

Company name: _____

Online enrollment opens: _____

Online enrollment closes: _____

Welcome to your Infinisource Benefits Accounts Consumer Portal, where you have 24/7 access to view information and manage your account.

This portal enables you to:

- Enroll online
- File a claim online
- Upload receipts
- View up-to-the-minute account balances
- View your account activity, claim history and payment (reimbursement) history
- Update your personal profile information
- Change your login ID and/or password
- Download plan information, forms and notifications

How to login

Navigate to the [Infinisource login page](#).

Enter your username and password.

First time users will login using lower case first initial, last name and last four digits of your Social Security Number as both Username and Password.

Login

Existing User?
Login to your account

Username [Forgot Username?](#)

Password [Forgot Password?](#)

Security Questions (Step 1 of 2)

Please enter an answer to any 5 security questions to complete your user setup. To keep your information secure, you will be asked to answer 3 of these questions to complete sensitive actions within the portal such as resetting a forgotten password.

Select a question... *

Select a question... *

Select a question... *

Select a question... *

Select a question... *

*Required

First time users will be prompted to **answer security questions** upon login and change the username and password. (You will only be asked these questions upon logging in to the website the first time.) Answers to security questions are case sensitive.

Set up your **username** and new **password**. (Note: Your username may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (_), and dash (-). Your password must have a minimum of six characters, not be one of your last three passwords, contain upper and lowercase letters and contain at least one number.

It's time to enroll! On the home page, click **Enroll Now**.

Change Username and Password (Step 2 of 2)

Please change your login information.

| | |
|--------------------------|--|
| Username* | <input type="text" value="jsample"/> |
| | <small>Your username may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (_), and dash (-).</small> |
| New Password* | <input type="password"/> |
| | <small>The password must: - Have a minimum of 6 characters - Not be one of your last 3 passwords - Contain upper and lowercase letters - Contain at least one number</small> |
| Confirm Password* | <input type="password"/> |

*Required

[Submit](#)

I Want To...

[Enroll Now](#)

[Manage My Expenses](#)

It's Annual Enrollment Time

Sign up today! [View More](#)

[Enroll Now](#)

Available Balance i

No active plans available.

Message Center 2

[Download Mobile App](#)

[Manage my notification preferences](#)

Quick View

No views available.

Enrollment

Are you ready to enroll? [Begin Your Enrollment Now](#)

Enrolling in a Pre-Tax Benefit plan allows you to save Federal, State, Social Security and medicare taxes on dollars you put into the plan. **You could save approximately 30% on every plan dollar you spend**, depending on your tax bracket.

Review your available plans to find out how to best use these programs. To learn more about the benefits offered, click on the appropriate Plan Description link below.

FSA Healthcare [Plan Description](#)

A Flexible Spending Account (FSA) allows the employee to set aside before-tax dollars to pay for medical expenses that are not paid by insurance, the employer, or reimbursed by any other source. The annual election maximum is based on the plan's design. The annual election that the employee determines is irrevocable once the employer's open enrollment period is over unless the employee experiences a status change. The election must be requested for reimbursement for services within the plan year and/or while actively participating in the plan (Use-it-or-lose-it Rule).

FSA Dependent Care [Plan Description](#)

Your employer will establish a Dependent Care FSA on your behalf. The amount that you elect to contribute will be prorated and deducted from each paycheck for the upcoming plan year. These deductions will appear as a credit to your Dependent Care FSA. As you incur eligible expenses you will submit a claim to draw funds from your account. Paying for dependent care on a pre-tax basis means your taxable income is lower and, consequently, your taxes are lower.

The next page describes the plan in detail.

