



Online Benefits Management Systems User Guide

Welcome, this is your guide to the EasyHRWeb online benefits management system. The site has been designed for you to easily review, enroll and change your benefit selections as needed.

Start by going to your web browser and navigating the site listed below;

https://www.easyhrweb.com/bc_demo

Please read the instructions on every page, as the guide will walk you through the enrollment process.

Login Screen (pictured, right)

Enter your **user name and password** to access your personal benefits information, remember your password is **case sensitive**. If you have not already created a User name and password click on **Create Account** and fill in all the required personal information.

Create New Account here →

Enter User name and Password →



Welcome Screen (pictured, right)

At the top of the page you will see several rows of **Tabs**. The top most row has tabs for; your account, a tutorial page, to change your password, to log out and a help page. The rows in the green field are Tabs for coverage available in the program. Click on any Tab to learn about that benefit- plan highlights, rates, frequently asked questions.



These Tab bars will always appear at the top of whatever page you are viewing.

The **Tutorial tab** will guide you through the site navigation much like this User Guide.

At the bottom of your **Welcome Screen (pictured, right)** will be a tool box showing you the steps in the benefit management system you need to complete or have completed. If you have not completed all steps **click the resume button** and the site will navigate you to the processes that need to be completed. At any time, if you need to exit the site and finish at a later date, click the **Save and Exit** button at the bottom of each page.

Listed below are the steps required to complete your enrollment process.

Process Step	Status
Manage Dependents	Incomplete
Prior Year Coverage Page	Not Visited
Coverage Selection	Not Visited
Additional Questions	Not Visited
Beneficiaries	Not Visited
Beneficiary Assignment	Not Visited
Enrollment Confirmation	Not Visited
print paper forms for wet sig.	Not Visited

Click the button below to **resume your enrollment process**.



FAQ | Questions? Call us toll free 888-323-7844
© 2008 EasyHRweb™

Manage Dependents (pictured, right)

Here you will enter all your dependents you want to add to your coverage. If you have no dependents please **click No Dependents** at the bottom of the screen. If you have multiple dependents please enter their information one at a time and **click Add Dependent**.

Manage Dependents

If you do not have any dependents, scroll down and click the "No dependents" button to continue then click the "Continue" button at the bottom of this page to move to proceed.

Enter your first dependent's information in the section below and then click the "Add Dependent" button. Do this for each of your dependents.

Your dependent's information will show up in the summary box further down the page. You can make changes in the summary box by clicking the "Modify" button or remove a dependent entirely by clicking the "Remove" button.

When you're finished adding your dependents, click the "Continue" button at the bottom of this page to move to proceed.

Name: First Middle Last

Type of Address: Residence Address

Address:

Apt./Suite #:

City, State, Zip Code: COLUMBIA, SC 29201

Relationship:

Date of Birth: / /

Gender:

No Dependent SSN

SSN:

Daytime Phone: (803) 323-7844

If you have no dependents just click here

When you have selected No Dependents or added all your dependents please scroll to the **bottom of the screen (pictured, right)**. If you did add dependents they will appear in what is now blank **text box**. Select **Continue**

The following dependents will be eligible for benefit coverages.

This is where your dependents will be if you added any

No dependents available for benefit coverages.

FAQ | Questions? Call us toll free 888-323-7844
© 2008 EasyHRweb™

after you selected your choice from above to add dependents or not.

Coverage Selection (pictured, right)

Here you will select the coverage tier that best suits you and your insurance requirements. In each entry field for Medical, Dental and Vision you may **Decline Coverage** or select the option best suited to you. The sum of the costs will be added up automatically in the **Benefit Costs** to the right of the coverage plans.

Below the Medical, Dental and Vision coverage is **Basic Life and AD&D**, and **Long-term Disability**, both of which the premium is paid 100% for by EasyHRweb, LLC. You can also participate in a **Health Savings Account** (pictured, right) which allows you to save money for future medical expenses. Also there is a **FSA** for Medical, Dental and Vision as well as for your dependents, if you have selected dependent coverage. There are two (2) types of FSA's. All options for coverage can be declined if you so wish to. When done selecting or declining your coverage, click **continue**.

