



HR / Employer Administration Manual



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Resource Links

NOTE: This manual provides web links to files which will be updated as needed, therefore you should always use the links when accessing these files.



Contact

Hours of Operation

American Benefits Group is located in Northampton, Massachusetts. Our office hours are 8.30am - 5.00pm EST, Monday through Friday. Participants can also call 800-499-3539 and select option 2 from the menu after the introductory message, to reach a customer service representative.

Participants can check their account information 24 hours a day, 7 days a week by logging into their account online at <u>www.amben.com/wealthcare</u> or through the **ABG WealthCare Mobile App** available for iOS (iPhone) and Android – download links for the App in the iTunes and Google Play stores can be found here: (<u>www.amben.com/WealthCareMobile.html</u>).

ABG Contacts

Bob Cummings	rcummings@amben.com	x21100	CEO & Managing Principal, New Business
Clodagh Parker	cparker@amben.com	x21800	COO & Director of Flexible Compensation Services
Jennifer West	jwest@amben.com	x24200	AVP of Operations
lan Michael	imichael@amben.com	x22800	IT Director, File Integration
Imari Silva	isilva@amben.com	x23400	COBRA & Direct Billing Manager
Elizabeth Bonney	ebonney@amben.com	x24100	Sales & Marketing Manager
Tammy Teehan	tteehan@amben.com	x21900	Executive Sales Administrative Support
Kelly Daniel	kdaniel@amben.com	x23000	Senior Client Relationship Manager
Bob Wilson	bwilson@amben.com	x77225	Senior Account Manager
Kymberly Starker	kstarker@amben.com	x22700	Account Manager

Emailing ABG

processing@amben.com

- Status changes: New hires, Terminations
- · Direct Deposit forms
- Additional card requests

support@amben.com

- · Questions about plans
- · Login issues
- Employer account management

COBRAsupport@amben.com

· For all COBRA related questions and processing

COBRAprocessing@amben.com

claims@amben.com

- Questions about existing claims
- Submitting documentation

ABG HUB System Email noreply@amben.com

IMPORTANT

Renewal notifications, Important Compliance Information

Communications from all of these email addresses and <u>noreply@amben.com</u> should be allowed so they won't be caught by your Fire walls or SPAM filters.

my ABG HUB - American Benefits Group (noreply@amben.com)



Administrator Processes

Payroll Deductions

If you are submitting a payroll file, ABG requires a file be sent for each pay period. All deposits submitted to ABG in a payroll file will be loaded to employee's accounts within 2 business days of receipt of file (90% of files are processed within one business day). ABG must receive payroll files for HSAs and Commuter Benefits.

Alternatively, for FSAs you can provide ABG with your payroll calendar. ABG will assume the per pay period contributions in the WealthCare system.

Funding Bank Accounts

M&I Bank will conduct an initial \$1.00 debit/credit, pre-note on your account to verify it is ready for transactions. For HSA accounts there will be a penny test.

The pre-note will show on your bank statement as "MED-I-Bank or M & I Bank"- Company ID 1383261866

Be aware there is a \$50 fee for any ACH rejections so be sure to have your bank allow drafts from all the IDs we provide on our banking forms and below.

Debit Card Transactions

Funds are drafted by the card company, on a daily basis, from the employer's designated bank account. A daily email notification is sent to employer contacts from <u>noreply@alegeus.com</u> with a title of "Daily Settlement Activity," these emails will provide notification of the amount being drafted from the employer account. ABG also schedules weekly Employer Disbursements Report, this report will provide you with the details of the daily drafts. Since there is no pre-funding requirement for the debit card transactions, it is the employer's responsibility to ensure sufficient funds are maintained in this account.

- Card transactions are pulled on a daily basis two drafts occur on Mondays or after a holiday
- Debits will show on your bank statement as "MED-I-Bank or M & I Bank"- Company ID 1383261866
- Sufficient funds need to be available for these drafts (there is a \$50 fee for insufficient funds).

Debit Card Information

Participants use the card to pay for eligible expenses at valid locations and sophisticated IIAS (Inventory Information Approval System) technology separates eligible and ineligible items at point-of-sale and provides for automatic debit-card substantiation for eligible transit and parking expenses.

Manual Claims Reimbursement Processing

Payments for manual parking claims submitted to our office are paid on a weekly basis. Payments for claims received by noon on Friday are processed for payment on Tuesday and the totals for the manual transactions and the card transactions will be reflected in the weekly Employer Disbursements report. You can expect to see those amounts draft out of your bank account each Wednesday (the entry on your bank statement will read American Benefits Group).

To view the manual claim details you should run the Employer Disbursements Report which will reflect Direct Deposit payments and Check Reimbursements (if applicable) as well as the Card transactions for the requested period.

- Manual claims are reimbursed weekly on Tuesdays and appear as a debit on your account on Wednesdays
- Manual claims appear as "Claim Pmt" from American Benefits Group Company ID 9165530001



Ongoing Eligibility & Sending Files

IMPORTANT: Please note that for all your Reimbursement Accounts, unless you have:

- 1. Established an Ongoing Eligibility File with ABG (a connection between your HRIS or payroll vendor and our IT Department), and
- 2. You have received confirmation that this file is in production from ABG's IT Department, then...

You must notify American Benefits Group of all new enrollments, terminations, or election changes. American Benefits Group will process your reimbursement account changes in our system upon notification and you will receive notice once the item has been processed. Please allow two business days for processing of any requests.

To insure compliance with HIPAA and PHI regulations please make sure that all request are emailed in an encrypted manner. If your company does not offer email encryption you can use ABG's email encryption service at <u>sendsecure.amben.com</u>. For details on this service, see the section below titled "Sending Encrypted Emails".

Notify American Benefits Group at processing@amben.com when your group has any of the following events:

Mid-plan year elections for New Hires

Complete the applicable benefit election or enrollment form and email it to <u>processing@amben.com</u> in using secure email*. If you would like a secure link please contact ABG.

You can find all our Enrollment/Election Forms here . . . <u>https://www.amben.com/employers-forms.html</u>

If you have more than 3 new hires at any one time please use our <u>Enrollment Submission Spreadsheet</u> (XLS) instead of the PDF form to submit these enrollments

Terminations for employees who lose coverage or who separate employment

Complete our Employee Termination Form and submit to processing@amben.com

Election Changes, for employees who experience a Qualifying Life Event

Complete our Status Change Form and submit to processing@amben.com



Reconciliation

Daily settlement report--this is not a report that can be run on an ad hoc basis, it is emailed daily from <u>support@alegeus.com</u> This email notification will be sent daily even if there are no transactions for that day—on Monday there will be a draft for Friday and Saturdays. The daily settlement notification shows the total of all debit card transactions for that day which were drafted as one amount from the employer's designated bank account.

Employer Disbursements Report (EDR) (Search: Reports/Settlement/Employer Disbursement Reports) this report provides the employer with a record of all reimbursements from their accounts, the claim type column denotes the type of reimbursement that was processed on the employer's bank account:

- "Card" denotes all debit card transactions. These transactions will appear on your bank statement marked as Med-I-Bank and the amount will be equal to the total of all "Card" transactions with the same "Settlement Date."
- "Direct Deposit" denotes all reimbursements for manual claims that were drafted from the employer accounts and deposited directly to the participant's bank account. These items will appear on your bank account marked as "American Benefit Claim Pmt" and the amount will be equal to the total of all "Direct Deposit" transactions with the same "Settlement Date."
- "Check" denotes all reimbursements for manual claims that were issued as checks on your bank account. These checks will be presented for payment on your account by the participant
- "POS Refund" denotes all purchase returns/charge backs for debit card transactions. These items will appear as deposits to your account and if there were any card transactions that settled on the same day, the amount on your bank statement would show the net of the "card" transactions and the "POS Refunds" for that settlement date.
- "Manual Refund" denotes either an employee payback for an ineligible expense—paybacks are deposited to your bank account at the beginning of the month following the date they were processed. Alternatively, this amount could also represent an adjustment made to a participant's account, in which case there may be no transaction on your bank account. Please reach out to ABG for extra details if you see these transactions.

The **EDR** also shows which Plan Type the reimbursement was made from and can be run by plan year, or for "all plan years" in a specific date range—this will allow you to determine which portion of an expense was assigned to which plan year (this is important when offering a grace period or the carryover provision).

