



|21| BENEFITS™



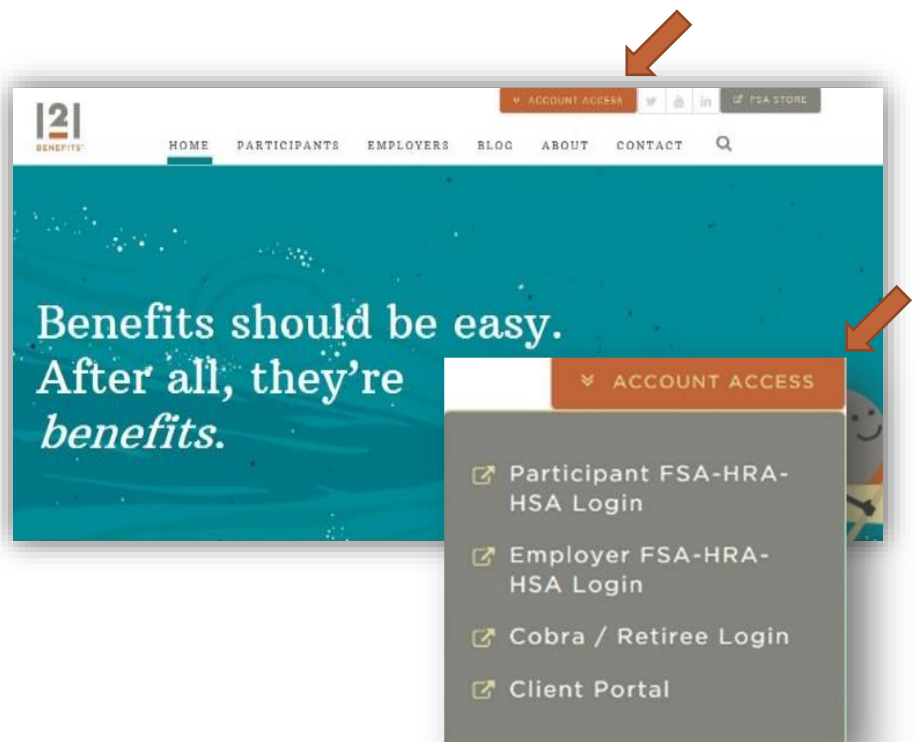
Online Enrollment Instructions

Online Enrollment for the City of Duluth is November 4th to November 18th, 2019. It is a step-by-step process comprised of six steps:

1. Profile
2. Dependents (optional)
3. Plan Rules
4. Elections
5. Payment Method
6. Enrollment Verification

To begin enrollment:

- Open your web browser and go to Internet Explorer, Safari, Firefox or Microsoft Edge, etc.). **Chrome is not a recommended browser for this site.
- Go to www.121benefits.com and hover over the Account Access button, in orange, on the top right. Then click on the Participant FSA-HRA-HSA Login option.



- **Important:** Login under **New or Existing User** regardless of having logged in previously.
- **If you have not accessed your account before**, using lower case letters, enter your social security number as both the Username and Password on the left hand side of the login screen under the **New or Existing User** section and click the login button. You will then be prompted to change your password (you may choose to change your username but do not have to). **If you are a current participant**, log in with your current user name and password.

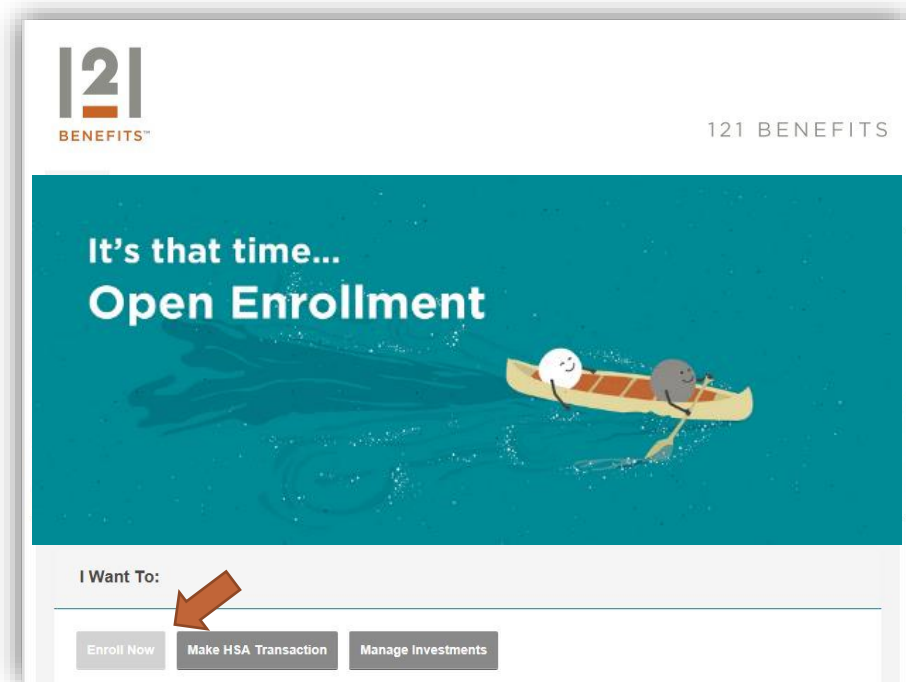
- **Note:** Once you create a username and password, enter that information on the left hand side under 'New or Existing User' if you wish to log back in and view or change your election during the Open Enrollment period.