Coverage Selection

Please select the coverage tier that best suits your insurance requirements.

For the Standard PPO Plan, EasyHRweb contributes \$500 to a Health Reimbursement Arrangement for the employee that can be applied to their deductible. For the High Deductible Health Plan/HSA, EasyHRweb also contributes \$36.10 a pay period to a HSA for the employee that can be used to pay qualified medical expenses.

	Employee Only				Benefit Costs
Medical Insurance	<input checked="" type="radio"/> Decline Coverage	\$0.00			\$0.00
	<input type="radio"/> Standard PPO	\$13.49			
	<input type="radio"/> High Deductible Health Plan	\$11.63			

	Employee Only				Benefit Costs
Group Dental Plan	<input checked="" type="radio"/> Decline Coverage	\$0.00			\$0.00
	<input type="radio"/> Standard Dental	\$0.00			

	Employee Only				Benefit Costs
Group Vision Plan	<input checked="" type="radio"/> Decline Coverage	\$0.00			\$0.00
	<input type="radio"/> Standard Vision	\$0.00			

- Are not covered by Medicare.
- Cannot be claimed as a dependent on someone else's tax return.

Contributions to your HSA can be made by you, your employer, or both. However, the total contributions are limited annually. If you make a contribution, you can deduct the contributions (even if you do not itemize deductions) when completing your federal income tax return.

Contributions to the account must stop once you are enrolled in Medicare. However, you can keep the money in your account and use it to pay for medical expenses tax-free.

I understand the eligibility requirements for the HSA which I am establishing, and I do qualify to make deposits. I understand the terms and conditions which apply to this HSA, and I agree to be bound by those terms and conditions.

I assume complete responsibility for: (1) Determining that I am eligible for the HSA each year I make a contribution, (2) ensuring that all contributions I make are within the limits set forth by the tax laws, and (3) ensuring that all distributions from the HSA are for qualified medical expenses as defined by Section 213(d) of the tax code.

Decline Participation

<p>Employee Contributions:</p> <ul style="list-style-type: none"> • Annual Contribution: <input type="text"/> • Pay Period Contribution: (52 Per Week) • Individuals age 55 and older can also make additional "catch-up" contributions. The maximum annual catch-up contribution is \$1,000. Contribution Amount: <input type="text"/> 	<p>Employer Contributions:</p> <ul style="list-style-type: none"> • Annual Contribution: \$938.60 • Pay Period Contribution: \$36.10
--	--

Total Annual Contributions: \$938.60
(Employee and Employer Contributions combined)

NOTE: 2009 Annual Maximum contributions cannot exceed \$3,000.00 for Single coverage and \$5,950.00 for Family Coverage.

Health Questionnaire

A health questionnaire, with questions such as those pictured to the right, may be included in your benefits enrollment process. If so, you must completely fill out the health questionnaire page, and type your electronic signature before continuing.

Height: feet inches
 Weight: lbs
 Are you currently pregnant? If yes, give approximate due date:
 Are you a full-time student?
 Have you ever had an application for insurance declined, postponed, rated or otherwise modified?
 If yes, provide details below:

Additional Questions (pictured, right)

You must answer and complete all these questions on the page before moving on.

Additional Questions

Below answer all questions stated below.

Medical Insurance
 Do you or any of your specified dependents have other Health or Drug coverage insurance?
 Medical Insurance
 Have you declined to participate in Health coverage through this plan?

Manage Beneficiaries (pictured, right)

You must first select your **beneficiaries** if you have any from your dependents list or you may add a beneficiary. Your beneficiaries selected or added will be compiled into a list, and you may **print a list of your beneficiaries** and/ or **continue**. You will then need to apply your **electronic signature** (pictured, right) on the next page and select **continue**.

If you had any dependents select them from a list generated here.

Add beneficiaries here.