Enrollee Account Balance (EAB) (Search: Reports/Enrollees/Enrollee Account Balance Report)—scheduled to run once per month. This report shows the aggregate status for each employee's benefit for that plan year:

- The annual election
- Employee Deposits YTD payroll contributions
- Total Disbursed--YTD Disbursements
- Forfeiture Balance-the difference between the YTD contributions and the total disbursements
- Available Balance—the difference between the annual election and the total disbursements for health FSAs and the difference between the YTD contributions and total disbursements for DCAP, parking and transit and some HRA benefits
- Balance Due—these are card transactions that were paid for but for which either:
 - ABG was not provided with a complete receipt, invoice, or EOB, or
 - The invoice/EOB submitted by the plan participant indicated that the expense was not eligible. These items should be repaid to the plan, unless a receipt showing that they are eligible can be provided, or a manual claim is submitted for an eligible expense and can be used to offset the ineligible expense.



End of plan year reconciliation:

Before doing a final reconciliation at the end of your plan year, ABG recommends that you wait for at least two weeks after the end of the run-out period for that plan year. This allows for all claims that were submitted by the last day of the plan year to be reviewed and processed by claims processors. Plan run-out dates are usually very busy and plan participants tend to wait until the last day for submitting run-out claims before submitting. In addition, ABG will process claims that have been sent in by US mail with a post mark on the envelope of the last day of the run-out period.

Approximately the third week after the last date to submit run-out claims, you should run the **"Enrollee Account Balance Report"** using the following search parameters:

- Plan Year: "Previous,"
- **Plan Date:** "the date range of the plan year directly prior to the current plan year (the plan year you are reconciling),
- Account Type: The specific accounts you are reconciling.

The column on the Enrollee Account Balance Report marked "Forfeiture Balance" should provide you with the amount that is being forfeited to your group's plan. You may use plan forfeitures to offset plan administrative fees. However, before final determination of forfeiture amounts you will need to take into account the following:

- Total contribution amounts made for terminated employees—when ABG uses "assumed calendars" these amounts may not be reconciled to the actual amounts that your group had deducted from the employee at the time of termination.
- Amounts appearing in the "Balance due" column—see details on Balance Due below.

Balance Due

The column marked "Balance Due" shows card transactions for which the employee was requested to: 1. Provide additional documentation and

2. For which ABG either did not receive this documentation, or the documentation showed that the transaction was ineligible.

Consequently, "Balance Due" represent amounts that need to be repaid to the employer and as such, which will impact the "Forfeiture Balance" column. Employees who have amounts in the "Balance Due" column will have been sent a series of letters (and emails if email address was provided) instructing them to provide additional documentation and, finally, informing them that the transaction is ineligible and must be repaid to ABG (ABG processed repayments and sends the amounts back to the employer).

When an employee has an ineligible debit card transaction:

- Their debit card is deactivated until the transaction has been resolved and
- Any eligible manual claims that are submitted during this period are automatically "off-set" against the ineligible transactions (this means that instead of reimbursing the participant for the eligible claims, the amount is automatically off-set against the ineligible card transaction).—This process only occurs during the active plan year when these transactions occurred.

With the commencement of a new plan year, all eligible manual claims submitted for the new plan year will no longer be used to offset the ineligible card transaction from the prior plan year, but the debit card will remain inactive until the transaction has been resolved.

How should you (the employer/plan sponsor) resolve "Balance Due" transactions after the end of the plan year?—Per the summary plan description *and* the debit cardholder agreement "balance due" amounts can be handled as follows:

- Withhold all ineligible amounts from the employee's Pay. or
- Include amounts in gross income as taxable "wages."
- Advise ABG when this action has been taken so that we can reactivate the card and adjust the employee's account.



Scheduled Reports

American Benefits Group offers scheduled reports to be generated and emailed to you in PDF or XLS format (being sent from support@amben.com or support@alegeus.com). These reports can be run on an ad-hoc basis from within the portal using Employer Plan Administrator access.

Members of your organization being provided with access to the WealthCare Administration System should be either designated as a privacy officer, or have been cleared for access to PHI (Protected Health Information) per HIPAA requirements.

Enrollee Account Balance (sent from support@amben.com)

(Monthly by default, on the 1st of every month; can be run ad-hoc with Employer Plan Administrator access) The Enrollee Account Balance report provides administrators with a list of all participants detailing: Account Status, Annual Election, Contributions Year to Date (Employee and Employer), Deposits, Total Year to Date Disbursements, Plan Forfeiture Balance, and Balance Due.

https://amben.com/demos/Reports/EnrolleeAccountBalance_Report.pdf

Employer Disbursements Report (sent from *support@amben.com*)

(Weekly by default, every Wednesday, also Monthly on the 1st of every month; Can be run ad-hoc with Employer Plan Administrator access)

The Employer Disbursements Report provides transaction detail on debit card transactions (for those employers who offer the ABG Benefit Card), reimbursed manual claims, and refunds. The transaction data returned gives administrators a consolidated, accurate report of all spending activity for an employer group. Employers can use this report to reconcile all claim activity for a specified timeframe.

https://amben.com/demos/Reports/EmployerDisbursementsReport.pdf

Employer Account Reconciliation Report (sent from support@amben.com)

(Monthly by default, on the 1st of every month; Can be run ad-hoc with Employer Plan Administrator access) The Employer Account Reconciliation Report provides a daily overview of all debits and credits to an Employer Account in BPS. The report can be requested for a specific time period and will display daily totals of employer deposits, manual claims, and POS transactions against an Employer Account during that period. In addition, the report will also display a beginning and ending Employer Account balance. https://amben.com/demos/Reports/EmployerAccountReconciliationReport Sample.pdf

(For employers offering the ABG benefit debit card):

Settlement Activity Notification email (sent from support@alegeus.com)

(Daily; cannot be run ad-hoc)

The Settlement Activity Notification email shows the total drafted on the previous day from your employer bank account for debit card transactions. It does not contain individual transaction detail (for detailed transaction information, see the Bank Transaction Reconciliation report below). Following a Sunday or banking holiday, the Settlement Activity Notification will show all activity for two days prior rather than one day prior.

https://amben.com/demos/Reports/DailySettlementEmail.pdf

PLEASE NOTE: If no manual claim reimbursements and/or card transactions occurred within the time period covered by the Employer Disbursements Report, the system will result in a report file with only "No Rows Returned" as the content.



WealthCare Employer Plan Administrator Set-up

Plan Administrator Access

Individuals designated as a *Billing Contact* will be sent invoices via email for the benefits we administer for your organization.

Please indicate for each contact if they should have Portal Plan Administrator Access (* see note), be scheduled to receive reports, and whether they are a billing contact who should receive invoices.

At least one person should be indicated with a \checkmark in each column in the table below:

 Administrator Access: ABG can provide access to our WealthCare Administration system for Employer Plan Administrators. Those being provided with access should either have been designated as a privacy officer, or have been cleared for access to Protected Health Information (PHI) per HIPAA requirements. For Administrators who ABG does not receive file feeds for, write access can be given for adds, terms and changes. Scheduled Reports include information about account balances, debit card transactions and claim reimbursements. Scheduled reports in the system do not contain PHI or Personal Information (PI). 		Administrator Access	Scheduled Reports
Primary HR:	Title:	□ Yes □ No	□ Yes □ No
Email:	Tel:		
Payroll:	Title:		
Email:	Tel:		
Billing/Finance:	Title:	🗌 Yes 🗌 No	🗌 Yes 🗌 No
Email:	Tel:		
Broker Contact:	Title:	N/A	
Email:	Tel:		
COBRA Administrator Name:			ABG
COBRA Mailing Address, City, State, Zip:			

The designated Plan Administrator for your company (generally a person in the Human Resources department) must authorize the assignment of Employer Plan Administrator access to the WealthCare Portal to any other individual in your organization, this is due to the ability granted by the Employer Plan Administrator access to view Protected Health Information (PHI) of fellow employees. See the WealthCare Portal Employer Access paragraph above for more detail.



Customization

Company Logos

For best results, please provide your logo with the following specifications: a logo height no greater than 90px and a logo width no greater than 300px. Logos can be supplied as a .JPG, .GIF, or .PNG file.

Will you be providing a logo? Yes No

Your logo will appear here when participants are logged in.

AMERICAN NENU West	BENEFITS GROOP BrCavePortal Personal Dashboard			FSA Store 1	्रित्र विश्वस्वमंत्रिक
	CHRISTOPHER ANDERSON	MOBILE PHONE	EMAIL	REIMBURSEMENT METHOD	
Try ABG Smart Mobile Image: Cooper play Image: Available on the App Store If you are on your mobile device using an internet browser, you will have unexpected results accessing your account. Please download our Smart Mobile App.		vser, you will	Card Transaction	Documentation Req ation Request for a card trans im Activity > Find the transact e "Add Receipt" button on the	uest action DO NOT SUBMIT A ions which needs right.
			My Accounts - View More Plan years to show: Transit - NO CAS Balance \$168.	Previous C C 5H REIMBURSEMEN \$168.90 90	urrent Future

Announcements

ABG can post an announcement to your employees in the WealthCare portal. It would appear in a widget box like those displayed above. Please allow ABG 5-7 working days to process these requests. Additional fees may apply.



