service *		End date of service *			
Required field *	Start date o • 02/01/201			End date of service * 02/01/2018			
Required field * Select benefit *		8					
Required field * Select benefit * HRA VEBA	▼ 02/01/201	8		02/01/2018			
Required field * Select benefit * HRA VEBA Person receiving service	02/01/201 Service prov	8		02/01/2018 Taxpayer ID			
Required field * Select benefit * HRA VEBA Person receiving service Frank Test	02/01/201 Service prov	8		02/01/2018 Taxpayer ID			

Click: Add

The claim area fields at the top of the screen will empty and the claim(s) entered will show in a grid towards the bottom of the page (you may have to scroll down the page). If you have a second claim to add, fill in the claim information at the top of the screen with the new claim and click Add again. Repeat until all claims are entered.

Claim Er	ntry									Print
Overall Prog	gress: 0% C	omple	te							
information, click	the 'Save & Conti	inue' butto	n to save your	them all at once. Ente claims and proceed to clear the list of claim	o the next	step. Please not	te that you MUST el	lectronically a	submit your re	
Required field *										
Select benefit *			Start date of	service *		End date of se	rvice *			
HRA VEBA		٣								
Person receiving	service		Service provi	ider		Taxpayer ID				
			None			N/A				
Add Dependent										
Description				Amount *						
				s						ADD
Click on the Co	ntinue button to			edit any of this info		N.	dit button next to			
Service Start Date	Service End Date	Benefit		Service Provide	ar	Taxpayer ID	Person		Claim Amount	Notes
02/01/2018	02/01/2018	HRA VE	BA	Dental			Frank Test		\$100.00	Edit Delete
TOTAL									\$100.00	
TOTAL									\$100.00	
	ANT: Your claim w	vill not be i	eviewed for rei	mbursement until you	s complet	e the next step.				

Review the claim(s) thoroughly. If there are any issues, then click on the "Edit" button under the notes column to modify the claim. The claim will open and changes can be made. Once completed, click on the Add button again.

Click on the Delete key to remove a claim.

Once the claims pass review, click on the **Continue** button at the bottom of the page. *Note, you must click on the Continue button and complete the next step before the claim can be approved.*

Locate the row with the claim for which you'd like to attach documentation and check the box under the "Add Attachment" column.

Click on Add

	processing your claim.	Receipts are req	Claim Entry - Step 3 of 3: Please read the instructions below in order to avoid a delay in processing your claim. Receipts are required in order to complete the processing of your claim.						
Overall Progress: 7	5% Complete								
	ton to select and upload an attachment file. Attachment' to save the same file to each s		u must select the checkbox for	r EACH claim that you want to add an					
Select the claims you wish	to add attachments to:								
Claim ID Service Star	Date Service End Date	Claim Amount	Service Provider	Add Attachment					
83 01/12/2016	01/12/2016	\$100.00	Dentist						
				ADD					

This will add new section below titled "Attachments". Click **Add Attachment +** and you will be able to populate data in the attachment row.

	ogress: 75% Compl	lete				
			ment file. Files must be in a			
Claim ID	Service Start Date	Service End Date	Claim Amount \$100.00	Service Provider		Add Attachment
						ADD
tachments						
Claim ID	Туре		File		Action	
		In constant and				Add Attachment
	ments - Will be saved once su	brinted	Choose File Test Receip		-	

Click on **Submit** to attach the document. When the document is attached successfully, new text in a green bar will show indicating it succeeded and providing a confirmation number. A new row showing the document will appear under an Attachment section of Previously Submitted Attachments.

When you have completed entering your attachments, then you can exit the area by clicking on any options in or above the dark grey bar on the top of the screen.

If you do not see the 100% complete and green bar, then your claims have NOT been saved.