Manage Beneficiaries

Select a Beneficiary From this List Or Add a Beneficiary

No dependents available for selection.
 Relationship:
 First Name:
 Middle Name:
 Last Name:
 SSN:

Listed below are the Beneficiaries you have selected.

If you assigned beneficiaries then you will be directed to a **Beneficiary Assignment (pictured, right)** page and will need to assign a percentage of the assignment to your beneficiaries. If you have more than one beneficiary then the percentage you assign to each will need to add up to one hundred percent (100%). After assigning, enter your **electronic signature**.

Beneficiary Assignment

Basic Life and AD&D

Beneficiary	Assignment	Percentage				
Jessica Nat	<input checked="" type="radio"/> Primary Beneficiary <input type="radio"/> Contingent Beneficiary <input type="radio"/> No Benefit Assigned	<input type="text" value="100"/> %				
<input type="button" value="Even Split"/>		<table border="0"> <tr> <td>Total Primary</td> <td>Total Contingency</td> </tr> <tr> <td>100.00%</td> <td>0.00%</td> </tr> </table>	Total Primary	Total Contingency	100.00%	0.00%
Total Primary	Total Contingency					
100.00%	0.00%					

I hereby verify that the information I have furnished is correct. I choose either to elect or decline the above beneficiary election (s) by selecting the appropriate action button below. By doing so, I fully understand that I am making a binding election and that I will not be able to change beneficiaries for the above coverage(s) in the future unless I have a change in family status, e.g. marriage, divorce, death of a spouse or child, birth or adoption of a child or termination of spouse's employment. I further understand these election(s) will remain in effect for subsequent plan years unless revoked or changed according to plan provisions.

Please electronically sign this election confirmation page with your full, legal name.

Employee Signature: Date: 4/2/2009 2:34:20 PM

Benefits Confirmation Statement (pictured right)

This page reflects the elections you made on your enrollment form, read carefully and make sure all selections are correct. If not, select the back button and correct any mistakes. If it is correct then enter an electronic signature once again and select continue.

Services | Supplemental Benefits | 401K Plan - EasyHRWeb LLC

Benefits Confirmation Statement

Please Read Carefully.

This statement reflects the elections you made on your enrollment form. Your elections become effective on the "beginning date" shown on the statement and remain in effect until the "ending date" indicated, provided you remain eligible during that period.

Please review your form carefully. When finished, scroll down and digitally sign this statement.

For the 2009 Plan Year, you have until Thursday, April 02, 2009 to make further changes in your elections. After that, you must have a qualifying change in family status in order to make any changes.

Full Name: Alex Nat
 Address: 1225 Laurel St
 SSN:
 Date of Birth:
 Gender: Male
 Email Address:
 Daytime Phone:
 Evening Phone:
 Cell Phone:

Eligible Dependents

No dependents available for benefit coverages.

Benefit Elections								
Plan Name	Plan Option	Plan Tier	Beginning Date	Ending Date	Pre Tax Total	After Tax Total	Employer Paid	Your Pay Period Costs
Medical Insurance	Standard PPO	Employee Only	1/1/2009	1/1/2010	\$13.49	\$0.00	\$262.99	\$13.49
Dental Insurance	Standard Dental	Employee Only	1/1/2009	1/1/2010	\$0.00	\$0.00	\$28.09	\$0.00
Vision Insurance	Coverage Declined		1/1/2009	1/1/2010	\$0.00	\$0.00	\$0.00	\$0.00
Basic Life and AD&D	Employer Paid Life/AD&D - Class 1	Employee Only	1/1/2009	1/1/2010	\$0.00	\$0.00	\$0.00	\$0.00
Long-Term Disability	Employer Paid	Employee Only	1/1/2009	1/1/2010	\$0.00	\$0.00	\$0.00	\$0.00
Health Savings Account	Coverage Declined		1/1/2009	1/1/2010	\$0.00	\$0.00	\$0.00	\$0.00
Flexible Spending Account - Health/Dental/Vision	Coverage Declined		1/1/2009	1/1/2010	\$0.00	\$0.00	\$0.00	\$0.00
Flexible Spending Account - Dependent Care	Coverage Declined		1/1/2009	1/1/2010	\$0.00	\$0.00	\$0.00	\$0.00
Value Added Services	Display Only	Employee Only	1/1/2009	1/1/2010	\$0.00	\$0.00	\$0.00	\$0.00
Supplemental Benefits	Display Only	Employee Only	1/1/2009	1/1/2010	\$0.00	\$0.00	\$0.00	\$0.00
401K Plan - EasyHRWeb LLC	Display Only	Employee Only	1/1/2009	1/1/2010	\$0.00	\$0.00	\$0.00	\$0.00
Per Pay Period Totals:					\$13.49	\$0.00	\$291.08	\$13.49