Participant Communications

Communication Methods

Participants will receive communications in some or all of the following ways:

Email – We send many communications through email, so we encourage all clients collect participant emails and include them in any demographic files provided to us. If participants do online enrollment an email address will be required.

WealthCare Mobile – Participants who have registered in the WealthCare Portal can access their accounts using the mobile app for IOS and Android devices. Participants can view communications using the mobile app.

Text Messaging – Participants can register their mobile phones. Once registered they will receive various communications and have the ability to text "bal" and receive their current account balances.

Mailed Letter - There are some communications which will be sent to participants through traditional mail.

Commuter Account Communications

Below are the communications which American Benefits Group offers. You will see a brief description below of each communication and how they are sent.

Samples of these communications are provided on following pages.

Communication	Description	Email	Mail	Online	Frequency	Opt-in	Opt-out
Account Renewal / Opening	Account Opening Confirmation, Plan Information	Х		Х	Yearly		
Account Balance Statement	Account Details, Plan Dates, Login Instructions, links to resources	Х			Monthly		
Card Mailed	Typically 2-3 days after it is ordered	Х		Х	Daily		
Card Package	Mailed Benefits Card package, includes brochure		Х		Once	N/A	N/A
Event Based Notifications							
Card Lost Stolen	When card is re-ordered by participant or ABG	Х		Х	Immediate		
Deposit Received	By plan, when a participant receives a deposit	Х		Х	Immediate		
Direct Deposit Account Change Sent when ABG or participant edits or adds		Х		Х	Immediate	N/A	N/A
Employee Username Change Sent when ABG changes Username		Х		Х	Immediate		
Parking Claim Notifications							
Claim Denial	When claim is ineligible		Х		Daily	N/A	N/A
Manual Claim Entered	When ABG adjudicates claim	Х		Х	Daily	N/A	N/A
Participant Claim Entry	Confirmation of participants online claim	Х		Х	Immediate	N/A	N/A
Processed for Payment	When ABG processes claim for reimbursement	Х			Weekly	N/A	N/A



Enrollee Welcome Email - We have many versions of this communication, including custom client

From: noreply@amben.com

Subject: Reimbursement Account Confirmation

Description: Emailed the day after ABG online enrollment ends, or when participants are added into ABG's WealthCare System.



Administrator Name:	American Benefits Group
Administrator Address:	PO Box 1209
Employer Name:	
Participant Name:	

Account Details

Type	Start Date	End Date	Effective Date
Transit	04/01/2022	3/31/2023	04/01/2022

Welcome to American Benefits Group!

This is a confirmation of your Commuter benefit opening or renewal through your employer. See Plan above. If you have both a Transit and a Parking benefit, you will receive a confirmation for each benefit.

View important plan information by clicking this link ... Commuter Benefits

About the ABG Benefits Card Please note your Card does not expire for three years Learn More

Install the WealthCare Mobile App

Signup for Text Messaging

WealthCare Portal Login Instructions

- Browse to www.amben.com/WealthCare
- For First Time Registration
 - In the upper right choose REGISTER
 - Follow the instructions and enter all the required information
 - Username must be 6-12 characters (alphanumeric)
 - Password must be 8-16 characters (follow the provided criteria)
 - Registration ID [EmployerID] (your Employer ID)
 - Employee ID is your Soc. Sec. (with no hyphens)

Keep a record of your username, password and answers to security questions for future use.

American Benefits Group | support@amben.com | Tel: 800-499-3539 | Fax: 877-723-0147



Account Balance Statement - Monthly Statement

From: noreply@amben.com

Subject: Monthly Commuter Account Statement

Description: Emailed on the first day of each month, if participants are added mid-month they will receive a communication the day after they are entered.



Administrator Name: Administrator Address: Employer Name: Participant Name:		American Ber PO Box 1209	nefits Group						
Account De	Account Details								
<u>Type</u> Transit	<u>Start Date</u> 04/01/2022	End Date 03/31/2023	Run Out Date 03/31/203	Election \$3,360	Total Contributions \$672	<u>Disbursements</u> \$500	Balance \$172	_	

Your Monthly Reimbursement Account Statement

For more account information and to file claims online log into the <u>WealthCare Portal</u>. If you have never logged into the **WealthCare Portal** follow the login instructions below. Once logged in you may view transactions, file claims and more.

Please note that the Start Date is the plan start date, you may have a different effective date (the day you were eligible to begin using your benefit).

WealthCare Portal Login Instructions

- Browse to <u>www.amben.com/WealthCare</u>
- For First Time Registration
 - In the upper right choose REGISTER
 - Follow the instructions and enter all the required information
 - Username must be 6-12 characters (alphanumeric)
 - Password must be 8-16 characters (follow the provided criteria)
 - Registration ID <u>--- choose</u> Employer ID from the Drop-down <u>find your employer ID</u>
 - Employee ID is your Soc. Sec. (with no hyphens)

Keep a record of your username, password and answers to security questions for future use.

Access Account Information and File a Claim Online using the WealthCare Mobile App for smart phones and tablets

Install the Smart Mobile App

Signup for Text Messaging

American Benefits Group | Tel: 800-499-3539 | support@amben.com | www.amben.com/commuter



Card Mailed

From: noreply@amben.com

Subject: Your American Benefits Group Benefits Card Has Been Mailed

Description: Emailed once the card is mailed (2-3 days after it was ordered)

AMERICAN BENEFITS GROUP								
Administrator Name:	American Benefits Group							
Administrator Address:	PO BOX 1209 Northampton MA 010611209							
Employer Name:	Employer Name							
Card Mailed Address:								
Participant Name								
Participant Address								
city, state zip								
Card #	Card Mailed Date	Shinning Method						
XXXXXXXXXXXXXXX0000	9/16/2013	Standard - U.S. Mail						
Your ABG Benefits Card has b days in a non-descript double-	peen mailed. Please note that it w window white envelope. Please b	ill arrive at your address within 5-7 business e careful not to throw this out.						
Please note your ABG Benefit	s Card does not expire for three y	ears (if you renew your benefit in the next						
plan year, new funds will be lo	paded to the card).							
If you have any questions or c	If you have any questions or concerns, please contact us at:							
American Benefits Group								
Tel: 800-499-3539								
Fax: 877-723-0147								
support@amben.com								



Card Package

Envelope and Card sample



Card Carrier - Front





Card Carrier – Back

Cardibolder Agneement IMPORTANT – PLEASE READ CAREFULLY My Uae-of-Gard Promises For austi-of-Gard Promises Instrument and the standard standard standard standard parking benefits account and/or is health savings account (FSA), hankin instrumenter and standard standard standard standard standard (Plean') whore you are enrolled to use your Benefits beth Mastel-Cardib (Cardi), you certly that you will only access your Plan account for paymont of qualitying segments under that Plan. You acknowledge that you have received and reviewed quicterines on the expenses that are qualitying abornited (and has not been submitted previously) for reinformamement to any other plan or program of benefit covertage. Further, you agree to acreal invicces and receives to synur Plan Actimistrator that upon nequest, to submit these documents to your Plan Actimistrator. You acknowledge that in cefer to groess sortian Card transactions it may be necessary to disclose information regionding your participation in the Plan to pharmise, and or motiona bornitis dorwith be corritored determine pharmacy and or medical benefits undire group health plans). The paymises, and or motions is down with be corritored My Use-

presenting and or insultate central union group health plants). The promises, requests and consonis shows will be considered My Use-of-Card Promises, and you understand that your acceptance of these (by activation of the Card) and your relations on them has created a binding contractual commitment on your part regarding your use of the Card. You also understand that you will remove and reaffirm My Use-of-Card Provises each time you use or permit the Card to be used for payment. Terms and Conditional Prolified

contraction contribution of your pair registrong your bar of the Cards too also understance that you will environ and realitim My Use of Card Phornises each time you use or premit the Card to be used for payment. Terms and Conditions/Definitions for your Benefits betti Master/Card This document constitutes the agreement ("Agreement") outling the terms and conditions/Definition for your Benefits betti Master/Card This document constitutes the agreement ("Agreement") outling the terms and conditions/Definition for your Benefits betti Master/Card (Section 1998) and the section of the section of the section say the torms and conditions contained in this Agreement, "Over Phase, Weinlegen, Delaware, Tassar" means The Bancerp Bank or to dopository institution affinites. The Issuer is an FDIC Insued moreher institution, "Reimbursement Account" means the records maintained to account for the value of cardina association with the Card and are authorized to use mayber of the association with the Scard and are authorized to use mayber, or the association with its sponsoring 'use benefit Bank', "Dear Mark Depring the association with the Scard your benefit Bank ("Deared Payming"), dependent down is sponsoring you benefit Bank ("Deared Payming"), dependent down or consisted the work of Card a a device that may be used to access one or none benefits accounts such as flagsite paying account (TeXA), transfranksmering environgement (HRA), dependent care acceut (TeXA), transfranksmering amounts such as flagsite paying account (TeXA), transfranksmering anomalies accounts such as flagsite paying account (TeXA), transfranksmering anomalies accounts such as flagsite paying account (TeXA), transfranksmering anomalies accounts such as flagsite paying account (TeXA), transfranksmering anomalies accounts with deare the available to you, your sponse or finan Administration on those benefits, and the qualification to participate in the Banefit Plan , sponsories to association with a transvert to be attransfit Plan and are nof responsible f

You acknowledge and agree that the amount available for Card use is limited to the amount available in your Reimbursement Account(s).

