

Online Submission System Webinar Summary



BeneFLEX HR has a customized Benefits Plan just for you!

EMPLOYEE

EMPLOYER

BROKER/AGENT

Visit us at: www.beneflexhr.com



Customized Solutions, Predictable Results

EMPLOYEE

EMPLOYER

- Employer Log-in
- COBRA Log-in
- Employer Portal Quickstart Guide
- Online Add, Term & Change Submission
- Renewal Information
- Request for Proposal
- Printable Forms
- Employer Enrollment Tools
- San Francisco HCSO HRA Tools
- Section 125

Next, select “Employer” and then “Online Add Term, Change Submission”.

Log On

Please enter your user name and password.

Account Information

User name

Password

Remember me?

Log On

**Input your unique user name
and password provided to you
by BeneFLEX**

[Home](#)

[Termination Form](#)

[New Hire/Change Form](#)

Welcome to Beneflex!

[Termination Form](#)

[New Hire/Change Form](#)

From the Forms home page, you can access the forms by clicking Termination Form or New Hire/Change Form on the left of the page or top right hand corner.

Termination Form Create

Please check the appropriate benefits that you will be submitting terms.

Check that all apply:

COBRA HRA FSA and/or HSA

* Indicates a required field

Employer Name cdemo	Telephone # 314-809-6978		
* Employee First Name	* Employee Last Name	Middle Initial	Telephone #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Address	* City	* State	* Zip
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Social Security Number (123-45-6789)	* Birth Date (mm/dd/yyyy)	* Sex	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Comments:

***Please note –
If BeneFLEX handles
all three services
for you, they can
be processed all on
the same form.***

Click COBRA, HRA and/or FSA and/or HSA for the appropriate benefit. Required information is identified with red print.

BENEFITS TERMING:

Enter the date for all Benefits Terming

MEDICAL FSA TERM DATE

LAST PAYROLL DEDUCTION DATE

TOTAL PAYROLL CONTRIBUTIONS THROUGH TERMINATION

Mar 2012

Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

DATE

LAST PAYROLL DEDUCTION DATE

TOTAL PAYROLL CONTRIBUTIONS THROUGH TERMINATION

LAST PAYROLL DEDUCTION DATE

TOTAL PAYROLL CONTRIBUTIONS THROUGH TERMINATION

LAST PAYROLL DEDUCTION DATE

TOTAL PAYROLL CONTRIBUTIONS THROUGH TERMINATION

TRANSPORTATION TERM DATE

LAST PAYROLL DEDUCTION DATE

TOTAL PAYROLL CONTRIBUTIONS THROUGH TERMINATION

PARKING TERM DATE

LAST PAYROLL DEDUCTION DATE

TOTAL PAYROLL CONTRIBUTIONS THROUGH TERMINATION

DEDUCTIBLE RESERVE ACCOUNT (DRA) TERM DATE

LAST PAYROLL DEDUCTION DATE

TOTAL PAYROLL CONTRIBUTIONS THROUGH TERMINATION

HEALTH REIMBURSEMENT ACCOUNT (HRA) LAST DATE OF COVERAGE

Please check if your HRA is required to report to CMS

COBRA SECTION

* Select All Benefits to Term

HEALTH PLAN

COVERAGE LEVEL

First Day Health Coverage Began

Reason for the qualifying event: (Check the correct event)

- TERMINATION OF EMPLOYMENT DIVORCE or LEGAL SEPARATION DEPENDENT REACHING LIMITING AGE
 REDUCTION OF WORK HOURS MEDICARE ENTITLEMENT DEATH OF THE EMPLOYEE

If dependent information is not available please make a notation in the comments section listed below.

* NAME (LAST, FIRST, MIDDLE INITIAL) * RELATIONSHIP * DATE OF BIRTH * SEX * SS# (123-45-6789)

Schmersahl	Nathan	<input type="checkbox"/>	Child	02/08/2012	Male	000-00-0000
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Confirmation Email:

macaquisto@beneflexhr.com

Comments:

Additional information.

Field limited to 1000 characters.

NEXT >>

Once your information is entered, click NEXT.

Termination Form Create

Please correct the following errors in the shaded box and submit again.

Please check the appropriate benefits that you will be submitting terms.
Check that all apply:

COBRA HRA FSA and/or HSA

* Indicates a required field

Employer Name

cdemo

Telephone #

314-909-6979

* Employee First Name

Mark

* Employee Last Name

Schmersahl

Middle Initial

Telephone #

123-456-7890

* Address

1313 Memphis Blvd

* City

Columbia

* State

MO

* Zip

62236

* Social Security Number (123-45-6789)

1234567890

* Birth Date (mm/dd/yyyy)

02/08/1950

* Sex

Male

This is not a valid Social Security Number, please enter ###-##-####

COBRA SECTION

Select Benefits to Term

HEALTH PLAN

Anthem

COVERAGE LEVEL

Employee + Child(ren)

First Day Health Coverage Began

03/01/2012

If you have any errors, a message in red will appear at the top of the page. Any corrections required will be shaded. See example above. Once any and all corrections are made, click NEXT again.