- **Note:** The system will then prompt you to choose & answer five security questions.

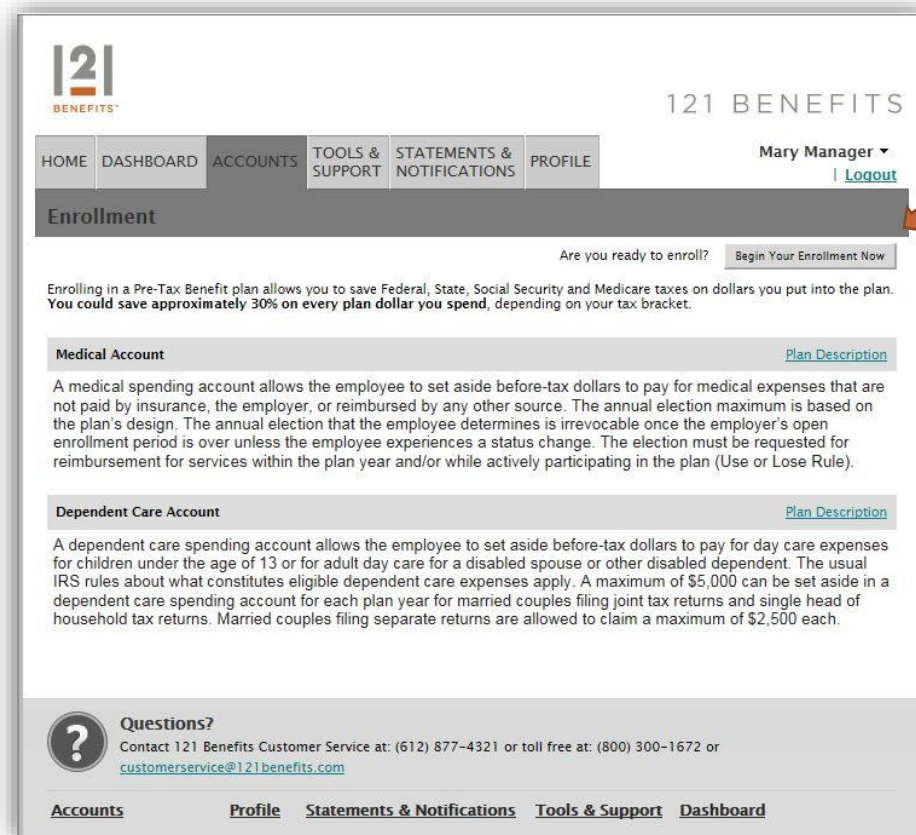
- **Note:** If you have another account in our system with another employer, you will need to add the number '1' to the end of your username. You may then change your username to something else you can remember.

Click "Next".

Click “Enroll Now”.



Read the Plan Descriptions and then Click “Begin Your Enrollment Now”.



Step 1: Verify the information we have on file for you is accurate, make changes as necessary, and then click 'Continue'.

An orange asterisk (*) indicates a required field.

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Profile

steps: 1 2 3 4 5 6

* = required field

First Name: Mary
Middle Initial:
Last Name: Manager
Consumer Communication ID: 93481551

Address:
Country: * United States
Address Line 1: * 321 Becker Street
Address Line 2:
City: * Albertville
State: * Minnesota
Zip Code: * 55301
Home Phone: * ()
Birth Date: * 2/18/1972
Gender: * Female Male
Marital Status: * Married Single
Email Address: * mary.manager@bizspot.com

By providing an email address, you will receive communications electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

Do you have any dependents? Yes No

[Continue](#)

Questions?
Contact 121 Benefits Customer Service at: (612) 877-4321 or toll free at: (800) 300-1672 or customerservice@121benefits.com

Step 2: If 'Yes' is entered for 'Do you have any dependents', the option to enter dependents will become available. This section is optional; you may enter dependents if you wish to track expenses by eligible dependent. Enter Dependent information and click "Add to List". The added dependent appears under the Eligible Dependents list. Once all dependents are added, click "Continue". Keep in mind that if you order cards in a dependent's name, you will be charged \$10 (deducted from any current balance) for each card.