The service segment as a paper that the attributing availabile for Card Labe III availed to the monotal availability in your Reinhubumment Account(rd). You agree to sign the back of the Card is modelined to the nort of your Card. The Card is a prepaid card. The Card is not connected in any way to any checking or savings account. The Card is not connected in any way to any checking Account. The Card will remain the property of the liscare and must be amended and the Card will remain the property of the liscare and must be amended on the Card will remain the property of the liscare and must be amended on the Card will remain the property of the liscare and must be amended on the Card will remain the property of the liscare and must be approache the VCar business do at any horizon and any weaking federal holdsays, even if we are open. With down your Card number and the statement of ensity of a segment provided in your Beniff Plain downment or on the back of your Card on a segment piece of paper in case your Card is to statisfies of users and this Agreement carefully and keep it for future reference.

Authorized Usen

sible for all authorized transactions initi Total all elegonations and autonomous antimetoron in the second and a second end of the by use of your Card. If you permit another person to have access to your Card or Card number, we will head this as if you have authorized such use and you will be label for all transactions and fees incurred by these persons. You are wholly responsible for the use of each Card according to the terms and novellaps of this Amagenetic. olly responsible

and compares to be exploration. Dopendent Cards If you are the primary cardholder, you may request a Card for one or more dependents if allowed under your Benefit Plan. You remain liable for any and all usage of any dependent Cards you authorize.

Loading Your Card Loeding Your Card You may not load funds to your Reimbursement Account(s), called "value loading". Only your Plan Sponsor or Plan Administrator may add additional funds to your Reimbursement Account. You will have access to your funds

sinds fo your Reimbursenient Account. You will have access to your funds upon activation.
Using Your Card/Features
The maximum value of your Card, which is the lesser of the value available in a machine that can be spent on your Card per day is the maximum value of your Card, which is the lesser of the value available in each Reimbursent Account linked to your Card or \$10,000.00.
Your may use your Card to parchase eligible goods or services at selected reare, and iransit morthants or only our Part to parchase in the value available in your Reimbursement Account to on the exceed the value available in your Reimbursement Account Castified Expenditures, you may be subject to taxes, peralase, fines or subcharges accound a storig as your conting to applicable folder and and state law. Your Plan Sponsor, the Plan Administration, the internal Revenue Service and termination of Qualified Expenditures, you may be subject to taxes, your plan concerted to good for any peralete fines or subcharges accounding to applicable fidered and state law. Your Plan Sponsor, the Plan Administration, the internal Revenue Service at the Card for Non-Qualified Expenditures, you indeminy us and hold us hamiless for any penales or other consequences that may our Card for Non-Qualified Expenditures, you rain be assessed as unboard your apient on myeter to appet the accented to adject or attempt to use the Card for Non-Qualified Expenditures, you rain the move use data the first your any be revoked. Your plan Administration to call for Boyour Service and the Sponsor, the Plan Sponsor or the Administration to adject to a taxes, that may our adject to mithow your Plan to your Card may be revoked. Your gives to attempt to use the Card for Non-Qualified Expenditures, you any be used and to adject the on your Plan to your Card may be revoked. Your your your to it to exist your Plan to the other to adject the other to adject the other to adject the other other other outperevoked to your Plan to your Plan to the your Plan to transactions where you would use the Card as partial payment for goods and services and pay the remainder of the balance with another form of legal lender.

Any presubhorization amount will place a "hold" on your available funds until the merchant sends us the final payment amount of your purchase. Onco the final payment amount is received, the presubicitation amound on hold will be removed. It may take up to five (5) days for the hold to be removed During the hold priorid you will not have access to the presubicitation amount summ remote period you will not have access to the presult-orized amount. If you use your Card number without presenting your Card (puch as for a mill order, telephone, or Internet purchase). The legal effect will be the same as if you used the Cardinality. For security reasons, we may limit the amount to indexend thematathematic and make with your Card, Your Card be nedworked for each. You may not use your Card for online gambling or any linguit tematathem.

any illegal transaction. Upon any purchase via a point-of-sale terminal, mail order, telephone order or other purchase transaction, the balance of your Reinhousement Account or HSA will be reduced by this amount of stack no purchase as defermined by your Plan Administrator. The use of your Card to purchase goods and services from merchants is treated as a datim against your Reinhousement Account or HSA, as appropriate.

Account or HSA, as appropriate. Each time you use your Card, the amount of the transaction and any applicable fees, will be deducted from the appropriate available balance(s) in your Reimbursement Account or HSA, as determined by your Plan Administrator. You are not allowed to exceed the available emotion through an individual transaction or a series of transactores. Nevertheless, if a transactore exceeds the available balance, you shall remain till withit for the emount of the transaction and any applicable fees. If you believe that a transactore was doubled for the incorrect plan account, contact your Plan Administrator.

Plan Administrator. You do not have the right to stop payment on any purchase or payment transaction originated by use of your Card. You may not make presulthoiroad regular payments from your Card. I you subhorize a transaction and then fisi to make a purchase of that item as planned, the approval may result in a hold for that amount of funds for up to the r65 days.

hold for that amount of flunds for up to five (5) days. Personal Identification Number, Cash Access, and ATM Use You will not receive a Personal Identification Number (*PIN') with your Card. However, you may contact, your Plan Sponsor en Plan Administrator for instructions on how to obtain a PIN for your card. You may not use your Card to obtain cash from an Automated Teller Machine (*ATM). Point-of-Sale (*PCO) full-vices, or by any roller means. You may not use your Card at an ATM. For security reasons, we may limit the number of consecutive PNI failures allowed.

PN faitures allowed. You should not write or keep your PIN with your Card. Never share your PIN with anyone. When entering your PIN, be sure it cannot be observed by others and do not entry your PIN into any terminal that appears to be modified or suspicious. If you believe that anyone has gained unsufficitied access to your PIN, you should achive your Plan. Administrator immediately following the procedures in the paragraph labeled "four Lability for Unauthorized Transfors."

Unauthorized Transfers." Returns and Refunds If you are entitied to a refund for any reason for goods or services obtained with your Card, you agree to accept credits to your Card for such refunds and agree to the refund policy of that mechanit. If you have a problem with a punchase that your nade with your Card, or for you have a dispute with the merchant, you must handle it directly with the merchant. Card Replacement

Care Replacement If you need to replace your Card for any reason, please contact your Plan Administrator at the phone number printed in your plan document or on the back of your Card to request a replacement Card. There may be a fee for replacing your Card.

Expiration Unless terminated, your Card will expire on the tast day of the month prin on your Card, however, your ability to pay for products and services a end sooner than the Card expiration date depending on your enrollin situla in your Benefit Plan.

status in your Bendti Plan. Charges Made In Foreign Currencies If you make a purchase in a currency other than the currency in which your Card was issued, the amount deducted from your funds will be converted by MasterCard International Incorporated this an amount in the currency of your Card. The exchange rate between the transaction currency and the billing currency used for processing International Transactores is a rate selected by MasterCard International Incorporated from the range of rates valiable in wholesale currency markets for the agricable central processing date, which may vary from the rate MasterCard International Incorporated load froetworks, or the government-mandated rates in effect for the applicable central processing date. Hyou make a purchase in a currency which your Card was issued, the Issuer may assess this foreign currency mich your Card was issued.

