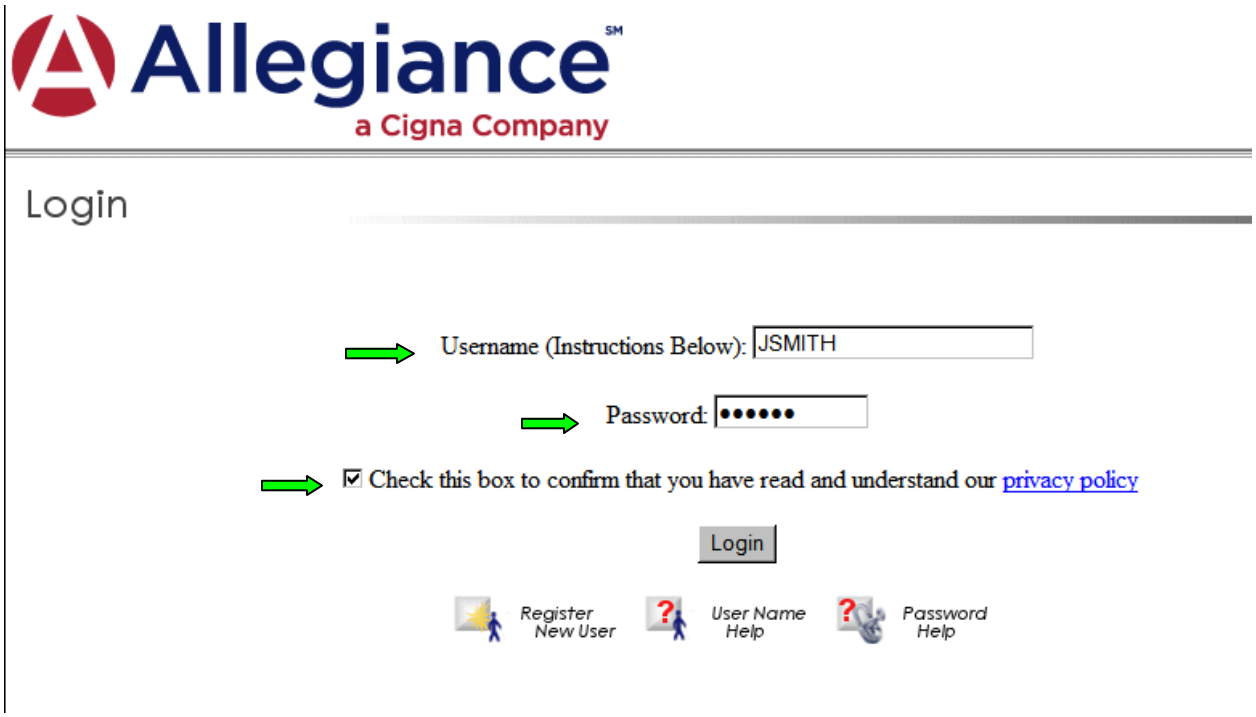
Go to www.askallegiance.com and click on Login

Enter your Username and Password and check the box for the privacy policy, then click **Login**



To set up a login, click **Register New User**. The following info is needed to set up a login:

Participant ID = ssn, **Last Name**, **Zip Code** (mailing address) and **Date of Birth**