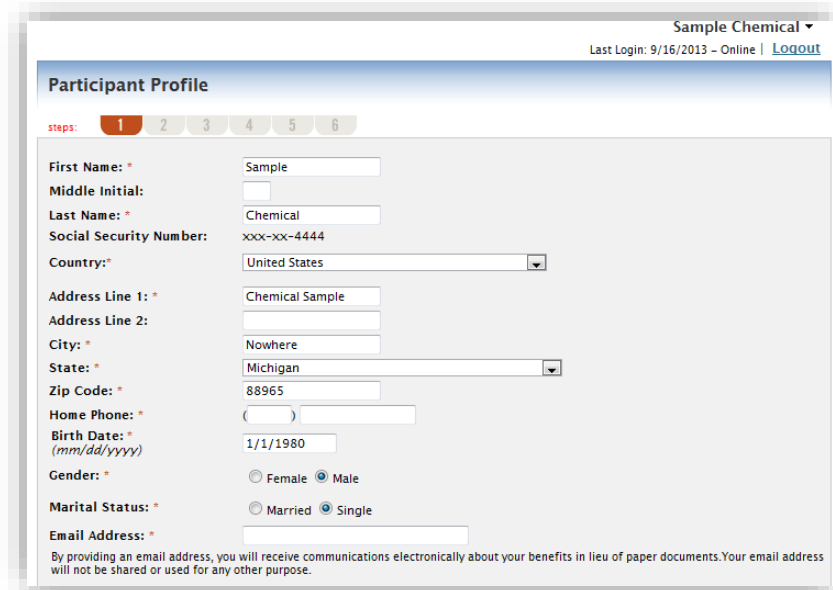
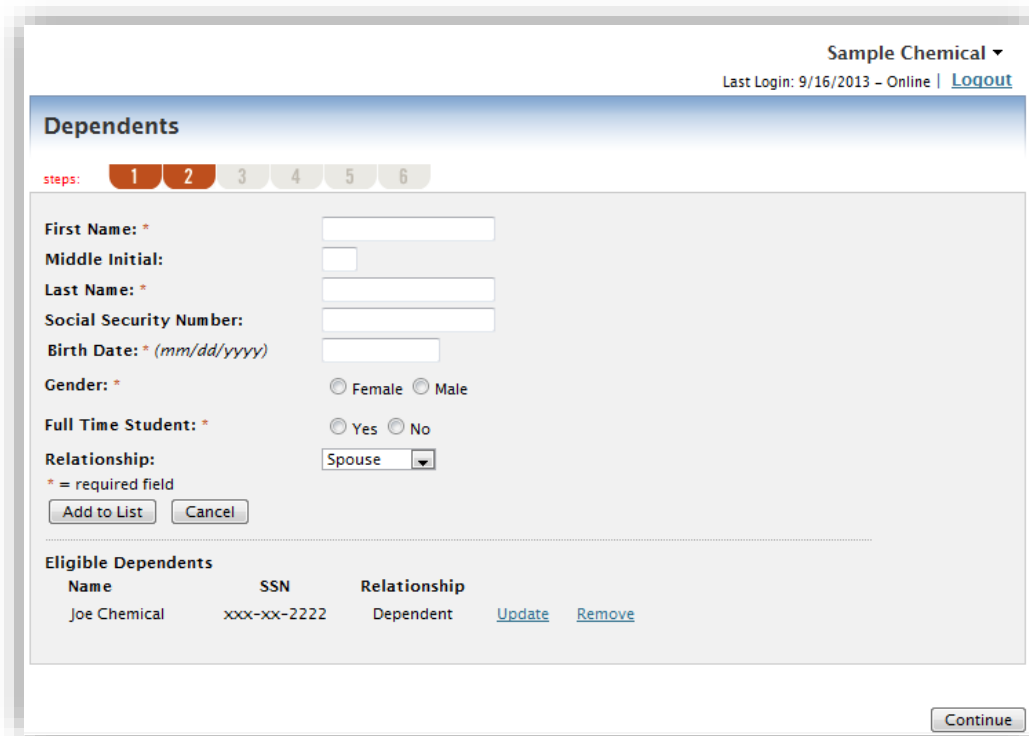
You can click on **Plan Description** to get a FAQ on the plan or you can click on **Begin Your Enrollment Now** to start your enrollment process.

Step 1 & 2, Participant Profile/Dependents -

Update personal information. Required fields are those with * next to them. These fields must be filled in before going to step two.

(Please note: you must enter your dependents at this time if you are enrolling in the Dependent Care plan.)

Once complete, click **Continue**.

| Name | SSN | Relationship | | |
|--------------|-------------|--------------|------------------------|------------------------|
| Joe Chemical | xxx-xx-2222 | Dependent | Update | Remove |

Step 3 Plan Rules

– Under Terms and Conditions, check the applicable **I have read and understand** box on the FSA and Dependent care rules. Click **Continue**.

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.

FSA Healthcare

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 and over-the-counter drugs, chiropractic care, therapy and corrective eye surgery (i.e. Lasik).

Your enrollment or waiver is binding for the plan year, unless you experience a qualified change in status under the rules of the plan. Pre-Tax Payroll reductions will begin upon the first payroll after the Plan Year Start Date.

I have read and understand the [FSA Healthcare rules](#).

FSA Dependent Care

Eligible expenses must qualify as a Dependent Care deduction under Internal Revenue Service rules.

Ensure your expenses are for a qualified dependent (child under 13, spouse or adult dependent unable to care for self), for care by a qualified dependent care provider, such as a day care center or individual, including non-dependent family member over 19, caring for your dependent(s) inside or outside the home. Additional rules may be found in your Summary Plan Description or on the Plan Details page.

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 Dependent Care Flex Account unless there is a special extension period (see your Summary Plan Description for details.)

