

Benefits Platform User Guide

Table of Contents

Employer Guide	2
Logging In & Registering for the Platform	2
Dashboard Navigation	4
Membership Maintenance	5
Adding a New Employee	5
Adding a Benefit to an Existing Employee	
Terming an Employee	
Terming Employee Benefit	
Updating Employee Demographic Details	
Adding Dependent to Benefit	
Terming Dependent Benefits	
Opening Special Enrollment Window for an Employee	
Updating Benefit Effective Date	
Invoices & Payment History	
How to Download an Invoice	
How to View Payment History	
Notes & Documents Center	
How to Pull Reports	
Employee Reports	
Accounting Reports	
Employee Guide	
Registering for the Platform	
Enrolling in Benefits	51
Notes & Documents Center	

Employer Guide

Logging In & Registering for the Platform

Registering for the Platform

1. You will receive an email containing registration instructions with an Access Code



2. Select "Register Now" to create a user profile as an "Account"



Logging In & Accessing Group

1. At the login screen, select "Account" and login with user credentials



Dashboard Navigation

This provides a snapshot view of all enrollees within the current plan year or for those in a special enrollment window

- 1. Benefit Cost Analysis This breaks down the monthly premium by benefit type (the different benefit types are clickable tiles) and shows a full cost breakdown by employee
- a. You can filter for specific employees via the funnel filters (shown by the red arrow below)2. Quick Actions Main functions on the platform are found here
 - a. "Add Employee", "Maintenance", Account Administration (Changing passwords, security questions, etc.), etc.



Membership Maintenance

Maintenance is the main feature on the platform where all membership transactions take place. Any requests regarding membership – adding benefits, updating demographic details, terminations, etc. – MUST be completed here.

Adding a New Employee

First, an employee's demographics must be added to the system. Simply adding an employee's demographics does NOT ensure enrollment of benefits.

1. Select the Menu and then select Employees



2. Click on "Add Employee"

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A Home > Employee							🔳 Menu
Employees Listing Listing of all employees							
Employer Name: Clear Cut LLC	Tax ID: 23-4189902		Access Code: F93E18859	960		Employer Status: Active	
Employees						Clear Filters	Add Employee
Name T	Alternate ID T	Access Code	T	Date of Birth	T	SSN T	Status T
Abdul Lambarton	B08D162D09B	812DF86E0F40		11/11/1976		XXX-XX-4314	Employed
Adaline Weed	638D4D02BAC	E2DD3D25079A		08/12/1977		XXX-XX-1251	Employed
Adams Sizzey	78A78DDC241	53064EAA0D7D		08/06/1975		XXX-XX-9900	Employed
Adiana Straughan	31F3787E8A3	085C83FE0A84		01/12/1978		XXX-XX-4071	Employed
Adrien Denyagin	F433BDB6579	A9B54E490754		09/28/1977		XXX-XX-3669	Employed
Aguste Terrazzo	64A8CCB08F8	7F8637C30056		08/06/1976		XXX-XX-1355	Employed
Aili Schust	9A681E9A54E	B9037ECA039C		09/14/1976		XXX-XX-0682	Employed
Aimil Kingman	55533BDA89B	02DA40C00273		07/16/1978		XXX-XX-7836	Employed
Albina Behn	70D5BF0002F	736189F40639		07/07/1975		XXX-XX-5972	Employed
Alexa Gwinn	21C867FA7FD	FE1C67090D76		06/16/1998		XXX-XX-1186	Employed
No of Decords (445	· · · ·					1 2 2 4 5	Dage 1 of 47

- 3. Fill out all required fields and **click** next. Required fields will be clearly marked with an asterisk *. (see picture below)
 - a. Leave the Effective Date as the defaulted present date when entering the employee. You will list the coverage/benefit effective dates at a later time.
 - b. <u>Please note that the "annual salary" field is not required on the system but may be required if</u> salary information pertains to your group's benefits – ex. Disability or Supplemental Life/AD&D

ections.							
• Mandatory fields							
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- 1 - N	T 10						
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Salutation:							
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John					Doe		
Suffix:		SSN: * 🔒	SSN Last 4Dig	it:	Gender:		
		XXX-XX-1111	1111		Male		~
Date of Birth: *		Marital Status:*			Date of H	lire:	
01/01/1990		None		~	01/01/	2020	
Email Address		Alternate ID:			Access C	ode:	
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		-					
Division:*	~	Class:*		~	2020-F	chedule:" Bi Weekly	~
						- /	
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Home	\checkmark	Home			Yes		
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4. Dependents can be added on the next screen by clicking on "Add Dependent". Dependents can be also be added at a later date if their demographic information is not provided at the time of entering the employee to the system.

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Add Employee								
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	Jane	Doe	Female	01/01/1990	1	XXX-XX-2222	Active	
Spouse								
Spouse								
Spouse No of Records : 1								
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Spouse No of Records : 1								

a. Enter Dependent Information, **click** "Save" & "Next"

5. Verify demographic details are correct

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Home > Employees Lis	ting > Add Employee						E Mei
Add Employee This wizard will help you the elections.	rough the addition of a	n employee. You can also add a	benefit for this e	mployee or open up	o the enrolli	ment to enable the emplo	yee make their own
- Mandatory fields							
1 PERSONAL DETAI	ls 🔰 🕘 depen	dent details 3 S					
Employer Name: Clear Cut LLC	T: 2	ax ID: 3-4189902	Access Cod F93E1885	e: 9960		Employer Status: Active	
Personal Detail Salutation:	S						
First Name: John		MI:			Last N Doe	lame:	
Suffix:		SSN: 😚 XXX-XX-1111			SSN La 1111	ast 4 Digit:	
Gender: Male		Date of Birth: 01/01/1990			Marita None	al Status:	
Date of Hire: 01/01/2020		Email Address: JohnDoe@Test.co	om		Altern E8A92	a te ID: 2D1E3DA8	
Access Code: 24FD8795C578		Division: Main Division			Class: FullTir	ne	
Payroll Schedule: 2020-Bi_Weekly		Height:			Weigh	nt:	
Title:		Effective From: 06/16/2020			Termi	nation Date:	
Status: Employed		Annual Salary: \$75,000.00			Defau EE-Sys	It role: stem	
Employee Addres	s						
Address Type:		Address Name:			Prima	ry Address:	
Home		Home			Yes		
Address 1: 8700 W Bryn Mawr Ave		Address 2:			City: Chica	go	
State: IL		Country: USA			Zipco 60633	de: 1	
County: Cook		Phone:			Ext:		
Fax:							
Dependents							
Relationship	First Name	Last Name	Gender	Date of Birth		SSN	Status
Spouse	Jane	Doe	Female	01/01/1990		XXX-XX-2222	Active
No of Records : 1							
How would you li	ke to proceed n	ext?					
Open an enrollment v	/indow for benefits						
 Add a benefit to the e None 	трюуее						
Previous							Next

6. Select "none" under 'How would you like to proceed next?' – **Do not select any other options**

Relationship	First Name	Last Name	Gender	Date of Birth	SSN	Status
Spouse	Jane	Doe	Female	01/01/1990	XXX-XX-2222	Active
No of Records : 1						
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How would you Open an enrollmen Add a benefit to th None	I like to proceed ne	ext?				

7. **Click** finish

*The employee has been entered into the system. For all membership needs, transactions should be completed via "Maintenance".

Adding a Benefit to an Existing Employee

Benefit listing will show all applicable benefits per Employer/Account and the premium by selected employee. The cost breakdown will show annual, monthly, and per pay period options – the per pay period is subject to the details laid out by the agent during the group setup

1. Select the menu icon and **click** on "Maintenance"

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Home > Employees Listing >	Employee Information Naviga	te to 🔻			🔳 Menu
Employee Inform	ation			6	Dashboard
Employee Information				5	Employer Information
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Employer Name:	Tax ID:	Acces	ss Code:	Employer St 😑	Benefit Management
Clear Cut LLC	23-4187702	F735	18837700	Active	Employee
Employee Name:	Alternate GUID:	1	Access Code:	Employe	
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Home	8700 W Bryn Mawr Ave	Chicago	IL 60631	225	Oser Management

- 2. Select "Add Benefit to an Employee" under "I want to"
 - a. Select Employee by typing in the name which will auto populate some options to pick from
 - b. Select "Submit"

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MI COMPANI			Enter minimum 3 characters	Q v
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↑ Home > Maintenance				🔳 Menu
Maintenance Submit a request to process various activity				
Employer Name: Clear Cut LLC	Tax ID: 23-4189902	Access Code: F93E18859960	Employer Status: Active	
New Request				
Indicates a required field I want to: Add Benefit to an Employee O View Request History	Select Employee: *	×	✓ Submit	

3. Enter parameters for the transaction – Effective Date, Qualifying Event Date, & Reason

<i>Aaintenance</i>				
ubmit a request to process various activity				
Employer Name:	Tax ID:	Access Code:		Employer Status:
Clear Cut LLC	23-4189902	F73E18859960		Active
New Request				
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I want to: *	Sele	ct Employee: *		
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O View Request History				
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01/01/2020	iii [1:	2/01/2019		Others
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Benefits				✓ Show
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4. Select "Show" under "Benefits"

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- Any respective benefit summaries available for the group will be made available to download/viewing real time under each benefit as an attachment.
- Basic Plan information will be listed whenever available/applicable
- Premium listed on the window is the EE cost select "Cost Break Down" to view any employer contributions and the total monthly premium cost

5. Apply/Waive benefits as requested by the employee. Any benefits that are not selected or actively waived will simply not appear under the employee's benefit listing