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[Termination Form](#)

[New Hire/Change Form](#)

Termination Form Confirm

COBRA HRA FSA, TMA, DRA and/or HSA

Employer Name cdemo	Telephone # 314-909-6979		
Employee First Name Mark	Last Name Schmersahl	Middle Initial	Telephone # 123-456-7890
Address 1313 Mockingbird Lane	City Columbia	State MO	Zip 62236
Social Security Number 123-45-6789	Birth Date 02/16/1959	Sex Male	

COBRA SECTION			
HEALTH PLAN Anthem	COVERAGE LEVEL Employee + Child(ren)	First Day Health Coverage Began	02/15/2010
DENTAL PLAN	COVERAGE LEVEL	First Day Dental Coverage Began	
VISION PLAN	COVERAGE LEVEL	First Day Vision Coverage Began	
EAP PLAN	COVERAGE LEVEL	FLEXIBLE SPENDING AMOUNT	HRA
What is the date the qualifying event took place? * Date of Hire	02/06/2012 02/01/2010	What is the date the coverage was lost? Plan Year End Date	02/29/2012

Reason for the qualifying event: (Check the correct event)
 TERMINATION OF EMPLOYMENT

Comments:

Please review before submitting. If you need to make a correction use the back button. If satisfied, print a copy and/or save to your computer for your records prior to hitting the Submit Button.

The final data screen appears for you to review all the information. If you have any changes, click the BACK button. Before you submit you should save or print this screen. Then click SUBMIT.

Steps for Saving the Screen

- Click "File" on the tool bar (top left corner)
- Click "Save As"
- Click the drop down arrow in the "Save in" box and choose your location to save your file.
- The file name will automatically populate with "Terminate Form Create" or "New Hire/Change Form Create" depending on the file you are creating.
- You can rename the file at this time.

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[Termination Form](#)

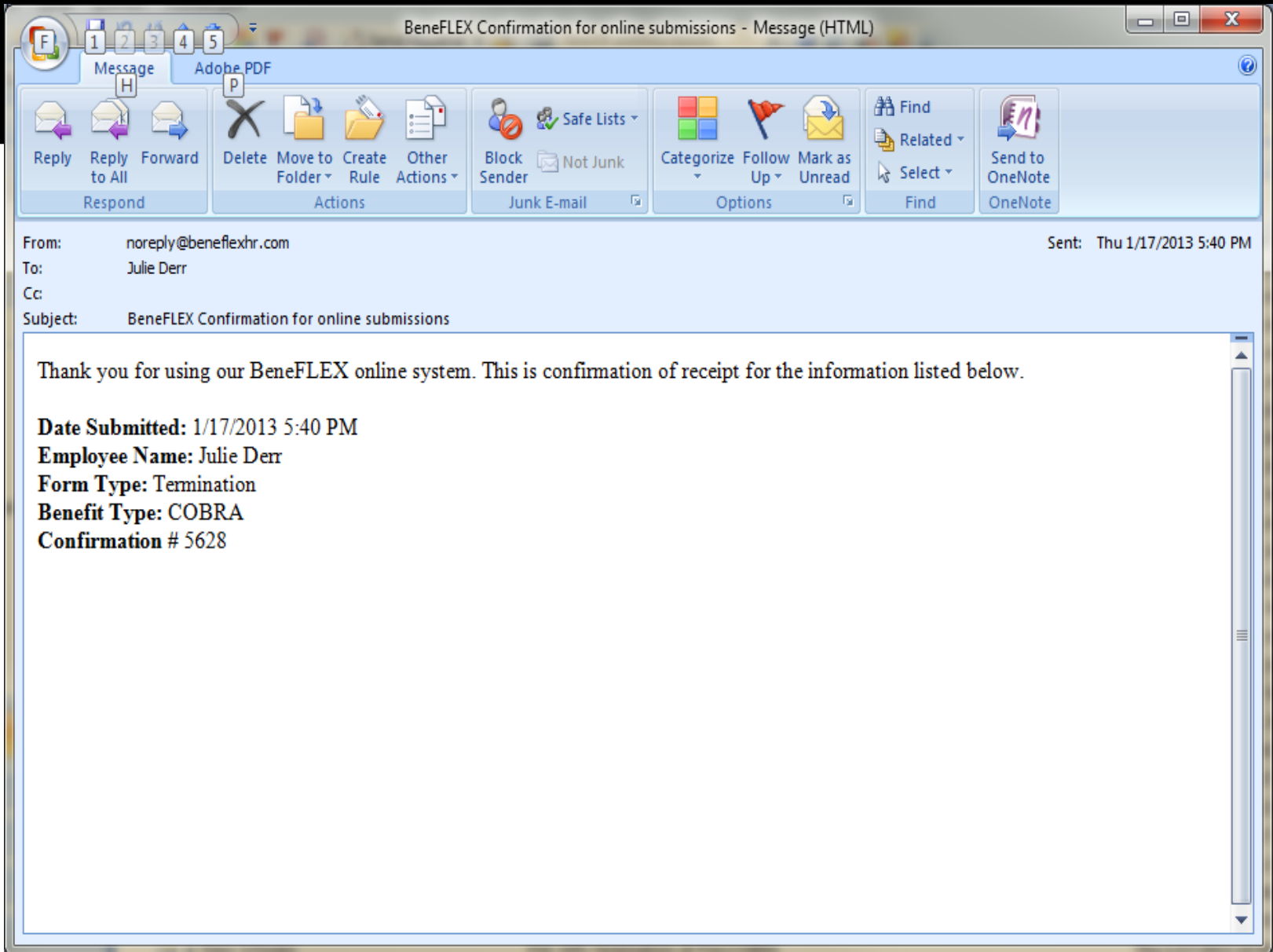
[New Hire/Change Form](#)

This is your confirmation.

Your Termination form has been saved and forwarded to the administrator.

[Print the Submitted Form](#) [Create Another Form](#)

You have the option to print the submitted form or create another form.



Questions

10805 Sunset Office Drive, Suite 401

St. Louis, MO 63127

Ph: 314.909.6979

Toll Free: 800.631.3539

Fax: 314.909.6983