You will be reimbursed from your Dependent Care Flexible Spending Account plan up to the amount contributed to date via payroll deduction.

Your enrollment in the Dependent Care Flexible Spending Account is binding for the entire Plan Year, unless you

Step 4 Elections - Enter the annual election amount for each elected plan. Click **Calculate**.

Once you click calculate, it will provide you the total election for the year, amount of payroll deductions and the total savings for the year. If the election amounts are correct, click **Continue**. If you want different amounts, you can adjust the election amounts and click Calculate until you have the election you want.

ile Chemical ▾
Last Login: 9/16/2013 - Online | [Logout](#)

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 |
|-------------------------------------|---------------|---------------------------|
| FSA Healthcare ⓘ | 2500.00 | \$2,500.00 |
| FSA Dependent Care ⓘ | 5000.00 | \$5,000.00 |
| Health Reimbursement ⓘ | Not Eligible | |
| Parking ⓘ | /mo | \$245.00 /mo |
| Total election for the year: | | |
| Total tax savings for the year*: | | Calculate |
| Estimated per pay period deduction: | | |

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

[Continue](#)

Step 5, Payment Method- Select either check or direct deposit, click **Continue**.

Sample Chemical ▾
Last Login: 9/16/2013 – Online | [Logout](#)

Payment Method

steps: 1 2 3 4 5 6

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

Check
Reimbursement checks will be sent to your home via U.S. Mail 3-5 days after the request.

Direct Deposit
The Debit Card may be used toward qualified purchases at point of sale. Certain purchases may be automatically approved, but many may require substantiation to ensure the expense is qualified per IRS regulations.

[Continue](#)

You will be asked to provide your bank information if you choose Direct Deposit.

Setup Direct Deposit

steps: 1 2 3 4 5 6

Routing Number:* 072402283 [Change Your Bank](#)

Account Number:*

Account Type:* Checking ▾

Account Nickname:*


Bank Name:* SOUTHERN MICHIGAN BANK & TRUST

Street Address:* 51 WEST PEARL ST

City:* COLDWATER

State:* Michigan ▾

Zip Code:* 49036-0000




routing and transit # checking account # check #

Setup Direct Deposit

steps: 1 2 3 4 5 6

Routing Number:* [Find Your Bank](#)



routing and transit # checking account # check #

* = required

[Skip Online Direct Deposit](#)

Step 6, Enrollment Verification - This allows you to confirm all of your account information and to go back and edit if needed. If all information is correct, click **Submit**.

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: Sample Chemical
 Social Security Number: xxx-xx-4444
 Address: Chemical Sample
 Nowhere, MI 88965 United States
 Home Phone: (999) 999-9999
 Birth Date: 1/1/1980
 Gender: Male
 Marital Status: Single
 Email Address: crakocy@infinisource.com
 Do you have any dependents? Yes
 Are you enrolled in your company's medical insurance plan? No
 Are you enrolled in your company's dental insurance plan? No
 Are you enrolled in your company's vision insurance plan? No

Dependents [Edit Information](#)

| Full Name | SSN | Birth Date | Gender | Full Time Student | Relationship |
|--------------|-------------|------------|--------|-------------------|--------------|
| Joe Chemical | xxx-xx-2222 | 3/15/2010 | Female | No | Dependent |

Enrollment Confirmation - Summary of what was elected. Print this for your records. Once enrolled, you will receive via email a Consumer Portal Guide to assist with claims submission and view account history.

Enrollment Confirmation

Please print this page for your records.

Congratulations, you have successfully enrolled in the following Pre-tax Benefit Plans.

| Plan | Company Contribution | Employee Contribution | Estimated Per Paycheck Reduction |
|---|----------------------|-----------------------|----------------------------------|
| FSA Healthcare | | \$2,500.00 | \$96.15 |
| FSA Dependent Care | | \$5,000.00 | \$192.31 |
| Health Reimbursement | | Not Eligible | \$0.00 |
| Parking | | \$0.00 | \$0.00 |
| Total Estimated Reductions Per Paycheck:* | | | \$288.46 |

* 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 chosen to be reimbursed by Check .

The payroll deduction to fund your spending accounts will begin on 1/3/2014 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 1/1/2014. All claims must be filed for expenses incurred while you are a participant, within the plan year 1/1/2014 – 12/31/2014

If the elections listed above do not agree with your records, please contact us immediately. If you have questions about your Plan, you can call our toll-free number. You may also access your account information through our website at www.infinisource.com. We have representatives available Monday through Thursday from 8:00 a.m. to 8:00 p.m., and on Fridays from 8:00 a.m. to 6:00 p.m. (all times are listed as Eastern Standard Time). Additionally, your Summary Plan Description may answer questions you have about the plan.

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

[Print](#)