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tar type: Pa Tai Wein Concept V Hord Balance Part year of the Concept V Hord	Choice Silver PPO 024-00 Effective Date: 01/01/2020- 12/31/2020 Deductible :\$3000 Pian Type :PPO Doctors Office Visits :\$40	Who is Covered? Covered Name Relationship Dat Image: Covered Jane Doe Spouse 01/	te of Birth Age \$399.49/month 01/1990 28 Cost Break Down
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Relationship First Name Lat Name Date of Birth Amount Self Wahver Reason \$30,000 \$30,000 \$30,000 Tx Type: Pre Tax Select Image: Select	TX Blue HDHP Effective Date: 01/01/2020-12/31/2020 Deductible \$1250 Plan Type :HDHP Doctors Office Visits \$30	Who is Covered? Covered Name Relationship Date Image: Covered in the image of th	te of Birth Age 01/1990 28 BlueCross BlueShield of Texas BlueShield of Texas Cross BlueShield of Cost Break Down
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Group - Voluntary Life Group - Dental PODTXHM09 Effective Date: 01/01/2020 - 12/31/2020 Who is Covered? No dependents found: S23.89/month Cost Break Down Cost Break Dow	Group - Accident Insurance Covered by Group - Hospital Indemnity Covered to Enrolled in Other	r individual policy / Medicare / spouse's/domestic partner's group coverage another Insurance Carrier Plan	 ✓ Show ✓ Show
Group - Dental POD TIXHM09 Effective Date: 01/01/2020 - 12/31/2020 Who is Covered? No dependents found! S23.89/month Cost Break Down Poply Waive Coverage View Plan Details Group - Dental Componental Componental Contract POD TIXHM09 Effective Date: 01/01/2020 - 12/31/2020 Who is Covered? No dependents found! Cost Break Down Poply Waive Coverage View Plan Details Coverage View Plan Details Coverage Cover			🗸 Show
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Coop Dental PPO DTXHM09 MetLife Effective Date: 01/01/2020 - 12/31/2020 Who is Covered? No dependents found! \$0.00/month You have waived this coverage Reason: Covered by spouse's/domestic partner's gro coverage	Group - Dental		
Dental PPO DTXHM09 Mo is Covered? Who is Covered? \$0.00/month No dependents found! You have waived this coverage Reason: Covered by spouse's/domestic partner's gro coverage	Group - Dentai		
No dependents found! You have waived this coverage Reason: Covered by spouse's/domestic partner's gro coverage	Dental PPO DTXHM0 Effective Date: 01/01/2020 - 12/31/2020	9 Who is Covered?	MetLife
You have waived this coverage Reason: Covered by spouse's/domestic partner's gro coverage		No dependents found!	\$0.00/month
с С			You have waived this coverage Reason: Covered by spouse's/domestic partner's group coverage
Tax Type: Pre Tax Remove Waive Change Waive Research View Plan Del			

6. Select "Submit"

Maintenance ubmit a request to process various activity							
Employer Name: Clear Cut LLC	Tax ID: 23-4189902	!	Access Code: F93E18859960			Employer Status: Active	
New Request							
• - Indicates a required field I want to: • Add Benefit to an Employee • View Request History	~	Select Employee: *		¥	✓ Submi		
Add Benefit to Employee		E					
01/01/2020		12/01/2019			Others		~
Comments*							
Benefits							Show
						X Cancel	H Submit Request

Allow a few minutes for the submission to sync, and you will be able to view the benefits in the employee's record and/or the Dashboard

Terming an Employee

*This function will terminate an employee's status **and** their respective benefits. Once an employee's status is marked as "terminated" you will no longer be able to perform Maintenance requests on your own.

1. Select the menu icon and **click** on "Maintenance"

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MY COMPANY								Enter minimum 3 d	haracte	rs Q V
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Employee Inform	ation								ଚ	Dashboard
Employee Information									£	Employer Information
Employer Name: Clear Cut LLC	Tax I 23-4	D: 189902	A F	ccess Code:	60			Employer S Active	≔	Benefit Management
									凇	Employee
Employee Name: John Doe	Alternat E8A92	e GUID: D1E3DA8		Access Cod 24FD879	e: 5 C57	8		Employe Employ	69	Maintenance
										Manage Import
Addresses										Reports
Address Name 🔺 🛛 🍸	Address1	Address2 T	City	▼ State	Ŧ	Zipcode	T	Phone[Ext]		Liser Management
Home	8700 W Bryn Mawr Ave		Chicago	IL		60631			- -	

- 2. Select "Term Employee" under "I want to"
 - a. Select Employee by typing in the name which will auto populate some options to pick from
 - b. Select "Submit"

A Home > Maintenance			E Menu
Maintenance Submit a request to process various activity			
Employer Name: Clear Cut LLC	Tax ID: 23-4189902	Access Code: F93E18859960	Employer Status: Active
New Request			
- Indicates a required field I want to: Term Employee O View Request History	Select Employee: • John Doe	✓ ✓ Subm	it

- 3. Enter parameters Qualifying Event Date, Term Date, & Reason
 - a. The "Term Date" will be the LAST day the member should have active coverage

 Indicates a required field 				
mployee Name: *		Date of Birth: *	SSN: 🚹 🔹	SSN Last 4Digit: *
John Doe		01/01/1990	XXX-XX-1111	1111
Gender:*		Date of Hire: *		
Male	~	01/01/2020		
Event Date*		Term Date*	Reason*	
06/16/2020		06/30/2020	Others	~

4. All respective benefits will be pre-selected and the effective till date will auto-fill

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	e Name: •		Date of Birth: *		55N: 1	SSN Last 4Digit: *			
onn Doe			01/01/1990		XXX-XX-1111	1111			
ender:*			Date of Hire: *						
Male			♥ 01/01/2020						
Event Date*			Term Date*		Reason*				
06/	16/2020		06/30/2020		Others	~			
Be	nef (s Segment	Benefit Type	Benefit Name	Effective From	Effectiv	re Till			
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		Life	Term Life- EM- Life 1-B w/ AD&D	01/01/2020	06/3	0/2020			
	Group								
	Group o of Records	:2							

5. **Click** on submit request & confirm action

marcat	tes a required i	held						
mploye	ee Name: *			Date of Birth: *		SSN: ① *	SSN	Last 4Digit: *
John D	Doe			01/01/1990		XXX-XX-1	111 11	11
ender:				Date of Hire: *				
Male			~	01/01/2020				
Event	Date*			Term Date*		Reason*		
06/	16/2020			06/30/2020		Others		~
Comm	nents *							
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			-		01/01/2020		06/30/2020	
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erm Al Indicat Indicat John D Male Home Reques Reques imployee Clear C	n Employee tes a required f ee Name: * Doe * * * * * * * * * * * * * * * * * * *	ield ce y queued for processi ess various activity	Confirm Termination o Make Reinitia Employee? X Cance ng. Tax ID: 23-4185	of Employee will remove all the active benefite Employee Request to activate the Emplo	its and corresponding covered yee again. Are you sure to Teri	× idependents. m the	X Cancel in SSN Las SSN Las 11 1111 1111 1111 1111 1111	Submit Request
erm At indicat indi	n Employee tes a required f te Name: * Doe * * > Maintenan it is successfull t is successfull t is successfull t equest to proc equest to proc er Name: Eut LLC Request	ield ce y queued for processi ess various activity	Confirm Termination of Make Reinitia Employee? Cancel ng. Tax ID: 23-4185	of Employee will remove all the active benefite Employee Request to activate the Employee Request t	its and corresponding covered yee again. Are you sure to Ten	x dependents. m the	X Cancel F	Submit Request
erm Al Indicat mployee John E Male Home Reques Clear C New F	n Employee tes a required f ee Name: * Doe * * * * * * * * * * * * * * * * * * *	ield ce y queued for processi ess various activity	Confirm Termination of Make Reinitia Employee? Cancel	of Employee will remove all the active benefite Employee Request to activate the Emplo	its and corresponding covered pyee again. Are you sure to Terr	× dependents. m the	X Cancel F	Submit Request
erm Al - Indicat - I	n Employee tes a required f tes a required f tes a required f > Maintenan t is successfull tenance request to proc er Name: Cut LLC Request cates a required to: *	ield ce ce ess various activity f field	Confirm Termination of Make Reinitia Employee? X Canced	of Employee will remove all the active benefite Employee Request to activate the Employee Request t	its and corresponding covered yvee again. Are you sure to Terr	× dependents. m the ✓ ok	X Cancel in SSN La SSN La 11 1111	Submit Request

Allow a few minutes for the submission to sync and you will be able to view the benefits in the employee's record and/or the Dashboard

Terming Employee Benefit

*This function will only term an employee's benefits. Their status will remain as "employed"

1. Select the menu icon and **click** on "Maintenance"

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MY COMPANY										Enter minimum 3 d	haracte	rs Q V
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♠ Home > Employees Listing	> Employee Info	ormation	Navigate to 👻									🔳 Menu
Employee Inform	ation										ଚ	Dashboard
Employee Information											£	Employer Information
Employer Name: Clear Cut LLC		Tax ID: 23-41	89902		Acces F93E	ss Code: E 18859960				Employer S Active	t :=	Benefit Management
											凇	Employee
Employee Name: John Doe	A	lternate (8A92D:	GUID: 1E3DA8		1	Access Code: 24FD87950	257	8		Employe Employ	69	Maintenance
												Manage Import
Addresses												Reports
Address Name 🔺 🍸	Address1	T	Address2	City	T	State	Ŧ	Zipcode	Ŧ	Phone[Ext]		User Management
Home	8700 W Bryn N Ave	lawr		Chicago		IL		60631				

- 2. Select "Term Employee Benefit" under "I want to"
 - a. Select Employee by typing in the name which will auto populate some options to pick from
 - b. Select "Submit"