Please electronically sign this election confirmation page with your full, legal name.

Sign here. 

Employee Signature: Date: 4/2/2009 2:41:25 PM

[Print Confirmation](#)

[<< Back](#)

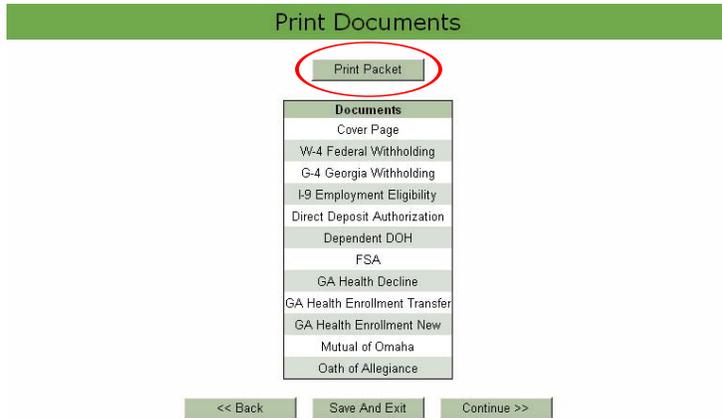
[Save And Exit](#)

[Continue >>](#)

Print Paper Packet (pictured, right)

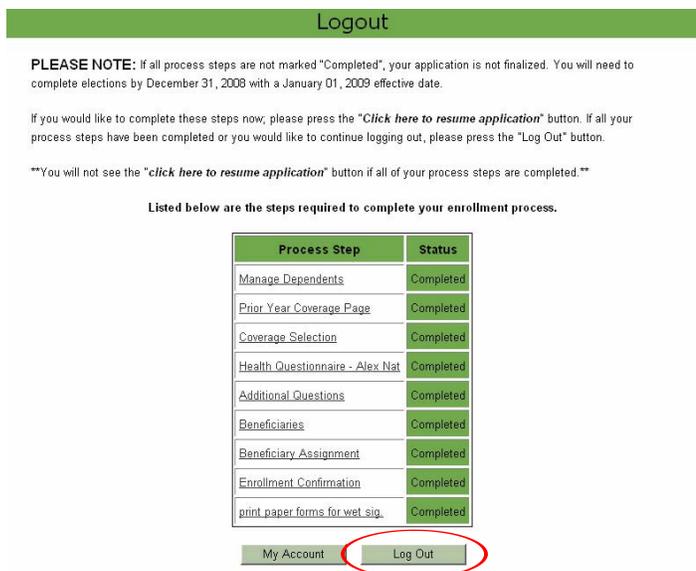
After you have confirmed your selections on the Confirmation Statement page, you may be directed to the **Print Documents** page. This page will display a list of all paper documents that you need to print as part of the hiring process.

Click **Print Packet** to generate a PDF that includes all the documents in this packet with standard information such as your name and address pre-populated.



Logout (pictured, right)

After you have completed your confirmation and you are done with enrolling in benefits. You may review **your account** and/ or **log out**. Anything you have not completed will be marked in **red** as **Incomplete**. Every section that has been completed is marked in **green** as **Completed**.



Thank you for completing the EasyHRweb Benefit Management.