

1. Go to www.eaglesbenefits.com and click on the “Login/Register” at the top of the screen. This will redirect you to the new consumer portal.

The screenshot shows the homepage of the Eagles Benefits By Design, Inc. website. At the top, there is a blue button labeled "LOGIN/REGISTER" and a search bar. Below this, the text "Call Us Toll Free: 800-726-5603" is displayed. On the left side, there is a navigation menu with links for "Home", "Services", "Forms", and "Contact Us". Below the menu is a "Quick Links" section with links for "FSA Claim Form", "FSA Eligible Expenses", "Direct Deposit Form", "Dental Claim Form", "MyFlexOnline.com", and "FFlexOnline". The main content area features a large image of a smiling woman wearing a headset, with other office workers blurred in the background. Below the image, the text "Welcome to Eagles, Benefits By Design, Inc." is displayed, followed by a short paragraph about the company's history and mission.

2. Users who have already enrolled in the new portal can log into their account to get started. Users who have never logged in can click on “Get Started” to create a new user account.

The screenshot shows the login page of the website. The page is titled "Login" and is divided into two main sections: "Existing Users" and "New User?". In the "Existing Users" section, there is a "Username" label followed by a text input field and a link labeled "Forgot Username?". Below this is a blue button labeled "Next". In the "New User?" section, there is a text prompt: "New users can create a new account to get started." Below this is a blue button labeled "Get Started".

3. Once you log in, click on the “Enroll Now” button to get started.

Contact Us |  John Smith ▾  (0) Logout

[Home](#) [Accounts](#) [Tools & Support](#) [Message Center **1**](#)

Welcome

Welcome



I Want To:

[Enroll Now](#) [Enroll in HSA](#)

Accounts

No available account balances.

- You will have the option to look at the plans available to you for the upcoming plan year. Click on the “Begin Your Enrollment Now” button to continue.

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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.

| | |
|---------------------|----------------------------------|
| 2022 Medical FSA | Plan Description |
| 2022 Childcare FSA | Plan Description |
| 2022 Deductible HRA | Plan Description |

 **Questions?**
Contact Customer Support at: (772) 334-3995 or toll free at: (800) 726-5603 or support@eaglesbenefits.com

[Accounts](#) [Profile](#) [Statements & Notifications](#) [Tools & Support](#) [Expenses](#)

We collect information about your use of this portal (for example, how long you are on the portal, the pages you visit, etc.) so that we can understand and improve user experience.

5. Fill in your profile information and make sure all fields are correct. Click "Continue".

John Smith ▾

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Profile

steps:

1

2

3

4

5

6

* = required field

| | |
|--|--|
| First Name: * | <input type="text" value="John"/> |
| Middle Initial: | <input type="text"/> |
| Last Name: * | <input type="text" value="Smith"/> |
| Participant Account ID: | 0005706580 |
| Home Address: | |
| Country: * | <input type="text" value="United States"/> |
| Address Line 1: * | <input type="text" value="123 Main Street"/> |
| Address Line 2: | <input type="text"/> |
| City: * | <input type="text" value="Demo City"/> |
| State: * | <input type="text" value="Alabama"/> |
| Zip Code: * | <input type="text" value="12345"/> |
| Mailing Address: | <input checked="" type="checkbox"/> Same as Home Address |
| Home Phone: * | (<input type="text" value="555"/>) <input type="text" value="123-4567"/> |
| Birth Date: * (mm/dd/yyyy) | <input type="text" value="9/14/1990"/> |
| Gender: | <input type="text" value="Male"/> |
| Marital Status: * | <input type="radio"/> Married <input type="radio"/> Single |
| Email Address: * | <input type="text" value="jsmith@demo.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? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

[Continue](#)

6. Check the boxes to acknowledge you have read the plan rules and click “Continue”.

John Smith ▾

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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.

2022 Medical FSA

I have read and understand the [2022 Medical FSA rules](#)

2022 Childcare FSA

I have read and understand the [2022 Childcare FSA rules](#)

2022 Deductible HRA

I have read and understand the [2022 Deductible HRA rules](#)

[Continue](#)



Questions?

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7. Make your yearly election for each benefit you choose and click on “calculate” to show what your per pay deduction is. Click “Continue”.

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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.

| | Company Contribution | Your Election | Max Employee Election |
|-------------------------------------|----------------------|-----------------------------------|--|
| 2022 Medical FSA | | <input type="text" value="1000"/> | \$2,750.00 |
| ** 2022 Childcare FSA | | <input type="text"/> | \$5,000.00 |
| 2022 Deductible HRA | \$500.00 | Enrolled | |
| Total election for the year: | | \$1,000.00 | |
| Total tax savings for the year *: | | \$300.00 | <input type="button" value="Calculate"/> |
| Estimated per pay period deduction: | | \$38.46 | |

* Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances.
** You can enroll now, but you must add dependent(s) later in order to file claims.

8. You can elect to receive a debit card if you do not yet have one, and you will be able to designate an alternate reimbursement method of check or direct deposit as well. Initial debit cards are no charge, but replacement cards or additional cards for dependents are \$5.00 each.

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Payment Method

steps: 1 2 3 4 5 6

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

Debit Card

Your Debit Card provides convenient access to your benefit dollars. Use the card to pay qualified medical expenses for you and your qualified dependents.



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](#)

9. Verify your enrollment and make any changes or error corrections on the last page. Once you have verified everything is correct, click on "Submit".

John Smith ▾

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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: John Smith
Home Address: 123 Main Street
Demo City, AL 12345
United States
Mailing Address: 123 Main Street
Demo City, AL 12345
United States
Home Phone: (555) 123-4567
Birth Date: 9/14/1990
Gender: Male
Marital Status: Single
Email Address: jsmith@demo.com
Do you have any dependents? No

Dependents

[Edit Information](#)

No dependents specified.

Enrollment

[Edit Information](#)

| | Employee Contribution | Company Contribution |
|--|-----------------------|----------------------|
| 2022 Medical FSA | \$1,000.00 | |
| 2022 Childcare FSA | \$0.00 | |
| 2022 Deductible HRA | | \$500.00 |
| ----- | | |
| Total Election for the year: | \$1,000.00 | |
| Estimated per pay period reduction : * | \$38.46 | |

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

Method of Reimbursement

[Edit Information](#)

You have chosen **Debit 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](#)

10. The enrollment confirmation will allow you to review your elections and print them for your records.

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John Smith ▾
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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 |
|--|----------------------|-----------------------|----------------------------------|
| 2022 Medical FSA | | \$1,000.00 | \$38.46 |
| 2022 Childcare FSA | | Not Eligible | \$0.00 |
| 2022 Deductible HRA | \$500.00 | Enrolled | \$0.00 |
| Total Estimated Reductions Per Paycheck :* | | | \$38.46 |

* 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 elected Debit Card as your reimbursement option. Your alternate reimbursement method is Check.

The payroll deduction to fund your spending accounts will begin on 1/7/2022 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 1/1/2022. All claims must be filed for expenses incurred while you are a participant, within the plan year 1/1/2022 - 12/31/2022

[Print](#)

 [Questions?](#)

Please call us immediately at **1-800-726-5603** if there are any issues or if you have any questions.