♠ Home > Maintenance			E Menu
Maintenance Submit a request to process various activity			
Employer Name: Clear Cut LLC	Tax ID: 23-4189902	Access Code: F93E18859960	Employer Status: Active
New Request			
Indicates a required field I want to: To a field I want to:	Select Employee: *		
O View Request History	✓ John Doe	Subn	

- 3. Enter parameters Qualifying Event Date, Term Date, & Reason
 - a. The "Term Date" will be the LAST day the member should have active coverage

♠ Home > Maintenance			≣ Menu
Maintenance Submit a request to process various activity			
Employer Name: Clear Cut LLC	Tax ID: 23-4189902	Access Code: F93E18859960	Employer Status: Active
New Request			
Indicates a required field I want to: Term Employee Benefit	Select Employee: *	✓ ✓ Subr	nit
O View Request History			

4. Select benefits to terminate and the effective till date will auto-fill

New	Request									
- Indi	icates a require	ed field								
wan	t to: *			Select Employee: *						
Ter	Ferm Employee Benefit 🗸 🗸			John Doe	•	🖌 Submit				
٩	View Request	History								
ērm	Employee I	Benefits								
- Indi	icates a requir	ed field								
vent Date*				Term Date*		Reason*				
06/	16/2020			06/30/2020		Marriage 🗸				
Be	nefits									
	Segment	Benefit Type	Bei	efit Name	Effective From		Effective Till			
~ 1	Group	Critical Illness Insurance	Cri	tical Illness Insurance	01/01/2020		06/30/2020			
	Group	Life	Ter	m Life- EM- Life 1-B w/ AD&D	01/01/2020		06/30/2020			
	o of Pocords :									
	o or itecords.	.2								
							× Cancel	H Save		

5. **Click** on submit request

✿ Home > Maintenance			E Menu
Request is successfully queued for processing.			×
Maintenance Submit a request to process various activity			
Employer Name: Clear Cut LLC	Tax ID: 23-4189902	Access Code: F93E18859960	Employer Status: Active
New Request			
• - Indicates a required field I want to: * Term Employee Benefit O View Request History	Select Employee: *	•	✓ Submit

Allow a few minutes for the submission to sync and you will be able to view the benefits in the employee's record and/or the Dashboard

Updating Employee Demographic Details

This action is used when updating names, salaries, addresses, etc.

1. Select the menu icon and **click** on "Maintenance"

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MI COMPANI									Enter minimum 3 characters Q		
											C Advanced Searc
Home > Employees Listing	Home > Employees Listing > Employee Information Navigate to -										🔳 Menu
Employee Inform	ation									0	Dashboard
Employee Information										2	Employer Information
Employer Name: Clear Cut LLC		Tax ID: 23-4189902		Acce F93	ess Code: E1885996	50			Employer S Active	* :≡	Benefit Management
										巫	Employee
Employee Name: John Doe	Æ	Iternate GUID: 8A92D1E3DA8			Access Cod 24FD879	le: 5C57	78		Employe Employ	69	Maintenance
Addresses											Manage Import
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Address Name 🔺 🍸	Address1	▼ Address2	▼ City	T	State	T	Zipcode	T	Phone[Ext]		llser Management
Home	8700 W Bryn M Ave	/lawr	Chica	<u>go</u>	IL		60631			1939 1939	- Oser Management

- 2. Select "Update Employee Demographic Details" under "I want to"
 - a. Select Employee by typing in the name which will auto populate some options to pick from
 - b. Select "Submit"

A Home > Maintenance			≣ Menu
Maintenance Submit a request to process various activity			
Employer Name: Clear Cut LLC	Tax ID: 23-4189902	Access Code: F93E18859960	Employer Status: Active
New Request			
Indicates a required field I want to:	Select Employee: *		
Update Employee Demographic Details	V John Doe	▼ Subn	, it

- 3. "Update Personal Details" Expand sub-sections titled "Personal Information" & "Manage Address"
 - a. Select "show" to expand these sections

Maintenance Submit a request to process various activity			
Employer Name: Clear Cut LLC	Tax ID: 23-4189902	Access Code: F93E18859960	Employer Status: Active
New Request			
- Indicates a required field I want to:* Update Employee Demographic Details O View Request History	Select Emple V John Doe	oyee: *	✓ Submit
Update Personal Details			~
Personal Information Manage Address			ShowShow
			🛪 Cancel 📕 Submit Request

4. Update demographic details as necessary (annual salary, address, last name, etc.)

ersonal Information									🔺 Hi
• • • •	16.11								
Salutation:	anela								
Select		\sim							
First Name: *			MI:				Last Name:	/	
John							Smith		
Suffix:			SSN: A		SSN Last 4	Digit:	Gender:*		
			XXX-XX-11	11	1111		Male		~
Date of Birth: *			Marital Status				Date of Hire:*		
01/01/1990			None	•		~	01/01/2020		
Email Address:			Alternate ID:				Access Code:*		
JohnDoe@Test.com			E8A92D1E3	DA8			24FD8795C578		
Height			Weight				Title		
0 ft	0	in	0			Ibs	100.		
Division *			Classe *				Dayroll Schodulou*		
Main Division		\sim	FullTime			\sim	2020-Bi_Weekly		~
06/16/2020			mm/dd/yyyy	vate: 😶			Employed		~
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Address Name * 🔻	Address 1	Ŧ	Address 2 🔻	City T	State 🔻	Zipcode 🔻	Phone[Ext] y F	ах 🔻 Туре 🝸	Primary
lome	8700 W Bryn Mawr	Ave		Chicago	IL	60631		Home	Yes

5. **Click** on Submit Request

Home > Maintenance	ing.						E Menu
Maintenance Submit a request to process various activity							
Employer Name: Clear Cut LLC	Tax ID: 23-4189902	2	Access Code: F93E18859960			Employer Status: Active	
New Request							
* - Indicates a required field							
I want to: *		Select Employee:*				_	
Update Employee Demographic Details	\sim	John Doe		*	🖌 Subr	nit	
O View Request History							

Allow a few minutes for the submission to sync and you will be able to view the benefits in the employee's record and/or the Dashboard

Adding Dependent to Benefit

1. Select the menu icon and **click** on "Maintenance"

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											Enter minimum 3	characte	ers Q
													C Advanced Sea
Home > Employees Listing	> Employee In	formation	Navigate to 👻										
Employee Inform	ation											3	Dashboard
mployee Information												2	Employer Information
Employer Name: Clear Cut LLC		Tax ID: 23-41	89902			Acces F93E	ss Code: 1885996	50			Employer S Active	st ≔	Benefit Management
												怒	Employee
Employee Name: John Doe		Alternate (E8A92D:	GUID: 1E3DA8			1	Access Cod 24FD879	le: 5C57	8		Employ Employ		Maintenance
Addresses													Manage Import
Autresses													Reports
Address Name 🔺 🌱 🍸	Address1	T	Address2	T	City	T	State	T	Zipcode	T	Phone[Ext]	***	Liser Management
Home	8700 W Bryn Ave	Mawr			Chicago		IL		60631			~	- oser management

- 2. Select "Add Dependent to Benefit" under "I want to"
 - a. Select Employee by typing in the name which will auto populate some options to pick from
 - b. Select "Submit"

A Home > Maintenance			≡ Menu
Maintenance Submit a request to process various activity			
Employer Name: Clear Cut LLC	Tax ID: 23-4189902	Access Code: F93E18859960	Employer Status: Active
New Request			
• - Indicates a required field I want to: •	Select Employee: •	K K	2
Add Dependent To Benefit	✓ John Doe	▼ V Subr	nit
O View Request History			

3. Enter parameters - Effective Date, Qualifying Event Date, & Reason

Indicates a required field				
want to: *	Select Employee: *			
Add Dependent To Benefit	✓ John Doe	•	✓ Submit	
O View Request History				
dd Dependent to Benefit				
 Indicates a required field 				
ffective Date *	Event Date*		Reason*	
fective Date • 07/01/2020	Event Date*		Reason Marriage	
ffective Date * 07/01/2020 Manage Dependent	Event Date*		Reason Marriage	❤ Show

- 4. Select "show" under "Manage Dependent"
 - a. Can add dependent in this field if dependent is missing from profile.
 - b. Enter dependents' demographic details and hit save

Indicates a required field											
vant to: *				Select Employee: *							
Add Dependent To Ben	efit		~	John Doe		•	🖌 Subr	nit			
O View Request Histor	у										
dd Dependent to Ben	nefit										
Indicates a required field											
fective Date *				Event Date*			Reason *				
07/01/2020				07/10/2020			Marria	ge	_	_	
07/01/2020 Manage Dependent Dependents				07/10/2020			Marria	3e	• A	dd Depende	Hide
07/01/2020 Manage Dependent Dependents Relationship	Ţ	First Name 🔺	T	07/10/2020	Gender T	Date of Birth	Marriag	se SSN	• A	dd Depender Status	Hide nt
07/01/2020 Manage Dependent Dependents Relationship Spouse	Ţ	First Name 🔺 Jane	T	07/10/2020 Last Name	Gender ▼ Female	Date of Birth	Marria T	55N 222-22-2222	• • •	dd Depender Status Active	Hide nt
07/01/2020 Manage Dependent Dependents Relationship Spouse No of Records :1	Ţ	First Name 🔺 Jane	T	07/10/2020 Last Name T Doe	Gender T Female	Date of Birth 01/01/1990	Marria	ssn 222-22-2222	T A	dd Depender Status Active	Hide nt
07/01/2020 Manage Dependent Dependents Relationship Spouse No of Records :1	Ţ	First Name 🔺 Jane	T	07/10/2020 Last Name	Gender T Female	Date of Birth 01/01/1990	Marria T	ssn 222-22-2222	• • •	dd Depender Status Active	Hid