/erall Pr	ogress: 100% Com	plete				_
Your attach	ments have been successfu		istory to submit additional attachn	nents.		
Confirmatio	on ID: 121172					
ck the 'Add	Attachment' button to s	elect and upload an attac	chment file. Files must be in a	PDF file format.		
Claim ID	Service Start Date	Service End Date	Claim Amount	Service Provider		Add Attachment
1	02/01/2018	02/01/2018	\$100.00	Dental		
						ADD
achments			File		Action	
	Type				Activit	
Claim ID	Type	ubmitted				Add Attachment

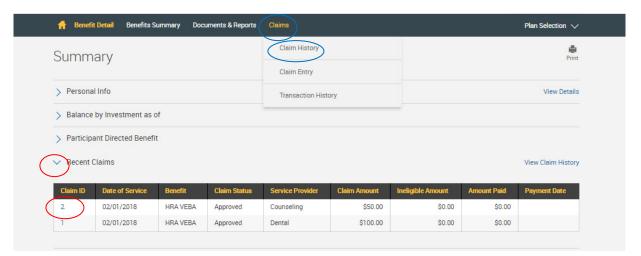
ADD CLAIM RECEIPTS

All of the accompanying claim information will need to be uploaded via the web as pdf files. To do this, scan the receipts and save them in a pdf file format on your computer.

Once you have logged in to the site. Select the Claims component of the system and you will see the following summary screen.

There are two ways in which you can find your previously submitted claims.

- 1. You can click on the blue arrow next to **Recent Claims** on the summary screen. This will expand the section to show a list of recent claims. Click on the claim id number to open the claim for which you will be adding attachment(s)
- 2. Click on **Claim** in the top menu bar and then **Claim History**. This will bring you to the Claims History screen. The recent claims will show in a grid. You can also enter selection criteria to pull a more specific list of claims. Click on the claim id number to open the claim for which you will be adding attachment(s)



This will add a new section below titled "Claim Detail". Click **Add Attachment +** and you will be able to populate data in the attachment row.

	2	Submitted amount:		
Claim status:		Ineligible amount:		
Claim description:	Therapy HRA VEBA	Net claim amount: Expense type:		
Start date of service:		Relationship:		
End date of service:		Notification date:		
Service provider:		Additional info:		
Claim submitted for:				
				PRINT
ttechments				PRINT
		File	Action	PRINT
Claim ID Type	bmitted	File	Action	PRINT Add Attachment
Claim ID Type	ibmitted	File Choose File Test Receipt pdf	Action	
New Attachments - Will be saved once su	T		Action	Add Attachment

Click on **Submit** to attach the document. When the document is attached successfully, new text in a green bar will show indicating it succeeded and providing a confirmation number. A new row showing the document will appear under an Attachment section of Previously Submitted Attachments.

Claim D	etail					Print
Your attachi	ments have been successful	ly submitted. Confirmation IE): 121176			
	Claim ID: Claim status Claim description: Benefit: Start date of service: End date of service: Service provider. Claim submitted for:	Approved Therapy HRA VEBA 02/01/2018 02/01/2018 Counseling		Submitted amount: Ineligible amount: Net claim amount: Expense type: Relationship: Notification date: Additional info:	\$0.00 \$50.00 Web Claim	PRINT
Attachments						
Claim ID	Туре		File		Action	
New Attachm	ents - Will be saved once sul	bmitted				Add Attachment
THE PRESENT	aved Attachments - Cannot b	e removed				
	Receipt		Test Receipt.pdf			View Details

When you have completed entering your attachments, then you can exit the area by clicking on any option in the tool bar on the top of the screen.

You MUST notify the EBC office and let us know you have attached a receipt to a previously submitted web claim.

Phone: 1-888-507-6053 Email: HRASupport@ebcsolutons.com

VIEW CLAIM HISTORY

Click: **Claims** located in the top grey bar to open the drop down box Click: **Claim Entry**

You will see a history of your claims and claim status.