Carinto y derivative of the time you make a transaction using your Card. You should get a receipt at the time you make a transaction using your Card. You agree to retain, verify, and recordle your transactions and receipts. Card Account Baiance/Periodic Sutewants You may determine your Reiniusmennet Account balance or review any transaction by calling your Plan Administrator at the number printed in your plan document on the back of your Card. Contact your Plan Administrator or HSA custodian to determine the balance in your HSA. At custodian to determine the balance in your HSA. At our plan document of the planese with a MSA. At custodian is about the plane of the plane of the planese in your HSA. At our planese the context of the planese in your HSA.

NOTICE TO CARDHOLDERS WITH AN HSA. AI questions about transactions made with your Card must be directed to your Plan Administrator. We will not serve you a pendica teathement ising transactions that your make using your Card. The transactions wit appear only on the statement asset by your bank or other financial installutor.

sitatement issued by your cannot over a finite and the second of the sec

altomitys as needed; or B) Otherwise as necessary to hill our obligations under this Agroement. Our Liability for Failure to Complete Transactions III we do not properly complete a transactor hom your Card on time or in the correct amount according to cur Agreement with you, we will be liable for your losses or domaigas. However, there are usine exceptions. We will not be liable, for instance: 1) if through no fault of ours, you do not have enough Index websites on your Card to complete the transaction. We will not be liable, for instance: 1) if through no fault of ours, you do not have enough Index websites on your Card to complete the transaction of isotration technical to accept your card as a scheder back terminal when whom the relations to accept your control and the scheder terminal when whom the transaction is unitability the foresaction. 4) If an access the scheder of your funds are subject to legal or administrative process or other encumbrance residering their use; 6) if we have reason to believe have caused transaction is uniturbricity. 7) If circumstances beyond our control (such as fire, flood, or computer or communication failure) prevent the completion of the transaction, degle nessonable precautions that we have taken; 8) if your Plan Sponsor dd not add Funds to your statied in our Agreement who you.

Your Liability for Unauthorized Transfers Contact your Plan Administrator at once if you believe your Card has been lost or staten. Telephoning is the beat way to minimize your pessible losses. If you believe your Card has been lost or totlon, or thus tosmoone has transferred ar may transfer money using your Card without your plan document. Under MesterCard Rules, your liability for unauthorized MasterCard Interactions on Card Account is \$0.00 if you report the loss, theil, or unauthorized use to your Plan Administrator within two (2) business days and your exercise reasonable care in safeguarding your Card from loss, theil, or unauthorized use. This reduced liability does not pay if a PINs and you cercitic (2) month peak of any unauthorized use in the mediately provided with the card strategies of unauthorized use in the any of the PINs and on the noticities of an authorized researching your permission. If you do not notify your Plan Administrator within two (2) business days of any unauthorized changes, your may be liabils for the full amount that was lost, placing change of any unauthorized to the hill amount that was lost, placing change of any unauthorized the hour sports of the business days of any unauthorized changes, your may be liabils for the full amount that was lost, placing on target finand. To avoid any besit is for the full amount that was lost, placing on target besit active to use your pay the liability of the full amount that was lost, placing on the your parmission.

To avoid any loss if someone uses your Card without your permission, contact your Plan Administrator immediately.

contact your Plan Administrator Immediately. Also, if you become aware of and/or your statement shows transactions that you ddi not make, notify your Plan Administrator at once following the procodures stated in the perspeciate blacked information About Your Fight To Disprate Errori. If you do not notify your Plan Administrator in writing within soft (§G) days after you become aware of the transaction and/ or after the statement was made available to you, you may not get back any value you lost after the site you become aware of the transaction and/ or after the statement was made available to you, you may not get back any value you lost after the site you become aware of the transaction and and notified the Plan Administrator in line and you are grossly negligent or fraudulent in the bandling of your Card. If your Card has been tost or stolen, Administrator may issue a new Card.

traudurent in the handling of your Can'd. Invuir Card has been tost or solvin, we will permanently inscribed by our Can'd to keep losses down and your Plan Administrator may taxe a new Card. Other Terms Your Card and your obligations under this Agreement may not be assigned. We may transfer our rights under this Agreement. Use of your Card is subject to all applicable rules and customs of any obeninghouse or other secondary of the secondary of the secondary of the second or the secondary of the secondary of the secondary of the subject to all applicable rules and customs of any obeninghouse or other secondary of the secondary of the secondary of the secondary or thing to exercise them at anytime. It any provision of this Agreement or plation of any other provision of this Agreement and not be afforded to the advant will be governed by the law of the State of Dalawase except to the advant will be governed by the law of the State of Dalawase except to the advant will be governed by the law of the State of Dalawase except to the advant will be governed by the law of the State of Dalawase except to the advant will be governed by the law of the State of Dalawase except to the advant will be governed by the law of the State of Dalawase except to the advant of the state of the state of Dalawase except to excert propose, we can introgened to the state of the state of Dalawase except or security propose, we can introgened to the state of Dalawase except or security propose, we can introgened to the state of the state of the state and your numbers of the state state state of the state state state and the state state state. As a state of the state state and the state state state. As a state of the state of the state state of the state of the state of the state of the state state state of the

suna representation in your retemburistement Account. Your Card will be terminated if you loss eligibility status for your Reimburstement Account. Such a status change may include an employment status change or your Plan Sponsor no knoger offering such accounts. We may also terminate your Card at the request of your Plan Sponsor if you (or an individual subthorted by you) repeatedby fail to use your Card in the mannen't was intended. You will receive notice if your Card is terminated.

nformation About Your Right to Dispute Errors

is terminated. In case of errors or questions about your transactions, or you need more in case of errors or questions about your transactions, or you need more information about a transaction call your Plan Administratior. You must contact your Plan Administrator no later than sidy (60) days after the date of the transaction in question. The Provide your make and Card number. 2) Describe the error or the transaction you are unsure about, and explain why you believe it is a inform card by your head more information. 3) Provide the dollar ansuant of the strapacted error: If you provide line information confly, you may be required to send your complaint or question. In writing within sidy (60) calendar days of the investigate your complaint or question. If your Plan Administrator descless to investigate your complaint or question. If your Plan Administrator descless to investigate your complaint or question. If your Plan Administrator descless to bits you will be notified withing and your don't plan Administrator descless to during a complaint or question. If your Plan Administrator descless to during your complaint or question. If your Plan Administrator descless to during a stransaction is error will be corrected upon complaint descless to during a stransaction is error will be corrected upon complaint by (60) calendar days of the date of the transaction in error, your Cast may not (60) calendar days of the date of the transaction in error, your Cast may not leave transactions. Your Plan Administrator may take up to minety (90) (60) your complaint or question. In writing and your don't fit is determined that an error has occurred, the transaction is error will be corrected upon completing the investigate your complaint or your blan three (3) busiess days after completing the investigation. If it is determined that an error has accurred, the transaction is error will be corrected upon completing the investigation may be colained by combacting your Plan Administrator at the phone numbe

phone number or address listed in your plan document. English Language Controls Any Imnaiation of this Agreement is provided for your convenience. The meenings of terms, conditions and representations herein are subject to definitions and interpretations in the English language. Any transition provided may not accurately represent the information in the original English. Customer Service

For subtract service or additional information regarding your Card, please contact your Plan Administrator at the phone number or address listed in your plan document.

your plan document. No Warranty Regarding Goods or Services as Applicable. We are not responsible for the quality, safety, legality, or any other aspect of any goods or services you purchase with your Card.

This Cardholder Agreement is effective D4/2013



Enclosed Brochure - download

If you make a mistake at a healthcare merchant, your Benefiss Card transaction may still be processed even though an item may be ineligible. In that case, don't be overly concerned, but do contact your Plan Administrator as soon as you become aware of the mistake. Your Plan Administrator will tell you how to reimburge your account for the meligible tens.

What if there's not enough money in my account?

HOREY In THY ACCOUNT? In some cases where a merchant is able to accept less than the requested amount, they will authorize up to your account balance. In most cases, the transaction will simply be derited. You'll have to pay for the product or service yourself and submit the receipt, along with the claim form, as described in your plan documents. You'll then be retimbursed for any cligble expenses with whatever is left in your count. TIP: You'll be able to view your account follows miles. Check with your Fain Administrator for your anthelier Web address.

Do I need the receipts?

Possibly - so please save all of your itemized receipts! For some expenses, your Plan Administrator or the IRS Augiria your Plan Administrator or the IRS may need additional information, including receipts, to verify eligibility of the expense and comply with IRS rules. That's why it's important for you to save all receipts and fax or mail them in promptly when requested. Bandagar - 42-85 Conge Medicine - 195-85 Talam Tar - - 40-85

YOUR PHARMACY

If you have an FSA plan and you do

If you have an FSA pian and you do not submit documentation, your Pian Administrator will be forced to declare those expenses ineligible – and you'll have to reimburse your account. If you fail to do so, you could jeopardize the tax-exempt status of your account and lose access to your Benefits Card.