5. Select "show" to expand the Benefits section.

a. Apply desired benefits

- disease a second stand for the						
ant to: *		Select Employee: *				
Add Dependent To Benefit	\sim	John Doe		•	Submit	
View Request History						
d Dependent to Benefit						
ndicates a required field						
active Date *		Event Date*		Reas	son*	
7/01/2020		07/10/2020		III M	larriage	
4anage Dependent Benefits Group - Dental						 ✓ Sho ▲ Hic ▲ Hide
Vanage Dependent denefits Group - Dental Dental PPO Effective Date: 01/4	DTXHM09 01/2020- 12/31/2	2020			MetLif	 Sho Hide Hide
Vanage Dependent Renefits Group - Dental Dental PPO Effective Date: 01/0	DTXHM09 D1/2020 - 12/31/2	2020 Who is Covered?	Pelationshin	Date of Birth	MetLif	 Sho Hide A Hide
Manage Dependent Benefits Group - Dental Dental PPO Effective Date: 01/d	DTXHM09 D1/2020 - 12/31/2	2020 Who is Covered? Covered Name Z Jane D	Relationship oe Spouse	Date of Birth 01/01/1990	MetLif \$47.77/month © Cost Break Down	 Sho Hide ▲ Hide Fe
Manage Dependent Renefits Group - Dental Dental PPO Effective Date: 01/0	DTXHM09 D1/2020 - 12/31/2	2020 Who is Covered? Covered Name Jane D	Relationship oe Spouse	Date of Birth 01/01/1990	MetLif \$47.77/month © Cost Break Down	 Sho Hide ▲ Hide Fe
Vanage Dependent Renefits Group - Dental Dental PPO Effective Date: 01/4	DTXHM09 D1/2020 - 12/31/2	2020 Who is Covered? Covered Name Z Jane D	Relationship oe Spouse	Date of Birth 01/01/1990	MetLif \$47.77/month © Cost Break Down	 Sho Hic A Hide
Aanage Dependent tenefits Group - Dental Dental PPO Effective Date: 01/0	DTXHM09 D1/2020 - 12/31/2	2020 Who is Covered?	Relationship oe Spouse	Date of Birth 01/01/1990	MetLif \$47.77/month © Cost Break Down	 Sho Hide Hide Hide
Aanage Dependent Tenefits Group - Dental Dental PPO Effective Date: 01/0 Group - Life	DTXHM09 11/2020 - 12/31/2	2020 Who is Covered? Covered Name Jane D	Relationship oe Spouse	Date of Birth 01/01/1990	MetLif \$47.77/month © Cost Break Down	 Show Hide Hide Hide
Aanage Dependent Renefits Group - Dental Dental PPO Effective Date: 01/0 Group - Life Group - Critical Illness Insurance	DTXHM09 01/2020 - 12/31/2	2020 Who is Covered? Covered Name Jane D	Relationship oe Spouse	Date of Birth 01/01/1990	MetLif \$47.77/month @ Cost Break Down	 Show Hide Hide Hide Fe Show Show

6. **Click** on Submit Request

A Home > Maintenance							≡ Menu
Request is successfully queued for process	ing.						×
Maintenance Submit a request to process various activity							
Employer Name: Clear Cut LLC	Tax ID: 23-4189902	2	Access Code: F93E18859960			Employer Status: Active	
New Request							
Indicates a required field I want to: Add Dependent To Benefit O View Request History	~	Select Employee: •		¥	🖌 Subn	nit	

Allow a few minutes for the submission to sync and you will be able to view the benefits in the employee's record and/or the Dashboard

Terming Dependent Benefits

1. Select the menu icon and **click** on "Maintenance"

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MY COMPANY								Enter minimum 3	characte	ers Q V
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A Home > Employees Listing > I	Employee Information	Navigate to 👻								🔳 Menu
Employee Informat	tion								0	Dashboard
Employee Information									2	Employer Information
Employer Name: Clear Cut LLC	Tax ID 23-4 :	: 189902	Ac F9	cess Code: 3E1885996	0			Employer S Active	st :≡	Benefit Management
									巫	Employee
Employee Name: John Doe	Alternate E8A92D	GUID: 1E3DA8		Access Code	e: 5 C57	8		Employe Employ	69	Maintenance
										Manage Import
Addresses										Reports
Address Name 🔺 🍸	Address1 T	Address2	City	▼ State	T	Zipcode	T	Phone[Ext]		Licor Management
Home 8 A	700 W Bryn Mawr ve		Chicago	IL		60631			6 33	- Oser Management

- 2. Select "Term Dependent Benefit" under "I want to"
 - a. Select Employee by typing in the name which will auto populate some options to pick from
 - b. Select "Submit"

A Home > Maintenance			≡ Menu
Maintenance Submit a request to process various activity			
Employer Name: Clear Cut LLC	Tax ID: 23-4189902	Access Code: F93E18859960	Employer Status: Active
New Request			
* - Indicates a required field I want to: * Term Dependent Benefit	Select Employee:*	✓ ✓ Subr	nit
⊙ View Request History			

- 3. Enter parameters Qualifying Event Date, Term Date, & Reason
 - a. The "Term Date" will be the LAST day the member should have active coverage

A Home > Maintenance							≡ Menu
Maintenance							
Submit a request to process various activity							
Employer Name: Clear Cut LLC	Tax ID: 23-418990	2	Access Code: F93E18859960			Employer Status: Active	
New Request							
* - Indicates a required field							
I want to:*		Select Employee: *					
Term Dependent Benefit	~	John Doe		*	🖌 Subm	iit	
© View Request History Term Dependent Benefit							
* - Indicates a required field							
Event Date*		Term Date* 🛛 🔺	(m)		Reason*	<u> </u>	
07/10/2020	(****) (****	07/31/2020			Others		~
Comments*							
Divorce							
Benefits							◆ Show
						× Cancel	H Submit Request

4. Select "Show" under "Benefits"

Date*							
Date		Term Date*			F	Reason *	
10/2020		07/31/2020				Others	
nents*							
orce							
						~	_
nefits							~ I
Group - Health							A Hid
Sroup - Health							
						📕 🥽 BlueCross BlueShi	eld
	ilver PPO 024-0	0				of Texas	ciu
Choice S							
Choice S Effective Date: 0	1/01/2020 - 12/31/2020	Select Dep	endent to T	erminate			
Choice S Effective Date: 0 Deductible:	1/01/2020 - 12/31/2020	Select Dep Covered	endent to T	erminate Relationship	Date of Birth	\$399.49/month	

5. Select dependents to terminate and the effective till date will auto-fill

E Silver PPO 02 Date: 01/01/2020 - 12/3 \$3000 PPO	Term Date* 07/31/2020 24-00 31/2020 Select Deg Covered	endent to Te	rminate	Reas	on * thers thers thers thers thers there t
E Silver PPO 02 Date: 01/01/2020 - 12/3 \$3000 PPO	24-00 31/2020 Covered	endent to Te	erminate		thers Image: second
e Silver PPO 02 Date: 01/01/2020 - 12/3 \$3000 PPO	24-00 31/2020 Covered	endent to Te	erminate		 Hick BlueCross BlueShield of Texas
e Silver PPO 02 Date: 01/01/2020 - 12/3 \$3000 PPO	24-00 31/2020 Covered	endent to Te	rminate		Hic If in If
e Silver PPO 02 Date: 01/01/2020 - 12/3 \$3000 PPO	24-00 31/2020 Select Deg Covered	endent to Te	rminate		 Hick BlueCross BlueShield of Texas
e Silver PPO 02 Date: 01/01/2020 - 12/3 \$3000 PPO	24-00 31/2020 Select Dep Covered	endent to Te	rminate		Hit Interface State
e Silver PPO 02 Date: 01/01/2020 - 12/3 \$3000 PPO	24-00 ^{31/2020} Select Dep Covered	endent to Te	rminate		Hic Hic Gress BlueShield of Texas
e Silver PPO 02 Date: 01/01/2020 - 12/3 \$3000 PPO	24-00 ^{(31/2020} Select Dep Covered	endent to Te	erminate		BlueCross BlueShield of Texas
e Silver PPO 02 Date: 01/01/2020 - 12/3 \$3000 PPO	24-00 31/2020 Select Dep Covered	endent to Te	rminate		of Texas
\$3000 PPO	Select Dep Covered	endent to Te	rminate		¢07.07
\$3000 PPO	Covered	Manage			
		Name	Relationship	Date of Birth	\$27.26/month
\$40		Jane Doe	Spouse	01/01/1990	Cost Break Down
nsurance					❤ Sho ❤ Sho ▲ Hic
al Illness Insurai Date: 01/01/2020 - 12/3	nce 31/2020				MetLife
					\$4.20/month Cost Break Down
	nsurance al Illness Insura Date: 01/01/2020 - 12/	nsurance al Illness Insurance Date: 01/01/2020 - 12/31/2020			

6. Click on Submit Request

✿ Home > Maintenance							🔳 Menu
Request is successfully queued for process	sing.						×
Maintenance							
Submit a request to process various activity							
Employer Name: Clear Cut LLC	Tax ID: 23-4189902		Access Code: F93E18859960			Employer Status: Active	
New Request							
• - Indicates a required field I want to: •	Se	lect Employee:*					
Term Dependent Benefit	~	John Doe		•	🖌 Subn	nit	
O View Request History							

Opening Special Enrollment Window for an Employee

*This function is for Employers who wish their employees to enroll in benefits on the platform directly. Prior to creating an "open enrollment window", employers must send the Pre-Registration Link to the employees so they can create user profiles. Pre-Registration link can be found under the Notes & Documents section on the platform.