You can change the following fields to specify the claim history shown:

- Select plan year
- Select benefit
- Select dependent
- Select month or date range

Click: Get Results

Seleet pla	n year		Select	penefit		Select dep	endent			
01/01/20	016 - 12/31/	2016 🔽	All			✓ All	<u>\</u>	-		
Monti	h A	ll Months		~)	
	5	itart Date			End Date					
O Date	Range	01/01/2016			12/31/2016				GET R	ESULTS
Claim	Benefit	I)ate of	Claim	Ineligible	Claim Status	Service Provider		Amount	Payment
ID										
10.00		9	Service	Amount	Amount			Expense Type	Paid	Date
78	Medical F		Service 11/19/2016	Amount \$50.00	Amount \$0.00	Pending approval	Counseling	Web Claim		Date
10.00	Medical F	SA (Paid	Date
78		SA (1/19/2016	\$50.00	\$0.00	Pending approval	Counseling	Web Claim	Paid \$0.00	Date
78 75	Medical F	SA C SA C SA C	1/19/2016 1/19/2016	\$50.00 \$100.00	\$0.00 \$0.00	Pending approval Pending approval	Counseling Doctor	Web Claim Web Claim	Paid \$0.00 \$0.00	Date
78 75 76	Medical F Medical F	SA C SA C SA C	17/19/2016 17/19/2016 11/13/2016	\$50.00 \$100.00 \$50.00	\$0.00 \$0.00 \$0.00	Pending approval Pending approval Pending approval	Counseling Doctor Drugs and Medicines	Web Claim Web Claim Web Claim	Paid \$0.00 \$0.00 \$0.00	Date
78 75 76 74	Medical F Medical F Medical F	SA C SA C SA C SA C SA C	11/19/2016 11/19/2016 11/13/2016 11/13/2016	\$50.00 \$100.00 \$50.00 \$100.00	\$0.00 \$0.00 \$0.00 \$0.00	Pending approval Pending approval Pending approval Pending approval	Counseling Doctor Drugs and Medicines Doctor	Web Claim Web Claim Web Claim Web Claim	Paid \$0.00 \$0.00 \$0.00 \$0.00	Date
78 75 76 74 80	Medical F Medical F Medical F Medical F	SA C SA C SA C SA C SA C SA C	11/19/2016 11/19/2016 11/13/2016 11/13/2016 11/12/2016	\$50.00 \$100.00 \$50.00 \$100.00 \$75.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Pending approval Pending approval Pending approval Pending approval Pending approval	Counseling Doctor Drugs and Medicines Doctor EYE	Web Claim Web Claim Web Claim Web Claim	Paid \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Date
78 75 76 74 80 72	Medical F Medical F Medical F Medical F Medical F	SA C SA C SA C SA C SA C SA C SA C	11/19/2016 11/19/2016 11/13/2016 11/13/2016 11/12/2016 11/12/2016	\$50.00 \$100.00 \$50.00 \$100.00 \$75.00 \$100.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Pending approval Pending approval Pending approval Pending approval Pending approval	Counseling Doctor Drugs and Medicines Doctor EVE Dental	Web Claim Web Claim Web Claim Web Claim Web Claim	Paid \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Date
78 75 76 74 80 72 81	Medical F Medical F Medical F Medical F Medical F	SA C SA C SA C SA C SA C SA C SA C SA C	11/19/2016 11/19/2016 11/13/2016 11/13/2016 11/12/2016 11/12/2016 11/12/2016	\$50.00 \$100.00 \$50.00 \$100.00 \$100.00 \$100.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Pending approval Pending approval Pending approval Pending approval Pending approval Pending approval	Counseling Doctor Drugs and Medicines Doctor EVE Dental Emergency Room Visit	Web Claim Web Claim Web Claim Web Claim Web Claim Web Claim	Paid \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Date
78 75 76 74 80 72 81 82	Medical F Medical F Medical F Medical F Medical F Medical F	SA C SA C SA C SA C SA C SA C SA C SA C	11/19/2016 11/19/2016 11/13/2016 11/13/2016 11/12/2016 11/12/2016 11/12/2016	\$50.00 \$100.00 \$50.00 \$100.00 \$100.00 \$100.00 \$100.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Pending approval Pending approval Pending approval Pending approval Pending approval Pending approval Pending approval Pending approval	Counseling Doctor Drugs and Medicines Doctor EYE Dental Emergency Room Viait Dentist	Web Claim Web Claim Web Claim Web Claim Web Claim Web Claim Web Claim	Paid \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Date

PLAN MATERIALS AND FORMS

Click: **Documents & Reports** located in the top grey bar to open the drop down box Click: **Documents**

Click on the blue arrows to expand the sections.