What do I do now?

- 1. Read the enclosed Cardholder Agreement.
- Sign the back of your Benefits Gard to indicate that you understand and accept the terms of this Agreement.
 Use the Benefits Card to pay for eligible products
- and services.
- 4. Remember to keep all your receipts.

pur Benefits Debii MasterCaul[®] is good for up to three yea 19 on to id Even if you use up this year's funds, you'll be abb the Benefits Card again next year if you re-enroll in this pl

Experience the Benefit.

Experimence the Determines Since its introduction in 1997, maillions of people have used the convenient Benefits Card to pay for a wide range of eligible produces and services—and to capitalize on today's increasingly popular tax-exempt employee benefit accounts. Now, thanks to your employee's commitment to offering a leading-edge benefits portfolio, so can you!

If you have questions about your card, your benefit plan, or about obtaining a PIN, please contact your Plan Administrator at the number on the back of your card, or contact your HR department.

information provided in this brochure is intended for use as a ge should not be construid to indicate the benefits covered by your e fits plan. The eligibility for reimbursement of any particular exp mined in accordance with your plan docurrents, which govern ness. Please consult the plan documents for further information

this card is issued by The Bancorp Bank pursuant to homse from MatterCan neurational incorporated. The Bancorp Bank Member PUIC. The Bancorp Bank is not a party to the Benefic Plan or to other plan documents. They not os a fluckary with respect to the Benefic Plan and are not responsible for the plan documents or the administration of the Benefic Plan. MaterCard is neurand resolution of MaterCard International Plan.





FITSL, its use is limited to specific merchants based on the benefit account(s) you have selected, and to expenses deemed eligible by your Benefits Plan.

Second, you cannot use it at an ATM, or to obtain "cash back" when making a purchase

At the point of sale terminal, if you are offered a choice, select the "CREDIT" option to sign your purchase receipt. For some purchases, you may be prompted to enter your PIN. If you do not have it, or if you enter your PIN and the purchase is declined, ask the merchant to process the restore to the unserved ent to the operint instead. ction so that you may sign the receipt instead.



What's an eligible expense? That depends on your particular Benefits Plan. For example, if you have a healther FSA or HSA, eligible expenses may include*: -abhcare

· Medical and dental deductibles and co-payments

· Eve exams, contact lenses, and glasses Prescription drugs

· Orthodontia or other dental care

Physical therapy and chiropractic care

Medical devices such as hearing aids and diabetic testing supplies Smoking cessation programs

Specific over-the-co (OTC) products (see below)

What over-the-counter products are eligible expenses?

and ---r plan

Over-the-counter drugs and medicines are eligible only when prescribed by a doctor. Please check with your Employer or Plan Administrator for specific eligibility and reimbursement

What's not eligible?

Anything thats not listed in your plan documents or any item not deemed a qualified medical expense. Please keep in mind that you are responsible for how the funds in your account are spent; these tac-exempt accounts are governed by the IRS and your plan documents.

If you're ever in doubt about the eligibility of a particular product or service, check your plan documents or ask your Plan Administrator. (If you do not know who your Plan Administrator is, contact your HR department.)

Where can I use my Benefits Card?

You can use your Benefits Card at certain healthcare and nonhealthcare merchants or transit merchants specified by your Benefits Plan. A healthcare merchant includes medical provide widers Benetis Pan. A healthcare mechani includes medical providers such as doctors, denists, vision care facilitats, and other locations that sell only medical services/products. A non-healthcare mechani is any retailer who may carry healthcare produces along with other product lines. Examples of non-healthcare mechanis include: grocery stores, mats merchandisers, and pharmacy stores.

grocery stores, mass merchandisers, and pharmacy stores. Your Benefits Card isi designed to work at both healthcare mer-chants (that are disentified as eligible under your plan) and non-healthcare merchants who have a healthcare inventory approval system in place (1054) that allows them to determine if purchased uterns are eligible at the point of sale. Since this inventory system will only allow you to purchase, chellighte items with your Benefits Card, you will not need to provide receiptor or other documentation to substantiate the eligibility of your purchases. Additionally this iteration wintory system allows for a more standard set of eligible items with your EsA or HSA Benefits Card transactions will be approved for only eligible items. Not your risk may use allow you to we your card at merchants with

Vocinities and unactions win comported on only engine mini-your plan may allow you to use your card at merchanis with-out an inventory approval system if that merchant has at least 90% of gross sales from prescriptions/bk or qualified over-the-counter healthcare products. In this case, you may be required to submit receipts to substantiate purchases from these merchants. Some plans may limit your card use to prescriptions-only, so please review your plan documents to verify if this applies to you.

For a listing of merchants with the healthcare inventory system, please contact your Plan Administrator.

What if I make a mistake?

What II I THAKE a THISTARE? If you are using your Benefits Card at a non-healthcare merchant who has the healthcare inversionly system and your Benefits Card does not work or does not authorize your full transaction, its probably because all or some of your items are indeglible. If you are purchasing items that are not eligible, your store clerk will ask you for another form of payment for those items. If you are unsare of what's diglible, ask your Plan Administrator or check your plan documents.

P: If you go to a drug store for a number of items – some eligible, so k – the merchant may need to ring them up separately. Use your Be



Commuter Deposit Received

From: noreply@amben.com

Subject: You Received a Deposit in Your Commuter Account

Description: Emailed when deposits are processed



Administrat Administrat Employer N Participant	or Name: or Address: ame: Name:	American Be PO Box 1209	American Benefits Group PO Box 1209						
Account De	Account Details								
<u>Type</u> Transit	<u>Start Date</u> 1/1/2022	End Date 12/31/2022	<u>Deposit Date</u> 3/1/2022	<u>Deposit Amount</u> \$280.00	<u>Balance</u> \$560.00				

As shown above, a deposit has been made to the account and your balance has been updated.

NO CASH REIMBURSEMENT FOR TRANSIT EXPENSES!

Pre-tax limits for 2022 Commuter Transit & Parking is \$280 each. Transit funds are forfeited upon termination of employment.

For more account information and to file claims online log into the <u>WealthCare Portal</u>. If you have never logged into the **WealthCare Portal** follow the login instructions below. Once logged in you may view transactions, file claims and more.

You can now use your ABG Benefits Card to pay for uberPOOL and Lyft Line Rides.

Learn More uberPOOL Learn More Lyft Line

WealthCare Portal Login Instructions

- Browse to <u>www.amben.com/WealthCare</u>
- For First Time Registration
 - upper right choose REGISTER
 - o Follow the instructions and enter all the required information
 - Username must be 6-12 characters (alphanumeric)
 - Password must be 8-16 characters (follow the provided criteria)
 - Registration ID choose Employer ID (Find Employer ID)
 - Employee ID is your Soc. Sec. (with no hyphens)

Keep a record of your username, password and answers to security questions for future use.

Important Information about Commuter Accounts

How To File A Parking Claim

American Benefits Group | Tel: 800-499-3539 | support@amben.com | www.amben.com/commuter



Manual Claim Entered

From: claims@amben.com

Subject: Your Manual Claim Has Been Entered

Description: This email goes out once a claim has been adjudicated by a claims administrator. The communication is customized according to the type of reimbursement option each company offers.

AMERICAN BENEFITS GROUP								
Administrator Name:	American Benefits Group							
Administrator Address:	PO BOX 1209 Northampton, MA 01061-1209							
Employer Name: Participant Name: Participant ID:								
Manual Claim Details								
Service Start Date	Claim Amount	Transaction Type						
11/5/2013	\$75.00 \$75.00	Claim						
11/19/2013	\$75.00	Claim						
9/23/2013	\$25.00	Claim						
 Processed on the following Tuesday. D take up to three business days to proceed employer. *As part of our effort in achieving a bank account. Not only is direct depotimely and efficient manner. Rather the payment. To set-up Direct Deposit, log under the My Account tab, here you can Alternatively, you can complete and si American Benefits Group: 	100% paperless office we encourage sit environmentally friendly, but it will an waiting for a reimbursement from ; into the WealthCare Portal at <u>www.</u> an add or edit your direct deposit banl gn the <u>Direct Deposit Authorizatio</u>	an participant's bank the next day, nowever, your bank may you will receive your reimbursement directly from your a you to receive your reimbursements directly into your l also allow you to receive your reimbursements in a more a your employer, a Direct Deposit will result in next day <u>amben.com/WealthCare</u> , click Reimbursement Settings k account information. <u>n Form</u> , send (along with a copy of a cancelled check) to						
Fax: 877-723-0147 Email: <u>processing@amben.con</u> Mail: American Benefits Group	Fax: 877-723-0147 Email: <u>processing@amben.com</u> Mail: American Benefits Group, PO Box 1209, Northampton, MA 01061							
Please know that your payment inform	nation is fully protected and confident	tial.						
American Benefits Group Claims Depa Tel: 800-499-3539 Fax: 877-723-0147 Email: <u>claims@amben.com</u>	rtment							



Claim Processed

From: claims@amben.com

Subject: Your Reimbursement Has Been Processed

Description: This example shows an ineligible claim, the account is an HRA which is used for deductible expenses only, and this claim was not for a deductible expense.