1. Select the menu icon and **click** on "Maintenance"

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A Home > Employees Listing	Employee Information	n Navigate to 👻							🔳 Menu
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Employee Information								2	Employer Information
Employer Name: Clear Cut LLC	Tax 23-	D: 4189902	, 1	Access Code: F93E1885996	0		Employer S Active	* :≡	Benefit Management
								巫	Employee
Employee Name: John Doe	Alterna E8A92	te GUID: 2D1E3DA8		Access Code 24FD8795	e: 6C578	-	Employe Employ	69	Maintenance
									Manage Import
Addresses									Reports
Address Name 🔺 🍸	Address1	▼ Address2 ▼	City	▼ State	Tipcode	T F	hone[Ext]		Liser Management
Home	8700 W Bryn Mawr Ave		Chicago	IL	60631			6 7	

- 2. Select "Open Special Enrollment Window" under "I want to"
 - a. Select Employee by typing in the name which will auto populate some options to pick from
 - b. Select "Submit"

✿ Home > Maintenance			≡ Menu
Maintenance Submit a request to process various activity			
Employer Name: Clear Cut LLC	Tax ID: 23-4189902	Access Code: F93E18859960	Employer Status: Active
New Request			
* - Indicates a required field I want to: * Open Special Enrollment Window O View Request History	Select Employee: • John Doe	v Subr	nit

3. Enter parameters – Effective Date, Qualifying Event Date, Reason, & Enrollment Start & End Dates

Open Special Enrollment Window	w		
• - Indicates a required field Benefit Effective Date• 4	Event Date*	Reason*	
07/01/2020	06/16/2020	Others	~
Comments*	Enrollment Start Date	Enrollment End Date 🛛 🖌	
New Hire	06/16/2020	06/30/2020	

4. Select all applicable benefits

Nev	v Request								
* - In	dicates a rec	quired field							
l wa	nt to: *			Select Employ	/ee:*				
0	pen Special	Enrollment Window	\sim	John Doe		*	🛹 Submit		
©	View Reque	est History							
Оре	en Special E	nrollment Window							
* - In	dicates a rec	quired field							
Ben	efit Effective	e Date*		Event Date*			Reason*		
07	7/01/2020			06/16/2020)		Others		~
Corr	iments*			Enrollment St	art Date		Enrollment End Date		
Ne	ew Hire			06/16/2020)	(111)	06/30/2020		
B	enefit Segment	Benefit Type	Benefit Na	ame	Effective From	Effective Till	Enrollment Start Date	e Enrollment End	Date
~	Group	Accident Insurance	Accident I	nsurance	07/01/2020	12/31/2020	06/16/2020	06/30/2020	
	Group	Cancer Insurance	Cancer Ins 15,000	surance -	07/01/2020	 12/31/2020	06/16/2020	06/30/2020	
•	Group	Crtical Illness Insurance	Critical IIIr	ness Insurance	07/01/2020	12/31/2020	06/16/2020	06/30/2020	

- 5. **Click** on Submit Request
 - a. The employee and primary employer contact will receive an email notification of this open enrollment window being created. *The employee must receive the *registration* instructions from the admin. The email sent by the system will not include login instructions but is simply a notification the window has been created
 - b. *The employee will only receive the notification if their email has been entered in their Personal Details

✿ Home > Maintenance							🔳 Menu
Request is successfully queued for process	ing.						×
Maintenance							
Submit a request to process various activity							
Employer Name: Clear Cut LLC	Tax ID: 23-4189902	2	Access Code: F93E18859960			Employer Status: Active	
New Request							
* - Indicates a required field							
I want to: *		Select Employee: *					
Open Special Enrollment Window	\sim	John Doe		*	🖌 Subm	nit	
S View Request History							

Updating Benefit Effective Date

This function is useful when a mistake has been made in the initial adding of a benefit to an employee

1. Select the menu icon and **click** on "Maintenance"

MV COMPANY										🔀 C	ontact Us Welco	ome, Me	egan OMalley 🕴 🌖 Logout
MY COMPANY											Enter minimum 3 c	haracte	ers Q V
													C Advanced Search
A Home > Employees Listing	> Employee Info	ormation	Navigate to 👻										🔳 Menu
Employee Inform	ation											0	Dashboard
Employee Information												£	Employer Information
Employer Name: Clear Cut LLC		Tax ID: 23-418	39902		, I	Acces F 93E	ss Code: E 1885996	60			Employer St Active	≔	Benefit Management
												趣	Employee
Employee Name: John Doe	Æ	Alternate C 8A92D1	GUID: E3DA8			1	Access Cod 24FD879	e: 5C57	8		Employe Employ	69	Maintenance
Addresses												1	Manage Import
Addresses													Reports
Address Name 🔺 🛛 🍸	Address1	T	Address2	T	City	T	State	T	Zipcode	T	Phone[Ext]		User Management
Home	8700 W Bryn M Ave	Mawr		C	Chicago		IL		60631			- Contraction (1997)	- ose-management

- 2. Select "Update Benefit Effective Date" under "I want to"
 - a. Select Employee by typing in the name which will auto populate some options to pick from
 - b. Select "Submit"

A Home > Maintenance			🔳 Menu
Maintenance Submit a request to process various activity			
Employer Name: Clear Cut LLC	Tax ID: 23-4189902	Access Code: F93E18859960	Employer Status: Active
New Request			
*- Indicates a required field I want to: *	Select Employee: *	¥ _	<u>/</u>
Update Benefit Effective Date	V John Doe	▼ Sub	nit
S View Request History			

3. Enter Parameters – Effective Date, Qualifying Event Date, & Reason

 Indicates a required field 			
want to: *	Select Employee: *		
Update Benefit Effective Date	✓ Megan OMalley	▼ Submit	
O View Request History			
• View Request History Update Benefit Effective Date			
View Request History Update Benefit Effective Date - Indicates a required field			
O View Request History Update Benefit Effective Date • Indicates a required field Effective Date*	Event Date*	Reason	
View Request History Update Benefit Effective Date Indicates a required field Effective Date* 07/01/2020	Event Date*	Reason*	

4. Select benefits to update and the effective date will auto-fill

wan	it to: *		Select Employee: •				
Up	odate Benefit I	Effective Date	V John Doe	*	🖌 Submit		
0	View Request	tHistory					
Jpda	ate Benefit E	ffective Date					
- Inc	dicates a requi	ired field					
ffec	tive Date*		Event Date*		Reason*		
07/	/01/2020		06/16/2020		Others		
omr Ber Be	ments* nefit Correctio	n					
Ber Be	ments* nefit Correction nefits Soment	on Benefit Type	Benefit Name	Effective From		Effective Till	
Ber Ber	ments * nefit Correction enefits Sament Group	on Benefit Type Critical illness Insurance	Benefit Name Critical Illness Insurance	Effective From		Effective Till 12/31/2020	
Ber Ber	ments * mefit Correction enefits Sement Group Group	on Benefit Type Critical Illness Insurance Dental	Benefit Name Critical Illness Insurance Dental PPO DTXHM09	Effective From 07/01/2020 01/01/2020		Effective Till 12/31/2020 12/31/2020	1111
Ber Ber	ments * ments * ment Correction ment Correction ment Coroup Group Group Group	on Benefit Type Critical Illness Insurance Dental Life	Benefit Name Critical Illness Insurance Dental PPO DTXHM09 Term Life - EM-Life 1-B w/ AD&D	Effective From 07/01/2020 01/01/2020 01/01/2020		Effective Till 12/31/2020 12/31/2020 12/31/2020	

5. **Click** on Submit Request

Home > Maintenance						🔳 Mei
Request is successfully queued for proces	sing.					:
Maintenance ubmit a request to process various activity						
Employer Name: Clear Cut LLC	Tax ID: 23-418990	2	Access Code: F93E18859960		Employer Status: Active	
New Request						
* - Indicates a required field I want to: *		Select Employee: *				

Invoices & Payment History

How to Download an Invoice

1. Select the menu icon and **click** on "Employer Information"



- 2. A new "Navigate To" dropdown menu appears
- 3. Select "Navigate To"

AV COMDANY				🔀 Contact	Us Welcome, Megan OM	alley 🍤 Logo
WI COMPANY				Enter	r minimum 3 characters	Q
						C Advanced Sea
Home > Employer Information	Navigate to 👻					🔳 Meni
General Information						
dit and save general information about	your business.					
Employer Name: Clear Cut LLC	Tax ID: 23-4189	902	Access Code: F93E18859960		Employer Status: Active	
Indicates a required field Employer Name:						
Indicates a required field Employer Name: Clear Cut LLC Business Industry:		SIC Code:		Type of Org	anization:	
*- Indicates a required field Employer Name: * Clear Cut LLC Business Industry: 1479 - Chemical and fertilizer mi	neral mining	SIC Code:		Type of Org	anization: lability Company	~
Indicates a required field Employer Name: * Clear Cut LLC Business Industry: 1479 - Chemical and fertilizer mi Employer Email:	neral mining	SIC Code: 1479 Website:		Type of Org Limited L Employer St	anization: lability Company tatus: *	~
* - Indicates a required field Employer Name: * Clear Cut LLC Business Industry: 1479 - Chemical and fertilizer mi Employer Email:	neral mining	SIC Code: 1479 Website:		Type of Org Limited L Employer St Active	anization: .iability Company tatus: *	~
Indicates a required field Employer Name: Clear Cut LLC Business Industry: 1479 - Chemical and fertilizer mi Employer Email: Tax ID:	neral mining	SIC Code: 1479 Website: CRM ID:		Type of Org Limited L Employer S Active Operating F	anization: lability Company tatus: * Pursuant to the State Laws of	~