Examples of documents found in the sections are:

- Document Group: Forms
 - Debit Card Enrollment Form
 - HRA Employee Enrollment Form
- Document Group: Plan Materials
 - Debit Card Frequently Asked Questions

Plan Selection \smallsetminus			Claims	Documents & Reports	Benefits Overview	🔒 Benefit Detail
🚔 Print				Reports	tail	Benefit De
				Documents		
View Details	Check skibo33_match@hotmail.com	Payment method: Home e-mail:			s Road	 Personal Info Ima Test 14852 Scenic Heights Suite 200
						Eden Prairie , MN 553
					ected Benefit	> Participant Dir
View Claim History						> Recent Claims

PERSONAL INFORMATION

Click: On the top right side of the screen in the tool bar to open the drop down box Click: **Personal Info**

	X
	lma Test
\langle	Personal Info.
	Dependents
	Password Change
	Direct Deposit

This screen contains personal data such as your name, address, email, security questions, etc.

Fields that have an asterisk are required to be completed.

If the field is grey, then modifications cannot be made via the web.

To make changes to grayed out data, or to request that future statements be mailed, contact EBC at 1-888-507-6053 and an EBC representative will be happy to assist you.

Once your changes are complete, click: Submit

 General 					
Prefix	First nar	me *	Middle	Last name *	
Ms	▼ Ima			Test	
Street add	ress 1 *	Street add	ress 2		
14852 So	enic Heights Road	Suite 200			
City *		State *	Zip code *		
Eden Prai	rie	MN	55344		
Home pho	ne				
777	777 7777				
Birth date					
06/01/19	961				
> Email					
> Security (Question				
· · · · · · · · · · · · · · · · · · ·					

DEPENDENT INFORMATION

Click: On the top right side of the screen in the tool bar to open the drop down box Click: **Dependents**

	×
	lma Test
	Personal Info.
\langle	Dependents
	Password Change
	Direct Deposit

When you first open this screen, only the dependent grid containing the current dependents will show.

Click on View/Edit to the right of the dependent to display the dependent details on the lower portion of the screen. Click on Delete to delete the dependent. To add a new dependent, click on the Add Dependent button.

Dependents	

Click: Update/Submit

Name		Relationship		Birth Date		Action
Frank Test		Spouse		03/02/1960		View/Edit Delete
Sally Test		Child		02/01/2018	$\left(\right)$	View/Edit Delete
Frank Test Items marked with an asterisk (*) First name *) must be completed befor Middle nam		Last name *			
Items marked with an asterisk (*)						
Items marked with an asterisk (*)		e	Last name *			
ltems marked with an asterisk (*) First name * Frank	Middle nam	ie SS#	Last name *			
Items marked with an asterisk (*) First name * Frank Relationship *	Middle nam	ie SS#	Last name *			
Items marked with an asterisk (*) First name * Frank Relationship * Spouse	Middle nam Dependent 777654322	ie SS# 2	Last name *			

CHANGE YOUR PASSWORD

Click: On the top right side of the screen in the tool bar to open the drop down box Click: Password Change

	X	
		lma Test
	Personal Info.	
	Dependents	
\langle	Password Change	
	Direct Deposit	

Fill in the fields on the screen. With the exception of the User Id, all fields are required. If you don't populate the User Id field, then the current User Id will be retained.

