



# FSA ONLINE ENROLLMENT INSTRUCTIONS

**For Open Enrollment only through  
the BASIC pacific system**

**Review your Flex Plan Summary thoroughly prior to enrolling.  
Then, when you are ready to enroll,  
simply follow these step-by-step instructions  
before your Open Enrollment deadline.**

**IF YOU ENCOUNTER PROBLEMS,**

**Contact BASIC pacific Customer Service during normal business hours**

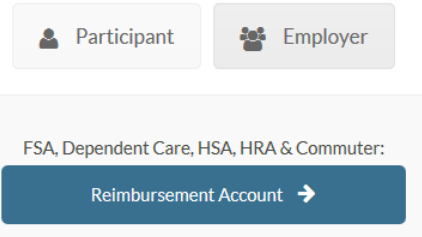


BASIC pacific Customer Service: (916) 303-7090 or (800) 574-5448 | M-F 8:30a-4:30p PST  
Fax: (916) 303-7083 or (800) 584-4591 | Email: [customerservice@basicpacific.com](mailto:customerservice@basicpacific.com)

# ONLINE ENROLLMENT INSTRUCTIONS

## HOW TO LOGIN:

1. Visit our website at [www.basicpacific.com](http://www.basicpacific.com)
2. Click on "Participant", then "Reimbursement Account":



3. Your **DEFAULT USERNAME** is:
  - Your Los Rios 7 Digit ID Number

EXAMPLE: 1234567

4. Your **DEFAULT PASSWORD** is:
  - PASSWORD (case sensitive)

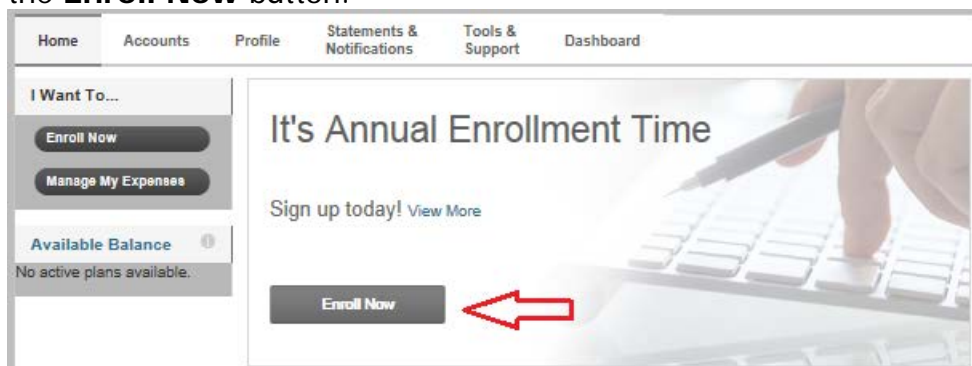


**PLEASE NOTE: Based on your current eligibility, a Login has been created for you in the BASIC pacific system (use Default). However, existing FSA participants should access using the private password previously created.**

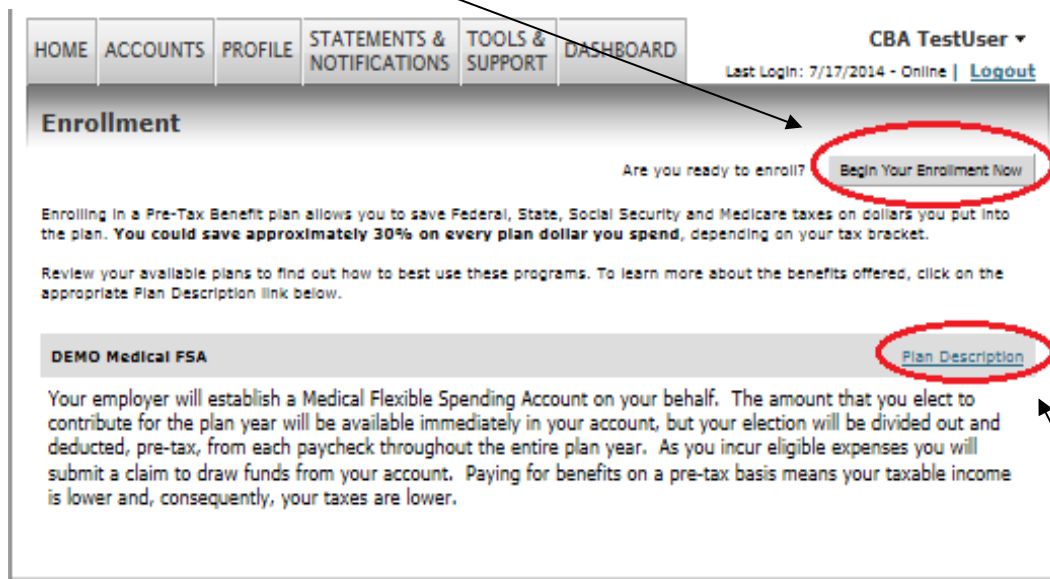
5. **Change your password:** If this is the first time you have entered the BASIC pacific system, you will be prompted to create a new, unique password before entering the enrollment site.
6. **Enter answers to 5 (FIVE) security questions:** If this is the first time you have entered the BASIC pacific system, you will be prompted to answer 5 security questions. This will enable you to retrieve your username and password if you forget in the future.