4. Select "Invoices" under "Accounting Information"

				🔀 Contact	Us Welcome, Megan OM	alley 🕴 🕤 Logo
MY COMPANY				Ente	r minimum 3 characters	Q
						C Advanced Sear
Home > Employer Information	lavigate to 👻					🔳 Menu
General Informatior	Employer Information • General Information • Address	Card Merchant Category Codes 				
Employer Name: Clear Cut LLC	Contact Divisions Bank Account	Notes/Documents Center Notes	960		Employer Status: Active	
* - Indicates a required field Employer Name: *	Schedules Payroll Schedule Contribution Schedule					
Clear Cut LLC	Reimbursement Schedule					
Business Industry:	Accounting Information Payments			Type of Org	anization:	~
Employer Email:	Adjustments Additional Rates Involces			Employer S	tatus: *	
Tax ID: •				Operating	Pursuant to the State Laws of:	~
23-4189902	EEF	A2D48042B		ТХ		~

5. The invoice number is a clickable PDF copy of the respective invoice, available to download

Ho	ome > Accountir											
۱V	voices											
ting	g of invoices											
mp	ployer Name:			Tax ID:			Access Code	2:		Employer Status:		
le	ear Cut LLC			23-41	89902		F93E1885	9960		Active		
Se	arch Invoices											•
Inv	voicing										٥	Pay
	Billing Type	Ŧ	Invoice Date	▼ Invoice No	Billing Period	Ŧ	Invoice Amount	▼ Non Carried Amount	▼ Paymen ts	▼ Adjustmen ▼ ts	Balan 🔻 ce	Sta
•	Single Division Billing		02/04/2020	807918	05/01/2020 to 05/31/2020		(\$194.00)	\$0.00	\$0.00	\$0.00	\$0.00	Par Paic
Þ	Single Division Billing		01/30/2020	454126	04/01/2020 to 04/30/2020		(\$194.00)	\$0.00	\$0.00	\$0.00	\$0.00	Paid
ŀ	Single Division Billing		01/30/2020	411120	03/01/2020 to 03/31/2020		(\$194.00)	\$0.00	\$0.00	\$0.00	\$0.00	Paid
•	Single Division Billing		01/30/2020	526992	01/01/2020 to 01/31/2020	_	\$550.00	\$0.00	\$0.00	\$500.00	\$0.00	Pai
•	Single Division Billing) N F C	01/30/2020 Trionfo 333 W. Itasca,	526992 Demo Tenant Pierce Rd, Sulte IL 60143	01/01/2020 to 01/31/2020 190		\$550.00	SOLOO Invisio Date: 0204/0200 Invisio: Number: 020718 Page 1 of 4	\$0.00	\$500.00	\$0.00	Paie
•	Single Division Billing	DNFC	01/30/2020 Trionfo 333 W. Itasca,	526992 Demo Tenant Pierce Rd, Suite IL 60143	01/01/2020 to 01/31/2020 190		\$550.00 Account Inform	S0.00 Invoice Date: 0004/000 Invoice Number: 607918 Page 1 of 4 mation	\$0.00	\$500.00	\$0.00	Pai
	Single Division Billing TRIC Clear Cat LL Sizere Sheff 4520 Frankf 4520 Frankf Dalias, TX 7	_C ield ord Rd 5287	01/30/2020 Trionfo 333 W Itasca,	526992 Demo Tenant Pierce Rd, Suite IL 60143	01/01/2020 to 01/31/2020	Account Nu Invoice Date Invoice Nur Invoice Peri Due Date:	S550.00 Account Inform mber: ac: nber: d: 1	S0.00 Innoise Bate: 03040000 Innoise Nation: 657918 Page 1 of 4 F93E:18859960 02/04/2020 807918 05/01/2020 - 05/31/2020 02/24/2020	50.00	\$500.00	50.00	Paie
	Single Division Billing TRIC Clear Cut LL Steve Sheffi 4220 Frankfi Dallas, TX 7	C .c .ed .co.d .co	01/30/2020 Trionfo 333 W. Itasca,	526992 Demo Tenant Pierce Rd, Suite IL 60143	01/01/2020 to 01/31/2020	Account Nut Invoice Date Invoice Peri Due Date:	Account Inform mber: a: bbsr: od:	S0.00 Invoice Date: 0204/0200 Invoice Namber: 607/19 Page 1 of 4 mation F93E:18859960 02/04/0202 02/04/04/04 02/04/04/04 02/04/04	50.00	\$500.00	50.00	Pale
	Single Division Billing TRIC Clear Cut LL Steve Sheff 4220 Frankf Dallas, TX 7	C C eld ord Rd 5287	01/30/2020 Trionfo 333 W. Itasca,	526992 Demo Tenant Pierce Rd, Suite LL 60143	01/01/2020 to 01/31/2020	Account Nu Invoice Date Invoice Nur Invoice Part Due Date: Previous Bal Payment Por	S550.00 Account Informeter: a: bber: control of Control	S0.00 Invoice Date: 0304-0200 Invoice Name#r: 807918 Page 1 of 4 mation F93E 18859960 02/04/2020 02/04/2020 02/04/2020 02/04/2020 02/04/2020 02/04/2020 02/04/2020 02/24/2020 harges \$-194.00 \$0.00	50.00	\$500.00	\$0.00	Pale
	Single Division Billing TRIC Ciear Cut LL Steve Sheff 4520 Frankh Dallas, TX 7 Contact Us: 1-85-542-559 billing@thonfo. Paperlos Stat Help save more	C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.	01/30/2020 Trionfo 333 W Itasca, Itasca, Itasca	526992 Demo Tenant Pierce Rd, Suite IL 60143	01/01/2020 to 01/31/2020	Account Nut Invoice Date Invoice Nut Invoice Nut Invoice Nut Invoice Nut Invoice Nut Invoice Nut Invoice Nut Nut Nut Nut Nut Nut Nut Nut Nut Nut	S550.00 Account Informmber: account informmber	S0.00 Innoise Date: (364/3000 Innoise Name: (377)18 Page 1 of 4 mation F93E 18859960 02/04/2020 807918 05/01/2020-05/31/2020 02/24/2020 harges \$-194.00 \$-194.00 \$-194.00 \$0.00	50.00	\$500.00	\$0.00	Paid
	Single Division Billing TRICC Clear Cut LL Steve Sheffi Steve Sheffi Julias, TX 7 Contact Us: 1-856-582-556 billing@trionfo. Paperless Stat Help save more Go green with Core Cut LL	C eld ord Rd 5287	01/30/2020 Trionfo 333 W Itasca, Important Messa Is: Is: Is: Is: Is: Is: Is: Is:	526992 Demo Tenant Pierce Rd, Suite IL 60143	01/01/2020 to 01/31/2020	Account Nut Invoice Date Invoice Nut Invoice Nut Invoice Peri Due Date: Previous Bal Payment Por Balance For Receipt New Charge Other Charge Adjustments	S550.00 Account Infor mber: ac nber: dd: Summary of C Iance: sted: rward – Due Upon	S0.00 Innoise Bate (2004/2000 Innoise Nations R07918 Page 1 of 4 F93E 18859960 02/04/2020 807918 05/01/2020 - 05/31/2020 02/24/2020 807918 05/01/2020 - 05/31/2020 02/24/2020 harges \$-194,00 \$-194,00 \$0.00 \$-194,00 \$0.00 \$-194,00 \$0.00	50.00	\$500.00	\$0.00	Paid
	Single Division Billing TRIC Ciear Cut LL Steve Sheffi 4520 Frankh Dallas, TX 7 Contact Us: 1-85-542-559 billing@tronfo. Paperloss Stat Help save mor Go green with f G @ GI	C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.	01/30/2020 Trionfo 333 W. Itasca, Itasca, Itasca Itasca Itasca Itasca Itasca Itasca	526992 Demo Tenant Pierce Rd, Suite IL 60143	01/01/2020 to 01/31/2020	Account Nut Invoice Date Invoice Nut Invoice Nut Invoice Nut Due Date: Previous Bal Payment Pot Balance For Receipt Other Charge Other Charge	\$550.00 Account Infor mber: :: : : Summary of C lance: : sted: : rward – Due Upon s: : : : harges	S0.00 Innice Date (304/200 Innice Name (2079) Page 1 of 4 mation F93E 18859960 02/04/2020 807918 05/01/2020 05/01/2020 02/24/2020 02/24/2020 harges \$-194.00 \$-0.00 \$-194.00 \$-0.00	50.00	\$500.00	\$0.00	Pair

How to View Payment History

1. Select the menu icon and **click** on "Employer Information"

MY COMPANY			Contact Us	Welcome, Megan OMalley ♣ Logout
			Enter min	imum 3 characters Q V
				C Advanced Search
A Home				🔰 🗏 Menu
Employer DashBoard			`	O Dashboard
		► E	Employer Information	Employer Information
ENROLLMENT STATUS		► S	Schedules	:= Banafit Management
198 🗛 4	57 🗖 🗖	457	Accounting Information	
Days Left to Enroll	ible Employees	Completed Enroll	Card	🙅 Employee
		1 +	Notes/Documents Center	👶 Maintenance
BENEFIT COST ANALYSIS		Open Enr	ollment 🗸	Quick Manage Import
			1	Emple Reports
	114			🔉 Add E 🎄 User Management
\$4,855.04 \$12.42	\$13.88	\$0.00 \$0.0	00	Qualifying Event Requests
Total Monthly Total Monthly Hoalth Promium Critical Illinors	Total Monthly T	Total Monthly Total Mo	onthly	> Maintenance
Insurance Premiu	n Premium	Premium Premi	um	Change Password
Health Plans - Employee Election				Change Email Address
	Coverage			> Change Security Questions
Status T Name Plan Name	Tier Plan Cost	ER Contribution	EE Contribution 🔻	> Contact Us
testpvt I TX Blue HDHF	Employee + \$1,296.32 Family	\$300.00	\$996.32	

- 2. A new "Navigate To" dropdown menu appears
- 3. Select "Navigate To"