Click: Submit

Password Chang	e	Print
Criteria		
Leaving the user id field empty w Changes made to your password These changes will not affect yo Your user id cannot be some por Your password cannot be the sa	will take effect immediately. Ir Voice Response access (if available). ion of your password.	
Your password cannot be some	ortion of your web user id.	
 Your password must contain alp Password must be mixed-case c 	abetic and numeric characters (Aa-Zz and 0-1).	
 Password must be mixed-case c UserID must bebetween 6 and 30 Password must be between 6 and 	characters in length.	
Enter new user ID		
Enter old password		
Enter new password	Re-enter new password	
		SUBMIT

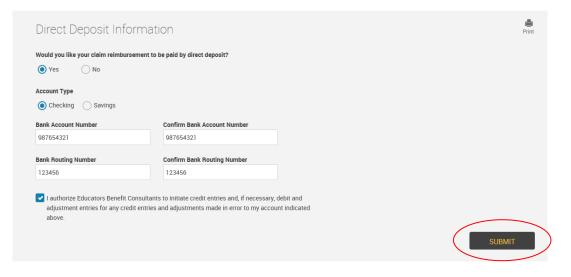
DIRECT DEPOSIT INFORMATION

Click: On the top right side of the screen to open the drop down box Click: **Direct Deposit**

×	
	lma Test
Personal Info.	
Dependents	
Password Change	2
Direct Deposit	$\overline{}$

Populate the fields with your account information.

Click: Submit



INVESTMENT COMPONENT

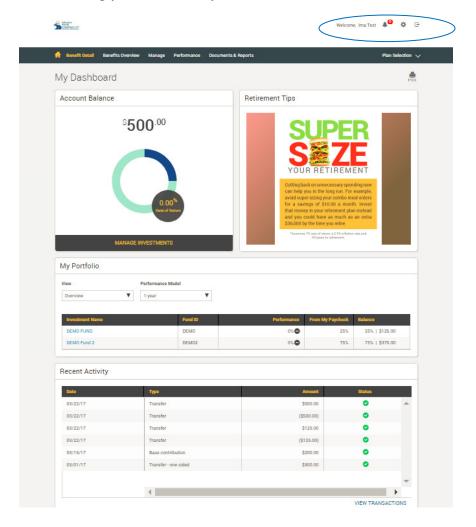
The investment component will open to the Dashboard and look something like the picture below. Here you will see a summary of your HRA amount, the fund(s) in which the money is invested, and recent activity. You may need to scroll down to see all of the information on the screen.

On the top right of the screen, next to the "Welcome", you will see three icons.

The bell is for messages. If the number in red next to the bell is > 0, than there are messages for you to read.

The gear cog will display, and allow some edits to your personal, beneficiary, and password information.

The last icon will log you out of the system.



Click: **Documents & Reports** located in the top grey bar to open the drop down box Click: **Reports**

Click on the blue arrows to expand the section Report Group: Statements. You will then see a listing of the statements that are available for your view.

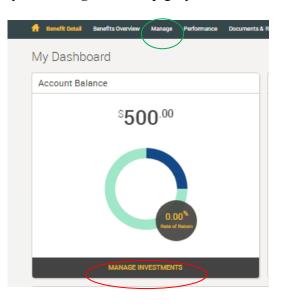
Click on the report title to open the document.

How the report opens will depend on your computer settings. The document will either open right away in a new window or you will see a connection to it at the bottom of the screen.

👘 Benefit Detail Benefits Overview M	lanage Perform	ance Documents & Report	8	I	Plan Selection 🗸
Reports		Reports	$\sum_{i=1}^{n}$		Print
Acter Reader		Documents			
Name	Size	File Type	From Date	To Date	Delete
Report Group: Statements					
HRA Statement 12/31/2017	264kb	Adobe Acrobat			

You will automatically be invested in the plan default investment. You may choose to change your investments at any time.

To change your investments click: **Manage Investments** located below the account balance summary or **Manage** in the top grey bar.



To change your future contributions, click on the Change Elections option.