AMERICAN BENEFITS GROUP										
Participant Name Participant Address Employer: Employer N	ame									
				40/04/00403						
			Account: [HRA] [1/1/2012	2 - 12/31/2012]						
Claim #: 20120822-00							Tracl	king #: DATAPATH		
Service Dates	Description	Claim Amount	Amount Not Reimb ¹	Amount Rei	mb	Manual Claim Codes	Reimb Date	Reimb Type		
2/7/2012 - 2/7/2012	DED	\$35.79	\$35.79		\$0.00	DED	N/A	DirectDeposit		
Pended Amount Comments:										
Denied Amount										
Comments:										
	Manual Claim	Codes	¹ AMOUNT NOT REIMBURS	ED SUMMAR	Y	ta				
	Martual Claim	Coues	Total Claim Amount Submitted			\$35.70				
	N/A N/A		Prior Reimbursed Amoun	- \$0.00						
			Eligible Amount			= \$35.79				
	DED		Amount applied to your deductible.			- \$35.79				
			Reimbursed Amount				= \$0.00			
This letter serves as co see your payment withi Please do not hesitate to Thank you, American Benefits Grou PO BOX 1209 Northampton , MA 0100 MAIL TO: <u>claims@ambe</u>	nfirmation that y n 3-5 business d to contact at 800- up 611209 en.com	our recently submitted ays. -499-3539 should you	d claim has been processed I have any further questions	l for reimburse	ement. C)epending on your	reimbursement	nethod you will		
MAIL TO: <u>claims@ambe</u>	en.com									



Employee Account Change Notifications

Direct Deposit Account Change

From: noreply@amben.com

Subject: Your Direct Deposit Account Information Has Been Changed



Administrator Name: Administrator Address: Employer Name: Participant Name: American Benefits Group PO BOX 1209 Northampton, MA 01061-1209

Your direct deposit information has been updated. The new account and/or routing number will now be used for future reimbursements. This information can be verified in the WealthCare Portal.

If you have any questions or concern, please contact us at 800-499-3539 or support@amben.com.

Thank you, American Benefits Group



Password Change

From: noreply@amben.com

Subject: Your WealthCare Portal Password Has Changed





WealthCare Administration System

The WealthCare Administration system has web portals for Consultants, Employer/HR Administrators as well as Participants. Browse to <u>www.amben.com/wealthcare</u> - The WealthCare Portal features educational Resources which are available before login. These resources are organized by line of service and include: Videos, Tools & Calculators, Forms & Documents and Frequently Asked Questions. The resources are great decision tools during open enrollment.

WealthCare Portal (Participant Access) - View Presentation

WealthCare Portal - Once logged in your participants will access account information, submit claims and more.

WealthCare Admin (Administrator Access) - View Presentation

Designated users will receive an Employer **User ID** and **Password**. If you need to add designated users please fill out the form on page 5 or email processing@amben.com.

Once logged into the WealthCare Admin System Administrators will have access to the following tabs, **Employer**, **Employee**, **Transactions & Reports**. **IMPORTANT**: Please ensure that all employees being provided with **Employer Plan Administrator access** to the WealthCare Portal have either been designated as a privacy officer or have been cleared for access to **PHI (Protected Health Information)** per HIPAA and HITECH Act requirements. For employer contacts that should not have access to PHI, those in your organization with Employer Plan Administrator access will be able to generate reports on their behalf and can select to mask the transaction detail showing merchant information on any reports that contain such information.

Employer – Read Only

Employer Demographics and Employer ID (members will need this code for registration)

Employee - Read Only Access

The Employee Home page shows their status, their WealthCare Portal User ID. This User ID will only show if they have registered in the WealthCare Portal. It also shows their account, election, contributions, total disbursements YTD, balance and balance due (balance due is typically related to ineligible card transactions).

From here you can view the following:

Demographics - including: eligibility date, address, email address

Communications - which types of communications this participants will receive and how

Payroll Deposits - Pending, Future and Posted

Dependent Demographics

Accounts - View account set-up details for all accounts

Cards - for employee and dependents, status, Effective date and Expiration Date

Transactions – Read Only Access

Participant Balance, Deposits and Claims – no provider information is listed. Update the search criteria to specific Account Types, Service Dates, Transaction Types and Statuses.



Guide to Running Reports

We have created some documents to assist you in running those reports on an ad-hoc basis in the WealthCare Administration System, using Employer Plan Administrator access. Because of potential access to Protected Health Information (PHI), Employer Plan Administrator access will not be available to all report recipients.

Here is a link to a step-by-step guide to running the Enrollee Account Balance and Employer Disbursements Report: <u>http://www.amben.com/demos/HowTo/Run_Reports_Index.pdf</u>

Enrollee Account Balance

(Monthly by default, on the 1st of every month; can be run ad-hoc with Employer Plan Administrator access)

The Enrollee Account Balance report provides administrators with a list of all participants detailing: Account Status, Annual Election, Contributions Year to Date (Employee and Employer), Deposits, Total Year to Date Disbursements, Plan Forfeiture Balance, and Balance Due.

Sample:

	Enrollee Account Balance												
	Plan Date Range: ////2009 - 6/30/2010												
American Bene	American Benefits Group. T01340												
Demo Group-A	BGDEMO								l otal t	Employer Co	ontributions	To Date: \$0	.00
Employee Name	Employee ID	Effective/ Termination Date	Employee Status	Payroll Cycle	Annual Election	Employee Deposits	Employer Deposits	Deposits	Other Deposits	Total Disbursed	Forfeiture Balance	Available Balance	Balance Due
Account Type	: DCA (Payrol)											
Plan ID	: DEM0910												
Brown, Joseph	XXX-XX-3993	7/1/2009 - N/A	New	Semi-Monthly	\$4,999.92	\$3,749.94	\$0.00	\$3,749.94	\$0.00	\$500.00	\$3,249.94	\$3,249.94	\$0.00
Roberts, Julia	XXX-XX-9119	7/1/2009 - N/A	New	Semi-Monthly	\$2,499.84	\$1,874.88	\$0.00	\$1,874.88	\$0.00	\$0.00	\$1,874.88	\$1,874.88	\$0.00
Account Type	: FSA (Prefun	ded)											
Plan ID	: DEM0910												
Brown, Joseph	XXX-XX-3993	7/1/2009 - N/A	New	Semi-Monthly	\$600.00	\$450.00	\$0.00	\$450.00	\$0.00	\$100.00	\$350.00	\$500.00	\$0.00
Cool, Joseph	XXX-XX-9979	7/1/2009 - N/A	New	Semi-Monthly	\$1,200.00	\$900.00	\$0.00	\$900.00	\$0.00	\$350.00	\$550.00	\$850.00	\$0.00
Doe, Kirsten	XXX-XX-1313	7/1/2009 - N/A	New	Semi-Monthly	\$2,400.00	\$1,800.00	\$0.00	\$1,800.00	\$0.00	\$150.00	\$1,650.00	\$2,250.00	\$0.00
Green, Rachel	XXX-XX-3573	7/1/2009 - N/A	New	Semi-Monthly	\$999.84	\$749.88	\$0.00	\$749.88	\$0.00	\$0.00	\$749.88	\$999.84	\$0.00
Payton, Walter	XXX-XX-7391	7/1/2009 - N/A	New	Semi-Monthly	\$1,800.00	\$1,350.00	\$0.00	\$1,350.00	\$0.00	\$300.00	\$1,050.00	\$1,500.00	\$0.00
Roberts, Julia	XXX-XX-9119	7/1/2009 - N/A	New	Semi-Monthly	\$720.00	\$540.00	\$0.00	\$540.00	\$0.00	\$25.00	\$515.00	\$695.00	\$0.00
Santos, Nina	XXX-XX-5311	7/1/2009 - N/A	New	Semi-Monthly	\$960.00	\$720.00	\$0.00	\$720.00	\$0.00	\$250.00	\$470.00	\$710.00	\$0.00
Smith, Patricia	XXX-XX-9953	7/1/2009 - N/A	New	Semi-Monthly	\$1,200.00	\$900.00	\$0.00	\$900.00	\$0.00	\$200.00	\$700.00	\$1,000.00	\$0.00
Summers, Susan	XXX-XX-1139	7/1/2009 - N/A	New	Semi-Monthly	\$1,440.00	\$1,080.00	\$0.00	\$1,080.00	\$0.00	\$50.00	\$1,030.00	\$1,390.00	\$0.00
Account Type	: HRA (Prefun	ded)											
Plan ID	: DEM0910												
Brown, Joseph	XXX-XX-3993	7/1/2009 - N/A	New	None	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$200.00	(\$200.00)	\$1,300.00	\$0.00
Cool, Joseph	XXX-XX-9979	7/1/2009 - N/A	New	None	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	(\$100.00)	\$1,400.00	\$0.00
Doe, Kirsten	XXX-XX-1313	7/1/2009 - N/A	New	None	\$1,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$100.00	(\$100.00)	\$1,400.00	\$0.00
Totals For D	Demo Group			Total: DCA	\$7,499.76	\$5,624.82	\$0.00	\$5,624.82	\$0.00	\$500.00	\$5,124.82	\$5,124.82	\$0.00
				Total Enrollees:	2								
				Total: FSA	\$11,319.84	\$8,489.88	\$0.00	\$8,489.88	\$0.00	\$1,425.00	\$7,064.88	\$9,894.84	\$0.00
				Total Enrollees:	9								
				Total: HRA	\$4,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$400.00	(\$400.00)	\$4,100.00	\$0.00
				Total Enrollees:	3								
Totals For A	American Ber	nefits Group		Total:	\$23,319.60	\$14,114.70	\$0.00	\$14,114.70	\$0.00	\$2,325.00	\$11,789.70	\$19,119.66	\$0.00



