

My Account Assistant

Account Login

1. Go to www.ebcflex.com.
2. Click "Log In" **A** at the top of the page and choose "Participants."
3. Log in with your Username and Password.

Create an Account

If you do not have a Username and Password, you will first need to register.

1. Click on the "Register" button **B**.
2. Fill out the short form and follow the on-screen instructions.

Forgot your Username or Password?

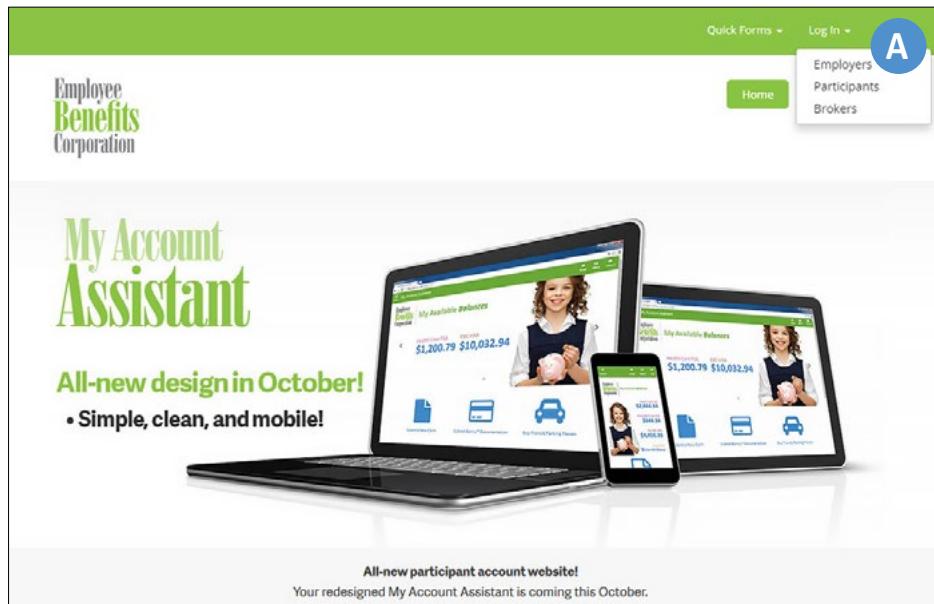
To retrieve your login credentials:

1. At the log-in screen, click on "Forgot Username?" or "Reset Password?"
2. Enter your email address and click "Retrieve Username" or "Reset Password."
3. An email will be sent to you shortly with a link to your Security Question.
4. Provide the answer to your Security Question.
5. An email will be sent to you shortly with your Username included or instructions on how to reset your Password.

Change your Username and Password

Once you log in, you may change your Username, Password, and Security Question. Simply open the menu and choose "My Security Settings" under "Change."

Login Instructions



How to Enroll *Online*

Follow these simple steps to enroll in the BESTflexSM Plan online using My Account Assistant.

Log In

1. Go to www.ebcflex.com.
2. Click "Log In" at the top of the page and choose "Participants."
3. Log in with your Username and Password. To create an account, click on the "Register" button.

Enroll in the Plan

This process is only available during your employer's open enrollment period.

1. Open the menu **A**.
2. Click "Enroll in the BESTflex Plan" **B**.
3. Click "Begin Enrollment."
4. Fill out the form **C**:
 - Choose your plan type.
 - Enter your annual election amounts.
 - Decide if you would like the Benefits Card (if applicable).
 - Click "Calculate Elections."
5. Agree to the Conditions of Participation.
6. Activate Direct Deposit if you'd like to and agree to the conditions.
7. View your Enrollment Summary.
8. Click "Edit" to make any changes or "Submit" to allow your employer to approve your elections online.

Elect Plan Type	Annual Plan Range	Annual Election	Per Payroll
<input type="checkbox"/> Health Care FSA	No Minimum- \$2,550.00	\$ 0	
<input type="checkbox"/> Limited Health Care FSA	No Minimum- \$2,550.00	\$ 0	
<input type="checkbox"/> Dependent Care FSA	No Minimum- \$5,000.00	\$ 0	