

Member workflow

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1. Visit the Pension Boards website and log in <u>https://www.pbucc.org</u>. Once logged in you will be redirected to the Benefits Selection page. Click on the **FSA Enrollment** link

Benefit S	Benefit Selection				
Access infor	ation about your current benefits				
Note: The links b Shield	ow will direct you to a PBUCC auxiliary site or a site operated and maintained by one of our trusted partners such as Highmark Blu				
	View My Pension and Other Benefits				
•	Check Dental Claims				
5	Prescription Order/Inquiry Participants in the UCC Medicare Supplement Plan are unable to use single sign-on to Express Scripts from the Pension Boards website at this time.				
l	Check Medical Claims				
ć	Pay My Benefits Bill				

2. The online FSA Enrollment form will load. Fill in your FSA elections and submit the form

Flexible Spending	FSA Enrollment	FSA Enrollment				
Flexible Benefit Plan for UCC Ministries	* FSA Enrollment is only available	* FSA Enrollment is only available through your current UCC employer.				
How to Make It Happen Frequently Asked Questions	Member ID #					
Publications	Member Name:					
Forms	Member Email:	msharma@pbucc.org				
	Employer ID #	16235				
	Employer Name:	BETHANY CONGL CHURC				
	Employer Email:	myemployer@pbucc.org				
	FSA Plan Year	01/01/2022	through	12/31/2022		
	As an eligible employee in the F and understand the benefits ava	lexible Benefit Plan for UCC N ilable to me as well as the othe	linistries, I a r rights and	acknowledge that I have read th obligations which I have under	e Highlights Brochure the Plan.	
	My health coverage is throu	gh my spouse's/partner's* U	CC Health	Plan. Name of spouse/partner	*:	
	Spouse/Partner Name:					
	1 can only receive reimbursement for my domestic partner's medical expenses if I claim him/her for federal income tax purposes.					
	I elect to receive medical rei Salary redirection:	mbursements for the Plan Ye	ar.			
	calary roan octori.					

the Administrator believes it advisable in order to satisfy certain provisions of the Internal Revenue Code.

- The reduction in my cash compensation under this agreement shall be in addition to any reductions under other agreements or benefit programs maintained by my Employer.
- The amounts that are not used during a Plan Year to provide benefits will be forfeited and may not be paid to me in cash or
 used to provide benefits specifically for me in a later Plan Year.
- Prior to the first day of each Plan Year, I will be offered the opportunity to change my benefit elections for the following Plan Year. If I do not complete and return a new election form at that time, I will be treated as having elected not to participate for the following Plan Year.
- Because of the special tax treatment of the FSA, the IRS has a series of rules that must be followed. Therefore, my employer and I understand that contributions I make to the Flexible Benefit Plan for UCC Ministries must strictly be pre-tax deferrals. I also understand that my employer cannot make contributions on my behalf to my FSA and that all non-pre-tax contributions will be returned to the employer. In the event my employer makes any contributions to my account and I am audited by the IRS, the Pension Boards-UCC will not be held liable.

THIS AGREEMENT IS SUBJECT TO THE TERMS OF THE EMPLOYER'S CAFETERIA PLAN, AS AMENDED FROM TIME TO TIME IN EFFECT, SHALL BE GOVERNED BY AND CONSTRUED IN ACCORDANCE WITH APPLICABLE LAWS, , SHALL TAKE EFFECT AS A SEALED INSTRUMENT UNDER APPLICABLE LAWS, AND REVOKES ANY PRIOR ELECTION AND COMPENSATION REDUCTION AGREEMENT RELATING TO SUCH PLAN.

I accept terms & conditions.

	Electronic Signature			
Employee Name:	MCKERLEY, KIMBERLY S	Date:	11/09/2021	
Print			Subm	it
kible Spending	Preview FSA Enrollment Changes			
lexible Benefit Plan for UCC linistries	The proposed Enrollment changes are shown below:			
Frequently Asked Questions	Member ID #	pbtest1		
Publications	Member Name	pbtest1		
Forms	Member Email	pscott@pbucc.org		
	Employer ID #	22222		
	Employer Name	Test, Employer		
	Employer Email	hr22auto@pbucc.org		
	FSA Plan Year	01/01/2022 through 12/31/20)22	
	FSA Medical Care Coverage	Yes		
	FSA Medical Care Amount	\$2500.00		
	FSA Dependent Care Coverage	Yes		
	FSA Dependent Care Amount	\$450.00		
Cancel to edit elections	Terms & Conditions	Accepted		Submit to com
	If you wish to make changes please click "Cancel" to go	back to the previous page.		elections
	Cancel		_	Submit

You will be able to review your selections and do a final submission

You also have the option to cancel and make changes to your selection at this point

- 3. Finally submit your enrollment for approval by employer.
- 4. Email confirmation is sent to the employee whenever they submit an enrollment form
- 5. Email notification is sent to the employer whenever an enrollment form is submitted by one of their employees

Employer workflow

- 1. When an employer is ready to process an enrollment by one of their employees, they would navigate to <u>https://employers.pbucc.org</u> and login.
- 2. Click on the "FSA Enrollment" menu item



3. The employer will be redirected to the approval page which list all the FSA applications waiting for approval.

The Pension Boards United Church of Christ, Inc. WHERE FAITH AND FRUNCE INTERSECT					Si	ign Out Menu ☰
 Employers General Information Eligibility & Compensation 	FSA Enrolime Employer ID: Employer Name: Email:	nt Ap 2222 test1 test	pproval/Reject 22 1 pensionboard@gmail.com			
User Guide Compensation	* Please click on vie Member ID	w to ap	pproval or reject your employe Member Name	e's FSA Enrollment. Search:	¢	Action \$
Report/Update	pbtest1	pi	obtest1	Pending		View
SA Enrollment Approval/Reject	Showing 1 to 1 of 1 en	tries				
FAQs Plan Documents						
Adoption						

4. Click the "View" link to see the FSA enrollment details

The Pension Boards United Church of Christ, Inc. WHEEE AITH AND FRAANCE INTERSECT		Sign Out Menu 🚍
Compensation	Member ID #	pbtest1
i User Guide	Member Name	pbtest1
Compensation	Member Email	pscott@pbucc.org
Report/Update	FSA Plan Year	01/01/2022 through 12/31/2022
Let FSA Enrollment	Spouse Coverage	No
Approval/Reject	FSA Medical Care Coverage	No
. Billing	FSA Dependent Care Coverage	Yes
? FAQs	FSA Dependent Care Amount	\$450.00
Plan Documents	Please Choose Option For Approve/Reject Employee F	Enrollment
L Adoption Agreement	○ Approved ○ Rejected	
Church Plan		
Certification	Cancel	Submit
	/	
Choose Approve or Reject	r I	Submit Approval or Rejection

- 5. Choose "Approve" or "Reject" and click the submit button
- 6. An email notification will be sent to the employee who submitted the FSA Enrollment online.