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Dependents

steps: 1 2 3 4 5 6

* = required field

First Name: *
Middle Initial:
Last Name: *
Birth Date: * (mm/dd/yyyy)
Gender: * Female Male
Full Time Student: * Yes No
Relationship: Spouse

[Add to List](#) [Cancel](#)

Eligible Dependents

Name	Relationship	Update	Remove
William Manager	Dependent	Update	Remove
Gracie Manager	Dependent	Update	Remove
Jonah Manager	Spouse	Update	Remove

[Continue](#)

Step 3: Read the Plan Rules for the plans you are enrolling in, check the box(es) I have read and understand the Plan rules and click “Continue”.

Note: The system will not allow you to move past this page, until the box(es) have been checked.

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Plan Rules

steps: 1 2 3 4 5 6

It is important to be aware of some of the basic rules of these accounts before you enroll. Make sure you keep these in mind when you are making your elections. We also encourage you to review the Summary Plan Description for more detailed rules regarding these Pre-tax Accounts.

Medical Account

I authorize my employer to reduce my pay on a per pay period basis as indicated above. I understand my reduction is for one flex plan year and that I cannot change or revoke my election unless I experience a status change in accordance with Internal Revenue Code Section 125 and submit the change within 30 days of the status change. I am aware of the plan's forfeiture provision and that my Social Security and federal unemployment benefits may be reduced because of my reduced salary for tax purposes. I authorize the release of any information necessary for Flexible Benefits. I hereby certify that the reimbursement requests I will be submitting are IRS eligible expenses and that I will not be nor have I been previously reimbursed for these expenses; nor am I seeking reimbursement for these expenses from insurance or any other source. I also understand that 121 Benefits, its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement.

I understand that checking this box indicates my acknowledgement of these plan rules, and that I have the option to enroll or have enrollment in this plan.

I have read and understand the [Medical Account rules](#)

Dependent Care Account

A dependent care spending account allows the employee to set aside pre-tax dollars to pay for day care expenses for children under the age of 13 or for adult day care for a disabled spouse or other disabled dependent. The usual IRS rules about what constitutes eligible dependent care expenses apply. A maximum of \$5,000 can be set aside in a dependent care spending account for each plan year for married couples filing joint tax returns and single head of household tax returns. Married couples filing separate returns are allowed to claim a maximum of \$2,500 each.

I have read and understand the [Dependent Care Account rules](#)

Continue

Step 4.a: Enter Your Election amount for the appropriate plans and click “Calculate”. The system will automatically calculate your payroll deductions based on your payroll periods.

Key Point! If you wish to enroll in a Health Care Flex Spending Account only or Dependent Care Account only, you DO NOT enter a 0.00 election in the one you do not wish to enroll in.

Step 4.b: Your screen will update with your calculations. Click “Continue”.

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Elections

steps: 1 2 3 4 5 6

Enter your actual elections in the field provided. To calculate the total elections, tax savings, and estimated per pay period deduction select the calculate button. If you choose to not enroll in a plan leave the field blank.

	Your Election	Max Employee Election
Medical Account	2650.00	\$2,650.00
Dependent Care Account	5000.00	\$5,000.00
Total election for the year: \$7,650.00		
Total tax savings for the year *: \$2,295.00		Calculate
Estimated per pay period deduction: \$382.50		

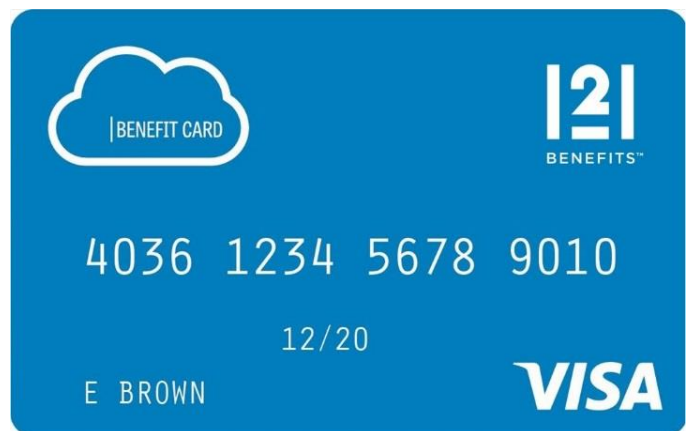
* Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances.