Manage Investme Your Balance S 500.00 Change Elections Elections	m Transfer	Aove Money	punt Make 1	Rebalance		Prixt
My Portfolio View	Performance Model					
Overview *	1-year	•				
Investment Name		Fund ID	Performance	Asset Class	From My Paycheck	Balance

You will see a graphic display of both your current future selection and also a grid in the lower part of the screen.

Within the grid, under the "Investment" area, you can click on the fund for more information in order to help you make an informed decision. Later in this process, you will be asked to confirm that you received this information.

Within the grid, under the "New Election%" area, you can enter your new percentages. All allowable funds offered via the plan will be displayed, but you will only be able to make elections in funds that are currently accepting new contributions. Once you make your change, the graphic display will also update with your changes.

Click: Next

Change Elections			Print
Overall Progress: 0% Complete			
Enter Investment Election Percentages			
Current Investment Elections How new contributions are currently invested	How new contributi	New Investment Elections ons will be invested after you have changed your election	ons
0	Compare	0	
Intestment	Fund ID	Current Allocation % New Elec	tion: %
DEMO FUND	DEMO	100%	50 %
DEMO Fund 2	DEM02	0%	50 %

You will then be asked if you would like to rebalance your current money to the new investments.

- No = only your future contributions will be placed in the new allocations/investments
- Yes = all of your current balance and new contributions will be placed in the new allocations/investments.

Change Elections	Print
Overall Progress: 20% Complete	
Transferable Balances Would you like to rebalance your transferable balances in your plan to conform with the percentages you entered for your investment elections? No Yes	
CANCEL	BACK

In order to proceed, you will need to confirm that you had access to the fund information. This was provided earlier when you chose your fund elections. If the fund is highlighted in blue here, then you can also access additional information at this point.

Click: Next

Change Elections	i 🚔 Print
Overall Progress: 60% Complete	
Prospectus Provided Have you been provided the prospectus for each fund?	
Funds DEMO FUND DEMO Fund 2	Mark all as Provided Mark as Provided Mark as Provided
CANCEL	BACK

Confirm that the change to be implemented is correct and click **SUBMIT**.

verall Progress: 80% Complete			
eview			
ection Percentages			
Investment	Fund ID	Current Allocation %	New Election %
DEMO FUND	DEMO	100%	50%
DEMO Fund 2	DEM02	0%	50%
TOTAL		100%	100%

If you see the green bar with a confirmation number then your election is complete. *If you do not see a confirmation number, then your changes have NOT been saved.*

Click **Done** to exit the area and return to the Election Change section.

Overall Progress: 100% Comp	olete		
onfirmation			
Confirmation Number: 104613			
ection Percentages			
Investment	Fund ID	Current Allocation %	New Election %
DEMO FUND	DEMO	100%	50%
		0%	50%
DEMO Fund 2	DEM02		100%
DEMO Fund 2	DEMO2	100%	
	DEMU2	100%	
DEMO Fund 2	DEMOZ	100%	

Click: **Benefits Summary** in the upper grey bar of the Election Change section to return to the main screen.

If you do not see a confirmation in a green bar, then your elections have NOT been saved.

BENEFICIARY INFORMATION

Click: On the top right side of the screen in the tool bar to open the drop down box Click: **Beneficiaries**

	×	
		Ima Test
	Personal Info.	
\langle	Beneficiaries	
	Password Change	

You can review, add, update, or delete your beneficiaries as necessary. If you make any changes click **Save**. A green banner will show at the top indicating that your beneficary data has been saved.

Beneficiaries					int 👘
Your changes have been a	saved.				
Beneficiary Design		e you can proceed to the	iext step.		
Beneficiary type Primary	Beneficiary pe	rcent *			
Name *	Relationship		Birth date	cial security number (optional)	
Shesa Test Street address 1	Spouse	Street address 2	07/01/1970		
City		State Zip code	Country		
				DELE	TE
ADD				SAV	E