## HOW TO BEGIN ENROLLMENT:

1. Click the **Enroll Now** button.



2. Review the plan information. When you are ready to enroll, click **Begin Your Enrollment Now**.



NOTE: To read more about your plans, click on **"Plan Description"**.

## ENROLLING IN BENEFITS:

You will be guided step-by-step through the enrollment process, so just follow along, enter the required information and click on "Continue" after each screen.

### Tab 1: Verify and update your personal information.

**Participant Profile**

steps: 1 2 3 4 5 6

**First Name:** \* CBA  
**Middle Initial:**  
**Last Name:** \* TestUser  
**Social Security Number:** xxx-xx-3333  
**Consumer Communication ID:** TESTCBA3333  
**Country:** \* United States  
**Address Line 1:** \* 123 Main Street  
**Address Line 2:**  
**City:** \* Rocklin  
**State:** \* California  
**Zip Code:** \* 95677  
**Home Phone:** \* (800 ) 574-5448  
**Birth Date:** \* 1/1/1965  
(mm/dd/yyyy)  
**Gender:** \*  Female  Male  
**Marital Status:** \*  Married  Single  
**Email Address:** \* test@cbadministrators.com

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

**Do you have any dependents?**  Yes  No

\* = required field

Continue

### Tab 2: Add Your Dependents to the system.

- Enter your dependent's information, and click **Add to List**. Repeat this step for each eligible dependent you would like to add.
- **NOTE:** You must enter your dependent child(ren) information here or you will not be permitted to make a Dependent Care Spending Account election. You do not need to add dependents if you are only electing the Medical FSA.

**Dependents**

steps: 1 2 3 4 5 6

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

\* = required field

**Eligible Dependents**

Name	SSN	Relationship		
CBA Dependent TestUser	xxx-xx-1111	Spouse	<a href="#">Update</a>	<a href="#">Remove</a>

Continue

### Tab 3: Confirm that you have read the Plan rules.

- Read the rules carefully.
- To learn more about your Flexible Spending Accounts, review your Summary Plan Description (SPD).
- You must check **I have read and understand the rules** for each plan before moving on.

**Plan Rules**

steps: 1 2 3 4 5 6

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

**DEMO Medical FSA**

Eligible expenses must qualify as a medical deduction under Internal Revenue Service rules (Section 213(d)). Sample health care expenses include deductibles, co-pays, eyeglasses, contact lenses, prescription drugs, over-the-counter drugs (with prescription), medical supplies, chiropractic care, therapy and corrective eye surgery (i.e. Lasik).

- **IMPORTANT:** Limited Use Medical FSA (if offered by your Employer) is restricted to Dental and Vision expenses ONLY. If you (or your spouse) participate in a full Medical FSA, you may not make contributions to a Health Savings Account (HSA) during the plan year. Put another way, if you (or your spouse) make contributions to a HSA, neither you or your spouse may participate in a Medical FSA during the same plan year.
- Your expenses must be *incurred* (service must be provided/purchase must be made) within the dates of the Plan Year and, if applicable, any Plan Year extension period, to be qualified for reimbursement from your Medical Flex Account.
- Though your contributions to the plan will be spread out over the year via payroll deductions, your entire Plan Year election is available at anytime during the Plan Year.

You must check the box below to continue.

I have read and understand the DEMO Medical FSA rules.

Continue

### Tab 4: Make your elections.

- Enter your annual election for each Account in which you want to enroll (your election may not exceed the Plan maximum indicated to the right of the box).
- Click the **Calculate** button. This will give you an estimate of your per pay period contribution and tax savings.

**Elections**

steps: 1 2 3 4 5 6

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

	Your Election	Max Employee Election
DEMO Medical FSA ⓘ	<input type="text" value="2000.00"/>	\$2,500.00
-----		
Total election for the year:	\$2,000.00	
-----		
Total tax savings	<input type="text"/>	<input type="button" value="Calculate"/>
Estimated per pay period deduction:	\$83.33	

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

Continue

## Tab 5: Select your payment method for reimbursement.

- The system will default to Benny Card, which will be issued to you if the benefit you choose qualifies.


**Payment Method**

steps: 1 2 3 4 5 6

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

**Benny Card**

Benny Card



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

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

Check

Direct Deposit


Continue

- You will need to select a secondary payment method for claims that cannot be paid using your debit card. Direct Deposit is highly recommended. It is fast, reliable and convenient. In addition, BASIC pacific will send you a confirmation email every time you are paid a reimbursement by direct deposit.
- For Direct Deposit, complete the banking information as directed. If you are already signed up for Direct Deposit with BASIC pacific, your current bank account information should be visible.