MYCOMPANY			🔀 Contact	Us Welcome, Megan OMa	illey 🌖 Logout
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				(2 Advanced Search
✿ Home > Employer Information Navigate to	0 -				🔳 Menu
General Information					
Edit and save general information about your busing	ness.				
Employer Name: Clear Cut LLC	Tax ID: 23-4189902	Access Code: F93E18859960		Employer Status: Active	
* - Indicates a required field Employer Name: *					
Clear Cut LLC					
Business Industry:	SIC Code:		Type of Org	anization:	
1479 - Chemical and fertilizer mineral min	1479		Limited L	iability Company	~
Employer Email:	Website:		Employer S	tatus: *	
			Active		~
Tax ID:*	CRM ID:		Operating	Pursuant to the State Laws of:	
23-4189902	EEFA2D48042B		ТХ		~
·					

4. Select "Payments" under "Accounting Information"

MYCOMDANY				🔀 Contact	Us Welcome, Megan C	OMalley 🕴 🎝 Logout
MY COMPANY				Enter	r minimum 3 characters	Q v
						Advanced Search
A Home > Employer Information	lavigate to 👻					🔳 Menu
General Information Edit and save general information abou	Employer Information • General Information • Address	Card Merchant Category Codes Notes/Documents Center				
Employer Name: Clear Cut LLC	 Contact Divisions Bank Account 	► Notes	960		Employer Status: Active	
* - Indicates a required field Employer Name: * Clear Cut LLC	Schedules Payroll Schedule Contribution Schedule Reimbursement Schedule					
Business Industry: 1479 - Chemical and fertilizer n	Accounting Information Payments Adjustments Additional Paters			Type of Org	anization: iability Company	~
Employer Email:	 Additional Rates Invoices 			Employer St Active	tatus: *	~
Tax ID: *				Operating P	Pursuant to the State Laws	of:
23-4189902	EEF	A2D48042B		ТХ		~

5. All payment history is available to view, including payment type

🕇 н	ome > Accounting	nformation Naviga	ate to 💌					🔳 Menu
Pay Mana	/ments age payments							
Emp Cle	ployer Name: ar Cut LLC	-	Tax ID: 23-4189902		Access Code: F93E18859960		Employer Status: Active	
Se	arch Payments							
Fr	om Date:		To D	ate:		Invoice N	0:	
	MM/DD/YYYY		III M	M/DD/YYYY		Invoice	No	
Ту	pe: Select		► Inst	rument Number: strument Number			S Cle	ar Q Search
Pa	yment Information Received Ţ Date	Postmark Date T	Memo	Туре	Instrument Number 🔻	Total Amount		Add New Payment
•	01/30/2020	01/30/2020		ACH	879	\$450.00	01/30/2020	Processed
•	01/30/2020	01/30/2020		Check/e-check	789	\$294.00	01/30/2020	Processed
•	01/30/2020	01/30/2020		Check/e-check	897	\$6,738.99	01/30/2020	Processed
•	11/22/2019	11/22/2019		Check/e-check	234	\$700.00	11/22/2019	Processed
•	11/12/2019	11/12/2019		ACH	Demo123	\$500.00	11/12/2019	Processed
•	02/25/2019	02/25/2019	Check payment	Check/e-check	122112	\$3,348.51	02/25/2019	Processed
•	02/25/2019	02/25/2019	123110	Check/e-check	78890	\$8,238.99	02/25/2019	Processed
•	02/25/2019	02/25/2019	#121	Check/e-check	83492	\$230.11	02/25/2019	Processed
•	02/25/2019	02/25/2019	12331	ACH	AB122431	\$8,038.99	02/25/2019	Processed
•	02/25/2019	02/25/2019	22131	ACH	8722391	\$8,038.99	02/25/2019	Processed
N	lo of Records : 27					+	 1 2 3 → 	1 - 10 of 27 items

Notes & Documents Center

The Notes & Documents Center is a valuable resource for the administrator. Welcome Letters, Certificate Booklets, and other pertinent information will be made viewable to the administrator. Any admins can add their own notes and upload attachments for record-keeping. The Admins can also opt to make these notes/attachments viewable by employees.

- 1. Select the menu icon and hover over "Employer Information"
- 2. Select "Notes/Documents Center

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Er	nploy	yer [DashBo	arc	ł							6	Dashboard	
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										Notes/Documents	Center	6 9	Maintenance	
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	$\boldsymbol{\boldsymbol{\cdot}}$	\$4,8	855.04		\$12.42	\$13.88	\$0.0	00	\$0.0	00		Qualifying I	event Requests	
		Tota	Monthly		Total Monthly	Total Monthl	y Total Mo	nthly	Total Mo	onthly		> Maintenan	e	
		Healt	n Premium	h	nsurance Premium	Premium	Premi	um	Premi	um		> Change Pas	sword	
ŀ	-lealth P	Plans -	Employee I	Elect	ion							> Change Em	ail Address	
			Employee	Ŧ		Coverage T						> Change Sec	urity Questions	
S	Status	T	Name		Plan Name 🔻	Tier	Plan Cost 🛛 🝸	ER Contri	bution T	EE Contribution	T	> Contact Us		
	Ð	1	testpvt l		TX Blue HDHP	Employee + Family	\$1,296.32	\$300.00		\$996.32				

3. All resources are available in this center - Certificate Booklets, Welcome Letter, Pre-Registration Link, etc.

MYCON	AD ANTY				🔀 Contact	Us Welcome, Megan ON	1alley 🎝 L	.ogout
MY CON	ANY Y				Enter	minimum 3 characters	C	ג ⊽
							C Advanced S	Search
🔒 Home > N	Notes/Documents Center Naviga	ite to 👻					≣ м	enu
Notes								
Add notes and	attachment documents for your ref	erence. The not	es and or attachments can be	shared with your employer by using the "	Lock" selection	"Yes" or "No".		
	,			,,				
Employer Na	ame:	Tax ID:		Access Code:		Employer Status:		
Clear Cut I	LLC	23-418990)2	F93E18859960		Active		
Notes/Do	ocument center						Add Note	e)
Туре 🔻	Subject	T	User 🔻	Created Date	Modified	Date 🔻	IsLocked	T
Note	Updated Portal Registration Instr		Steve Sheffield	10/18/2019 02:26:46 PM	04/24/20	20 08:03:11 PM	Yes	
Note	Company Announcement Cafeter	i 🥏	Steve Sheffield	04/15/2019 03:53:07 PM	04/15/20	19 03:53:07 PM	Yes	
Note	Today 1/31/2019		Ashley Larson	01/31/2019 12:34:14 PM	04/24/20	20 08:03:11 PM	No	
Note	Reporting Extracts	Ø	Demo-TPA Admin	08/19/2018 12:17:37 PM	08/19/20	18 12:17:37 PM	No	

4. To add a note/resource, select "Add Note"

✿ Home > Notes/Documents	Center Navigate to -				📕 Menu
Notes Add notes and attachment docum	ients for your reference. The no	tes and or attachments can be s	shared with your employer by using the "Lo	ck" selection "Yes" or "No".	
Employer Name: Clear Cut LLC	Tax ID: 23-41899	02	Access Code: F93E18859960	Employer Status: Active	
Notes/Document center					+ Add Note
Type y Subject	T	User T	Created Date	Modified Date	IsLocked T
Note Updated Portal P	Registration Instr	Steve Sheffield	10/18/2019 02:26:46 PM	04/24/2020 08:03:11 PM	Yes
Note Company Annou	ncement Cafeteri 🥔	Steve Sheffield	04/15/2019 03:53:07 PM	04/15/2019 03:53:07 PM	Yes
Note Today 1/31/201	>	Ashley Larson	01/31/2019 12:34:14 PM	04/24/2020 08:03:11 PM	No

5. Choose whether to make the note visible to employees or not, add attachments, etc. & **click** "Save"

- Mandatory fields			
D:	Note Date:	Type: *	
123ddba392784ea689dd	06/16/2020 13:05:36 PM	Note	~
ocked?: Note Visible To:			
Yes 🗸 Employee			
ubject:*			
leseage: * (Maximum 1000 Characters)			
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Message: • (Maximum 1000 Characters) iharacters Allowed: 1000 Attachments Document Name			Id Attachment
Message: • (Maximum 1000 Characters)	No Records Found!		Id Attachment T Download

How to Pull Reports

Reports are available to download in Excel and CSV files but CSV is always the preferred method as it includes ALL data. You can always Save As an excel document after downloading.