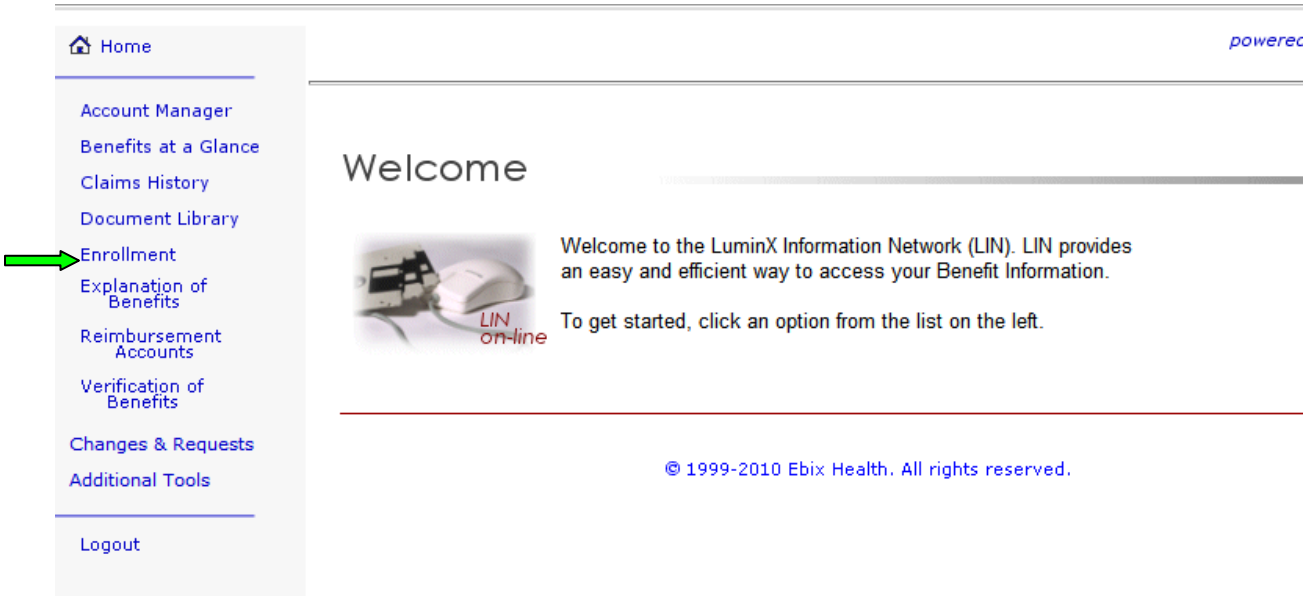
Create a password and a hint that can be emailed to if the password is forgotten.

Each user is allowed one login in the system at time.

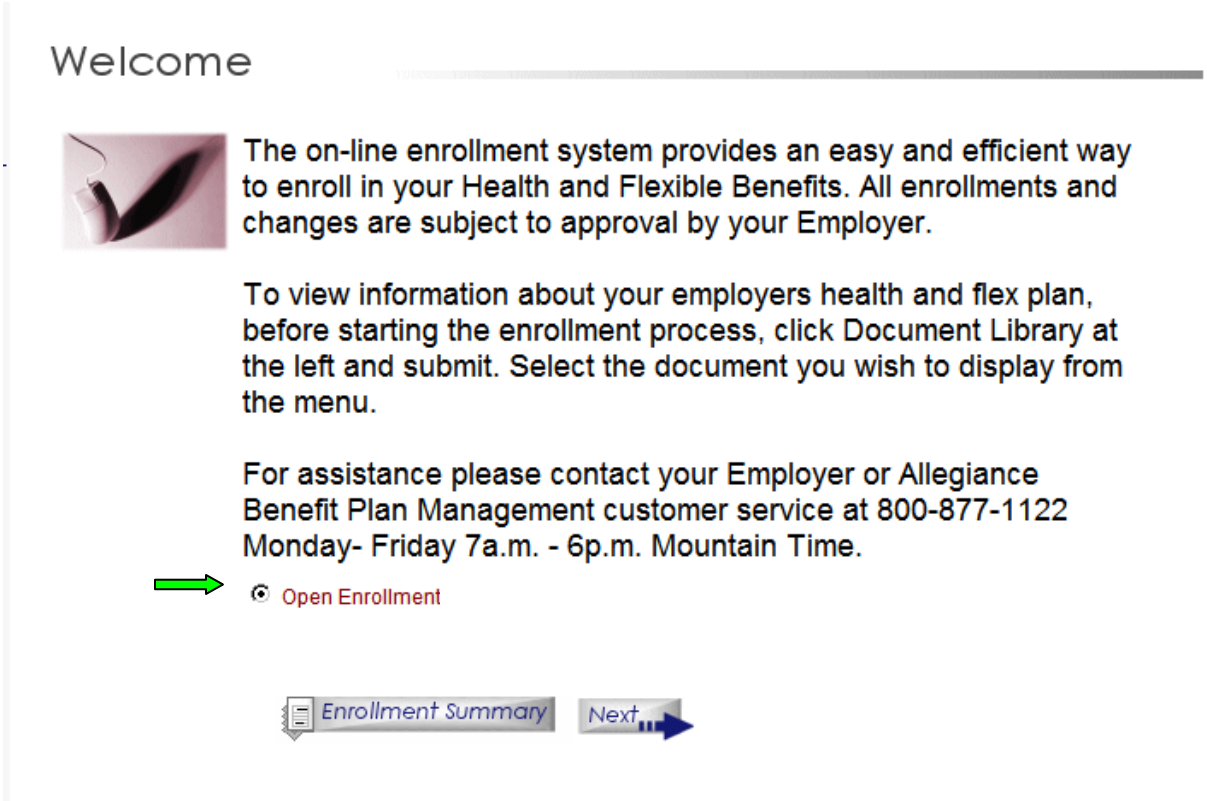
If unable to remember a username or password, use the Username or Password Help buttons to retrieve the information by email.