Continue

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Remember: You can change your election at any time during the open enrollment period. Once the open enrollment period has ended, you can only change your election with a qualifying status event change.

Please NOTE: If newly enrolled, you will receive a set of two 121 Benefits Debit Cards that look like this. Your new election will load onto your card – **DO NOT DESTROY!**



Step 5: Choose your form of reimbursement.
Click “Continue”. Click “Submit”.

Please NOTE: The Debit Card is only associated with the Health Care FSA, not the Dependent Care FSA. Choose your alternate form of reimbursement (or primary form if only electing the Dependent Care FSA). Please note that employees who make Health Care FSA elections for the first time will automatically receive a set of two blue 121 Benefits Debit Cards. Additional cards will be available for \$10 for a set of two additional cards (or one card can be ordered in a dependent’s name for a \$10 fee, deducted from your Health Care FSA balance).

Note: If you choose not to use your debit card, the fastest way to get your money is to sign up online for **direct deposit** to your personal checking or savings account.

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Payment Method

steps: 1 2 3 4 5 6

Select the method in which you would like to be reimbursed.

Debit Card
Debit Card

Debit Card

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

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

Check
 Direct Deposit

2) Are any of your dependents using, or would like to use separate debit cards?

Yes
 No

Continue

? Questions?
Contact 121 Benefits Customer Service at: (612) 877-4321 or toll free at: (800) 300-1672 or customerservice@121benefits.com

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Setup Direct Deposit

steps: 1 2 3 4 5 6

Routing Number is required.

Routing Number: * Find Your Bank

* = required

Joan E. Hancock
75012 Colson Avenue
Louisville, Kentucky 40225

Any Bank USA
Anywhere, USA

routing and transit # checking account # check #

Skip Online Direct Deposit

? Questions?
Contact 121 Benefits Customer Service at: (612) 877-4321 or toll free at: (800) 300-1672 or customerservice@121benefits.com

Step 6: Confirm your Elections.
Click "Submit" to retain for your records.

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Enrollment Verification

steps: 1 2 3 4 5 6

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

Profile [Edit Information](#)

Name: Mary Manager
Address: 321 Becker Street
Albertville, MN 55301
United States
Home Phone: (763) 427-8125
Birth Date: 2/18/1972
Gender: Female
Marital Status: Married
Email Address: mary.manager@bisspot.com
Do you have any dependents? Yes

Dependents [Edit Information](#)

Full Name	Birth Date	Gender	Full Time Student	Relationship
William Manager	5/28/2007	Male	Yes	Dependent
Crazie Manager	7/11/2004	Female	Yes	Dependent
Jonah Manager	1/30/1970	Male	No	Spouse

Enrollment Elections [Edit Information](#)

	Employee Contribution	Company Contribution
Medical Account	\$2,650.00	
Dependent Care Account	\$5,000.00	
Total Election for the year:		\$7,650.00
Estimated per pay period reduction: [†]		\$382.50

[†] Begins on the first pay date of the Plan Year.

Method of Reimbursement [Edit Information](#)

You have chosen Debit Card as your method of payment.
Your alternate reimbursement method is Check.
Separate debit cards will be issued to the following dependents:
No dependent debit cards issued

[Submit](#) [Cancel](#)

Congratulations! You have successfully completed your benefits enrollment!

If you have questions please contact: 121 Benefits at 800.300.1672 or customerservice@121benefits.com

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HOME DASHBOARD ACCOUNTS TOOLS & SUPPORT STATEMENTS & NOTIFICATIONS PROFILE

Enrollment Confirmation

Please print this page for your records.

Plan	Company Contribution	Employee Contribution	Estimated Per Paycheck Reduction
Medical Account		\$2,650.00	\$132.50
Dependent Care Account	\$5,000.00		\$250.00
Total Estimated Reductions Per Paycheck: [†]			\$382.50

[†] Pay check reductions are based on your election and the number of scheduled pay periods within the plan year. True reductions will be determined by your employer.

You have elected Debit Card as your reimbursement option. Your alternate reimbursement method is Check.

The payroll deduction to fund your spending accounts will begin on 3/2/2018 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 3/1/2018. All claims must be filed for expenses incurred while you are a participant, within the plan year 3/1/2018 - 12/31/2018

You will receive a confirmation email with instructions on how to file a claim, check your account balance, and obtain additional information about your pre-tax benefit plans. You can also view this information now by downloading the [Next Steps](#) document.

[Print](#)

Questions?
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[Accounts](#) [Profile](#) [Statements & Notifications](#) [Tools & Support](#) [Dashboard](#)