**Setup Direct Deposit**

steps: 1 2 3 4 5 6

Routing Number: \* 291880589 Find Your Bank



routing and transit # checking account # check #

\* = required

Skip Online Direct Deposit

Your bank information should automatically populate if you are already signed up for Direct Deposit. If you are signing up for Direct Deposit for the first time or your information did not automatically populate, you will need to fill in your bank account information. Click **Change Your Bank** if you need to update the routing number.

### Setup Direct Deposit

steps: 1 2 3 4 5 6

Routing Number:\*  [Change Your Bank](#)

Account Number:\*

Account Type:\*

Account Nickname:\*

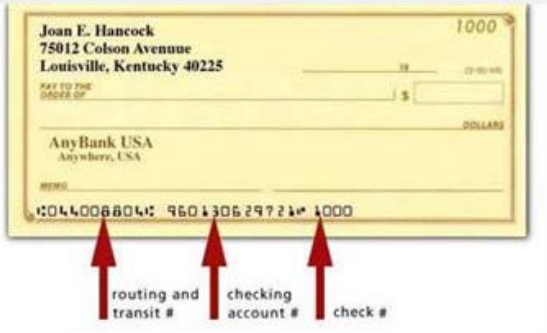
Bank Name:\*

Street Address:\*

City:\*

State:\*

Zip Code:\*



\* = required

[Continue](#)

## Tab 6: Verify your enrollment.

- Review your information. If it is correct, click the **Submit** button at the bottom and print the confirmation page for your records. If you need to change anything, just click the appropriate **Edit Information** button to the right and it will take you back to that tab. Then, just make your changes and proceed through the Tabs as you did before.

TEST TESTER ▾  
Last Login: 11/25/2014 - Online | [Logout](#)

### Enrollment Verification

steps: 1 2 3 4 5 6

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

**Profile** [Edit Information](#)

Name: TEST TESTER  
Social Security Number: xxx-xx-0614  
Address: 613 Main St.  
Rocklin, CA 95677 United States  
Home Phone: (916) 000-0000  
Birth Date: 1/1/1960  
Gender: Female  
Marital Status: Single  
Email Address: karenr@cbadministrators.com  
Do you have any dependents? Yes

**Dependents** [Edit Information](#)

Full Name	SSN	Birth Date	Gender	Full Time Student	Relationship
Testy Tester		1/1/1960	Female	No	Spouse
Joe Smith	xxx-xx-1111	2/13/2012	Male	No	Dependent
Joe Smith, Sr.	xxx-xx-1110	12/4/1964	Male	No	Spouse

**Enrollment Elections** [Edit Information](#)

	Employee Contribution	Company Contribution
2015 Medical Spending Account w/Carryover	\$0.00	
2015 Dependent Care Spending Account	\$2,500.00	
Total Election for the year:		\$2,500.00
Estimated per pay period reduction:*	\$192.31	

\* Begins on the first pay date of the Plan Year.

**Method of Reimbursement** [Edit Information](#)

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

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

[Questions?](#)

Make sure to click **Submit** to complete your enrollment!



## CONFIRMATION PAGE

The confirmation page verifies that your enrollment is complete! Please **Print** or save electronically for your records.



HOME DASHBOARD ACCOUNTS TOOLS & SUPPORT STATEMENTS & NOTIFICATIONS PROFILE

TEST TESTER ▾  
Last Login: 8/19/2017 - Online | [Logout](#)

**Enrollment Confirmation**

Please print this page for your records.

Plan	Company Contribution	Employee Contribution	Estimated Per Paycheck Reduction
2017 Medical Spending Account w/Grace Period		\$2,000.00	\$76.92
Account w/Grace Period		N/A	00.00
<b>Total Estimated Reductions Per Paycheck: \$76.92</b>			

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

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

The payroll deduction to fund your spending accounts will begin on 9/8/2017 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 9/1/2017. All claims must be filed for expenses incurred while you are a participant, within the plan year 9/1/2017 - 8/31/2018

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

### What Now?

**Next Steps:** We recommend that you click on the **Next Steps** link within your Confirmation to review your welcome packet, as this contains information on how to file a claim, and much more. This is also available on line under the **Tools & Support** tab.

**Direct Deposit:** Be sure that you have properly completed your bank account information.

**Email Address:** Please be aware that your email of record will be used to communicate important benefit information only. Please watch for this as action may be required.

**Enrollment Changes/Update:** If there are any errors in your enrollment or you wish to make changes *during the enrollment period*, you may do so by returning to the **Home** page from here, or logging in again later (with your personal password).

If you are new to the plan, please watch for your **BASIC pacific Benny Card** to arrive by mail. If you already have a BASIC pacific Benny Card, please note that it is good for 3 years, through the expiration date and your new plan year benefit(s) will be loaded accordingly. You will not receive a new BASIC pacific Benny card every plan year.