Contact Allegiance at 800-877-1122, option 4 for addition login assistance.

Once logged in, click on **Enrollment**



Mark Open Enrollment and click Next



Review your information and make any necessary updates or fill in any missing information.

If you are enrolling dependents on your coverage mark **Yes** to the last question, otherwise mark **No**

Personal Information

Please Note: This on-line enrollment process will lead you through a series of screens that display personal, dependent and benefit information. Review the information on each screen. Enroll in the benefits that make sense for you and your family and complete the appropriate forms.

Participant's ID:

Participant's Name: JOHN (first) R (middle) SMITH (last)

Address: 123 MAIN ST

Address Line 2:

City: KALISPELL State/Province: MONTANA

Zipcode/Postal Code: 59901

Home Phone Number: 406-555-1111 Work Phone Number:

Date of Birth: 04 / 14 / 1982 (mm/dd/yyyy) Gender: ○ Female ◉ Male

Marital Status: MARRIED

If we can contact you via e-mail, please supply the participant's complete e-mail address:

Do you have any dependents (including your spouse) that are, or will be, enrolled in your employer's group benefit plan?: ◉ Yes ○ No

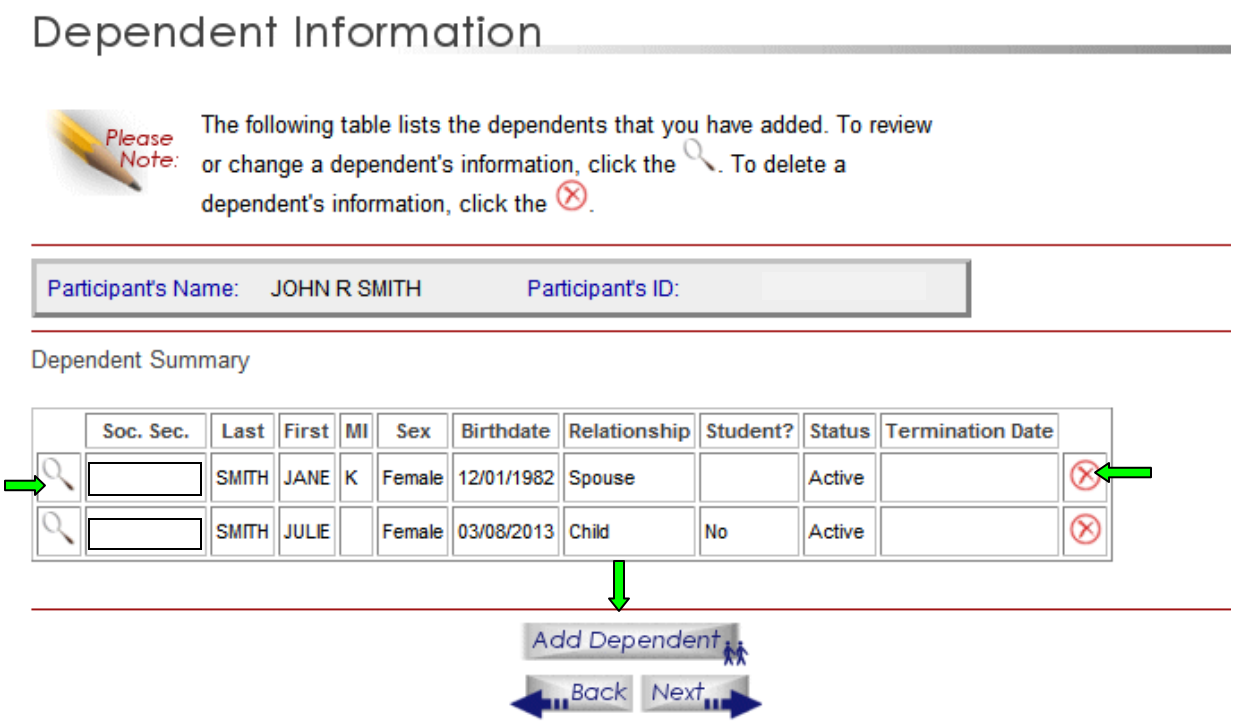
Next

If you currently have or have had dependents enrolled in the past, you will see a dependent summary with the status of each dependent.

To add a new dependent click the **Add Dependent** button

To remove a currently **Active** dependent click the red X to the right of the dependent

To add a currently **Terminated** dependent back onto the coverage click the magnifying glass to the left of the dependent and mark **Yes** the dependent is eligible for coverage.



If you click Add Dependent or the magnifying glass to re-enroll a dependent, the screen below will appear to verify or complete the dependent's information

Dependent Information

Please Note: Please provide the following information for the dependent(s) you are adding.

Participant's Name: JOHN R SMITH Participant's ID:

Dependent's Personal Information:

Relationship to Participant: Spouse

Dependent's Name: JANE (first) K (middle) SMITH (last)

Social Security Number: - -

Gender: Female Male Date of Birth: 12 / 01 / 1982 (mm/dd/yyyy)

Dependent's Address: Copy from Participant

Address:

Address 2:

City: KALISPELL State/Province: MONTANA

Zipcode/Postal Code: 59901

Is this dependent eligible for benefits? Yes No