Employee Reports

1. Select the menu icon and **hover over** "Reports"

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ft Home																-	_	🗕 Menu
Account D	ashboa	ard															ଚ	Dashboard
ENROLLMEN	IT STATUS	6															P	Account Information
																_	≔	Benefit Management
Days	9 Left to Enrol			Eligible	Empl	oyees	E	2 Completed Enro				1 Enroll In Prog			₿	7 Not Start	擧	Employee
																	69	Maintenance
BENEFIT COS	T ANALYS	IS 🕕									0	pen Enrollme	 Account 	Deta	ils		ណ៍	Reports
						\$+ †		Š ¥			0		EmployeAccounting	e Det ng	ails		\$	User Management
															> Add Emp	loyee		
	\$0.	00		\$0.00		\$0.65		\$8.0	0	\$	22.	62			> Qualifyin	ng Event Rec	uests	
	Total Mont	hly Health		Total Monthly Den	ital	Total Monthly Life	Premiu	im Total Monthly	Voluntary	r Total №	4onth Promi	ly Vision			> Maintena	ance		
	Pren	num		Premium				Life Prei	num	٢	remi	um			> Change F	Password		
Health Plans	- Employee	Election													> Change B	Email Addre	ss	
Status	₹ Emp	loyee Name	т	Plan Name	Ŧ	Coverage Tier	τ P	'lan Cost 🛛 🔻	ER Co	ntribution	Ŧ	EE Contribu	tion 🔻		> Change S	Security Que	estions	
E	Evila I	Henriquez													> Contact	Us		

2. Select "Employee Details"

								C Advanced Search
f Home								🔳 Menu
Account [Dashboard						6	Dashboard
ENROLLME	NT STATUS						2	Account Information
	10			_ 0		4		Benefit Management
	59 /s Left to Enroll	Eligible Empl	byees	Completed Enrol	, Ex	1 Enroll In Progress	Not Start	Employee
							69	Maintenance
BENEFIT CO	ST ANALYSIS 🕘				O	pen Enrollmei 🕞 Account De	etails 📶	Reports
	¥		\$.	\$ i		Employee I Accounting	Details 🔶	User Management
							> Add Employee	
	\$0.00	\$0.00	\$0.65	\$8.0	0 \$22.0	62	> Qualifying Event Requests	
	Total Monthly Health	Total Monthly Dental	Total Monthly Life Pre	mium Total Monthly	Voluntary Total Month	ly Vision	> Maintenance	
	ricilian	rieman		Literreit			> Change Password	
Health Plans	s - Employee Election						> Change Email Address	
Status	T Employee Name	Plan Name 🔻	Coverage Tier	Plan Cost 🛛 🔻	ER Contribution	EE Contribution	> Change Security Questions	
E	Evila Henriquez						Contact Us	

3. Select Desired Report

- a. Company Wide Enrollment This is useful for tracking employee enrollment when a group is undergoing a company-wide open enrollment
- b. Special Enrollment Report This is useful for tracking employee enrollment when employees are undergoing special enrollment periods set by the group administrator
- c. Employee Benefit Report This is a full census extraction of all employees (active and terminated), their dependents, and all benefits as of the present date of report extraction

					C Advanced Sear
Home	> Employee Details				E Menu
Empl	oyee Details Report				
Repo	t Data				▲ Hide
	Report Name	Report Des	cription 🗲	_	
O Company Wide Enrollment This rep			will show Enrollment	data for employees experiencing an Open Enrollment	
0	Special Enrollment Report	This report	will show enrollment	data for employees experiencing an Special Enrollment	
0	Employee Benefit Report	This report	will list details of the	employee benefits including deductions	
Repo	t Filter				A Hide
Acco	punts *		Employees *		
FI	ex Employer Demo Bentegro DND		10 selected		
Filte	r	Condition		Search Value	
	Select Filter 🗸	Condition	~	Enter search value	

4. Select "Generate Report"

						😋 Advanced Search
🕇 Ho	ome > Employee Details					E Menu
Em	ployee Details Report					
Re	port Data					► Hide
	Report Name	Report De	escription			
С	Company Wide Enrollment	This report	t will show Enrollment o	data for employees experiencing an Open Enrollment		
С) Special Enrollment Report	This report	t will show enrollment d	lata for employees experiencing an Special Enrollment		
	Employee Benefit Report	This report	t will list details of the e	mployee benefits including deductions		
Re	port Filter					▲ Hide
1	Accounts*		Employees *			
	Flex Employer Demo Bentegro DND		10 selected			
F	Filter	Condition		Search Value		
	Select Filter 🗸	Condition	~	Enter search value	(C)	~
	+					
'						🕒 Generate Report

5. Select "Export to CSV"

A	ccounts • Flex Employer Demo Bentegro	D DND	Employees* 10 selecte	d				
Fi	Iter Select Filter	~ C	ondition Condition	Search Value Enter search value		(L)		
E	mployee Benefit Report							Generate Report
	Account Name Flex Employer Demo Bentegro DND	Relationship Type ~ Self	Employee Name V James Zito	SSN ~ XXX-XX-1217	Benefit Name Term Life- EM- Life 1-B w/ AD&D	Benefit Type ~ Life	Effective From ~ 03/16/2021	e ◆ Excel ₀₂ ◆ CSV ◀
	Flex Employer Demo Bentegro DND	Self	James Zito	XXX-XX-1217	Vision- EM-Vision 11	Vision	03/16/2021	02/28/2025
	Flex Employer Demo Bentegro DND	Self	John Doe	XXX-XX-8888	Flex HSA	HSA	03/01/2021	02/28/2022
-	Total no. of. Records : 3							•

6. Open Document and Save As Excel – This step is necessary in order to save any filters/pivot tables used in reading the data

	Employee Benefit Report	
	Account Name ~	Relationship Type
	Flex Employer Demo Bentegro DND	Self
	Flex Employer Demo Bentegro DND	Self
	Flex Employer Demo Bentegro DND	Self
	Total no. of. Records : 3	
Xa	EmployeeBenefitRecsv ^	

Accounting Reports

Accounting Reports refer to invoice history

1. Select the menu icon and **hover over** "Reports"



2. Select "Accounting"



3. Select "Invoice Detail Report"

CCOUN	nting Report	
Report D	Data	
	Report Name	Report Description
0	Invoice List Report	Contains Invoice List for the Report
	Invoice Detail Report	Contains Invoice details for the Report
0	Aging	Contains Aging for the Report
0	Outstanding Balances	Contains Outstanding Balances for the Report
0	Payment List	Contains Payment List for the Report
\bigcirc	Adjustments List	Contains Adjustments List for the Report
0	Journal	Contains Journal for the Report
\bigcirc	Collection List	Contains Collection List for the Report

4. Select "Account" as the **Source Type**

۲	Invoice Detail Report			Contains Invoice details for the Report
0	Aging			Contains Aging for the Report
0	Outstanding Balances			Contains Outstanding Balances for the Report
0	Payment List			Contains Payment List for the Report
0	Adjustments List			Contains Adjustments List for the Report
0	Journal			Contains Journal for the Report
0	Collection List			Contains Collection List for the Report
Report Filter	r			
Source Type	•		Account *	
Account		~	Flex Em	ployer Demo Bentegro DND
Filter		Condition		Search Value
Select F	ilter 🗸	Condition		✓ Enter search value

5. Select "Generate Report"

Report Filter				▲ Hide
Source Type *		Account *	Employees	
Account	~	Flex Employer Demo Bentegro DND	Select Employees	
Filter	Condition	Search Value		
Select Filter	 ✓Conditio 	Enter search value		
				Generate Report

6. Select "Export to CSV"

	Cenerate Report
Invoice Detail Report	• Export to •
Invoice Date v Transaction Type v Account Name v Invoice Number v Billing From Date v Billing To Date v Amount v Member Firstname	✓ Member Lastname ✓ Cove * Excel

7. Open Document and Save As Excel – This step is necessary in order to save any filters/pivot tables used in reading the data

Employee Guide Registering for the Platform

1. You will receive an email with the registration instructions and a pre-registration link from your employer similar to the following template:

Your employees can now register online to access the Employee portal! Employee Registration Instructions:

Click *HYPERLINK* to begin the registration process

Select "Employee" as the User Type Enter the following fields:

1. Full Name (Firstname Lastname eg:John Doe)

2. Last 4 digits of SSN

3. Date of Birth

4. Zipcode

5. Captcha Code

Click on Next

Create a User Name, Email Address, Password and Security Questions Agree to the Terms and Conditions and Privacy Policy Click "Submit"

Thank you for using the platform

Enrolling in Benefits

 If your employer has created a special enrollment window for you, upon logging in you will see a "Get Started" button to begin enrolling in benefits based on your window parameters. <u>Changes to</u> <u>enrollment can only be made while the enrollment window is open</u>



a. If you do not see a "Get Started" button, you may need to select "Change my Enrollment"



- 2. Verify all demographic details, make changes, and add dependents at this time (if applicable)
- 3. Select "Save & Continue"

			°\$().00/month 🔤	Contact U	Js Logged in As, Megar	Armstrong 🕤 Logout From F
TRIONFO						En	ter minimum 3 characters
							C Advanced S
Home > Enrollment > 1	Verify Profile Informat	ion					E Me
/erify Profile Ir	formation						
ease verify your profile info	rmation before contin	uing. You can e	dit your personal information and v	view, add, or edit deper	dentinfon	mation. When complete click	on Save & Continue.
		-					
Basic Information	n						
First Name: *			MI:			Last Name: *	
Megan						Armstrong	
Contrat			Data of District			Data additional	
Female			08/10/1991		m	01/01/2019	
Height:			Weight:		_	O Use Tobacco?*	
0 ft	0	in	0		lbs	🛛 Yes 🐵 No	
						Email Address: *	
						marmstrong@test1.c	om
Employee Annual Salary	:		55N: • •	SSN Last 4 Digit:			
30.00			********	****			
Address							
Address 1:*			Address 2:			City:*	
8700 W BRYN MAWR	AVE					CHICAGO	
State:*		-	Country: *		-	Zipcode: *	
		•	USA		•	60631	
County: *							
Cook		•					
					_		
Dependents							Add Dependent
Relationship	▼ First Nam	e *	▼ Last Name	▼ Gender		▼ Date of Birth	▼ SSN T
			No Recor	ds Found!			
Click here to identify eligib	le dependents						
C Back							H Save & Continue

4. Scroll through all benefit offerings and hit "Apply" to elect or "Waive" to opt out of the listed benefit

5. Select "Save & Continue"

Effective Date: 01/01/2	Who is Covered? No dependents found!	\$12.80/month © Cost Break Down
Attachments	File Name	Apply
Document	Accident Benefit Summary_Wausau.pdf	
o: Type: Post Tax		Waive Coveraj

- 6. Confirm all elections by checking the "Acknowledgement Confirmation"
- 7. Select "Save & Continue"
 - a. From this window you can print a copy of your enrollment summary



Notes & Documents Center

Employees can view any resources made available to them by their employer/administrator here

- 1. Select "Menu" from the top right of the screen
- 2. Hover over "Employee Information" and select "Notes/Documents Center"