Employer Disbursements Report (sent from support@amben.com)

(Weekly by default, every Wednesday, also Monthly on the 1st of every month; Can be run ad-hoc with Employer Plan Administrator access)

The Employer Disbursements Report provides transaction detail on debit card transactions (for those employers who offer the ABG Benefit Card), reimbursed manual claims, and refunds. The transaction data returned gives administrators a consolidated, accurate report of all spending activity for an employer group. Employers can use this report to reconcile all claim activity for a specified timeframe.

Sample:

	A	В	С	D	E	F	G	Н	1	J	K	L	М	
1 2 3 4 5	Employer Disbursements Report American Benefits Group 01/01/2015 - 04/27/2016 Report Generated: 4/27/2016 8:43:31													
6	Employer	Division	Settlement Date	Employee Name	Employee Id	Service Date	Claim Type	Amount	Check Number	Account Type	Plan Id	Plan Start Date	Plan End Date	
7	ACME Corporation		01/15/2016	O'Keefe, Georgia	XXX-XX- 3456	01/13/2016	Card	\$80.00		FSA	DEMOGROUP	01/01/2016	12/31/2016	
8	ACME Corporation		01/15/2016	Borden, James	XXX-XX- 6123	01/13/2016	Card	\$31.00		TRN	DEMOGROUP	01/01/2016	12/31/2016	
9	ACME Corporation		01/15/2016	Borden, James	XXX-XX- 6123	01/08/2016	Manual Refund	(\$204.98)		LPF	DEMOGROUP	01/01/2016	12/31/2016	
10	ACME Corporation		01/16/2016	Rockwell, Norman I	XXX-XX- 9887	01/14/2016	Card	\$1.25		TRN	DEMOGROUP	01/01/2015	12/31/2015	
11	ACME Corporation		01/23/2016	Borden, James	XXX-XX- 6123	01/22/2016	Check	\$219.99	167000	FSA	DEMOGROUP	01/01/2016	12/31/2016	
12	ACME Corporation		01/23/2016	Leibovitz, Annie	XXX-XX- 2222	01/22/2016	Card	\$20.00		FSA	DEMOGROUP	01/01/2016	12/31/2016	
13	ACME Corporation		01/25/2016	O'Keefe, Georgia	XXX-XX- 3456	01/22/2016	Card	\$40.00		TRN	DEMOGROUP	01/01/2015	12/31/2015	
14	ACME Corporation		01/25/2016	Borden, James	XXX-XX- 6123	01/22/2016	Card	\$116.50		TRN	DEMOGROUP	01/01/2016	12/31/2016	
15	ACME Corporation		01/26/2016	Rockwell, Norman I	XXX-XX- 9887	01/25/2016	Card	\$9.00		TRN	DEMOGROUP	01/01/2015	12/31/2015	
16	ACME Corporation		01/26/2016	Borden, James	XXX-XX- 6123	01/25/2016	Card	\$3.50		TRN	DEMOGROUP	01/01/2015	12/31/2015	
17	ACME Corporation		01/26/2016	Borden, James	XXX-XX- 1373	01/04/2016	Direct Deposit	\$165.00	166063	PKG	DEMOGROUP	01/01/2016	12/31/2016	
18	ACME Corporation		01/27/2016	O'Keefe, Georgia	XXX-XX- 3456	01/25/2016	Card	\$31.00		TRN	DEMOGROUP	01/01/2016	12/31/2016	
19	ACME Corporation		02/02/2016	Borden, James	XXX-XX- 6123	02/01/2016	Card	\$107.00		TRN	DEMOGROUP	01/01/2016	12/31/2016	
20	ACME Corporation		02/02/2016	O'Keefe, Georgia	XXX-XX- 3456	01/12/2016	Direct Deposit	\$125.00	167136	FSA	DEMOGROUP	01/01/2016	12/31/2016	
21	ACME Corporation		02/02/2016	Borden, James	XXX-XX- 6123	02/24/2015	Direct Deposit	\$20.00	167137	TRN	DEMOGROUP	01/01/2015	12/31/2015	
22	ACME Corporation		02/02/2016	Borden, James	XXX-XX- 1373	05/29/2015	Direct Deposit	\$40.00	167137	TRN	DEMOGROUP	01/01/2015	12/31/2015	
23	ACME Corporation		02/03/2016	Leibovitz, Annie	XXX-XX- 2222	02/01/2016	Card	\$40.00		TRN	DEMOGROUP	01/01/2015	12/31/2015	
24	ACME Corporation		02/08/2016	Borden, James	XXX-XX- 6123	02/05/2016	Card	\$20.00		TRN	DEMOGROUP	01/01/2015	12/31/2015	
25	ACME Corporation		02/08/2016	Leibovitz, Annie	XXX-XX- 2222	02/08/2016	POS Refund	(\$99.99)		TRN	DEMOGROUP	01/01/2016	12/31/2016	



Settlement Activity Notification email

(Daily; cannot be run ad-hoc)

The Settlement Activity Notification email shows the total drafted on the previous day from your employer bank account for debit card transactions. It does not contain individual transaction detail (for detailed transaction information, see the Bank Transaction Reconciliation report below). Following a Sunday or banking holiday, the Settlement Activity Notification will show all activity for two days prior rather than one day prior.

Sample:

From:	replenishments@metavante.com	Sent:	Mon 12/2/2013 5:38	PM					
To:	· · · · · · · · · · · · · · · · · · ·								
Cc									
Subject:	Daily Settlement Activity for Dec 02, 2013.								
Your grou totaling \$1 posted to FS HF	o (ABG) ha ,789.13 on Dec 02, 2013. If the amount above is negative, th the bank account on record. If positive, a debit will be poste A Card Activity: \$932.28 RA Card Activity: \$542.52	id Settle en a cre ed.	ement Activity edit will be	 4 					
HF	RP Card Activity: \$314.33								
This will settle to the bank account on record. Please be advised that our transaction processor will charge a fee for all settlements returned by your bank. If you have questions regarding this settlement, please contact us at: 800-499-3539									
American	American Benefits Group								
American Benefits Group CONFIDENTIALITY NOTICE: This message (including any attachments) contains confidential information intended for a specific individual and purpose, and is protected by law. If you are not the intended recipient, you should delete this message and are hereby notified that any disclosure, copying, or distribution of this message, or the taking of any action based on it is strictly prohibited.									



Resource Links

American Benefits Group Website - www.amben.com

Participant WealthCare Portal - www.amben.com/wealthcare

Flex Reimbursement Accounts HR / Admin Access WealthCare Admin https://www.wealthcareadmin.com/selfservicelogin.aspx

Employer Resources - https://www.amben.com/employers-resources.html

Employer Forms – <u>https://www.amben.com/employers-forms.html</u>

Employee Forms - https://www.amben.com/participants-forms.html

Employee Facing Resources - https://www.amben.com/resources.html