A Participant's child over age 26 who is mentally or physically disabled/challenged may be covered by the plan, provided that the child is incapable of self-supporting employment and is chiefly dependent upon the Participant for support and maintenance. A signed and dated Physician's Statement must be submitted to your HR department. Once you complete this enrollment process, please print the form and fill out the participant's portion and have your dependent's physician fill out the physician's portion. A link to this form can be found under "Options" in the left column. Click on the "Document Library" and then click "Forms."

Is this dependent handicapped? Yes No Date of Handicapped Status: / / (mm/dd/yyyy)

Back Next

You only need to answer the handicap question at the bottom for dependent children over age 26 that are still being covered on the plan. It is not necessary to answer this question for spouses or children under age 26.

Elect or decline Medical and mark the dependents at the bottom that should be enrolled into the coverage.

The cost of the medical plan can be found in your enrollment materials.

Benefit Enrollment

Participant's Name: JOHN R SMITH Participant's ID:

MEDICAL Effective Date of Coverage: 07/01/2014

Please refer to your enrollment materials for health insurance premium costs.

◉ Elect ○ Decline

Plan Name	Enrollment Level
MEDICAL	FULL FAMILY

Dependents

Click the **elect** option for each dependent that you would like to include in this coverage.

Elect	Soc. Sec.	Name	Gender	Birthdate	Relationship
☑		JANE SMITH	Female	12/01/1982	Spouse
☑		JULIE SMITH	Female	03/08/2013	Child

Back Next

Elect or decline Dental for yourself and any covered dependents. There is no additional cost for dental coverage when you have the medical coverage.

Benefit Enrollment

Participant's Name: JOHN R SMITH Participant's ID:

DENTAL Effective Date of Coverage: 07/01/2014

The dental premium is included with the health insurance premium.

◉ Elect ○ Decline

Plan Name	Enrollment Level
DENTAL	FULL FAMILY

Dependents

The following dependents are included in this coverage.

Soc. Sec.	Name	Gender	Birthdate	Relationship
	JANE SMITH	Female	12/01/1982	Spouse
	JULIE SMITH	Female	03/08/2013	Child

Elect or decline Vision for yourself and any covered dependents. There is no additional cost for vision coverage when you have the medical coverage.

Benefit Enrollment

Participant's Name: JOHN R SMITH Participant's ID:

VISION Effective Date of Coverage: 07/01/2014

The vision premium is included with the health insurance premium.

◉ Elect ○ Decline

Plan Name	Enrollment Level
VISION	FULL FAMILY

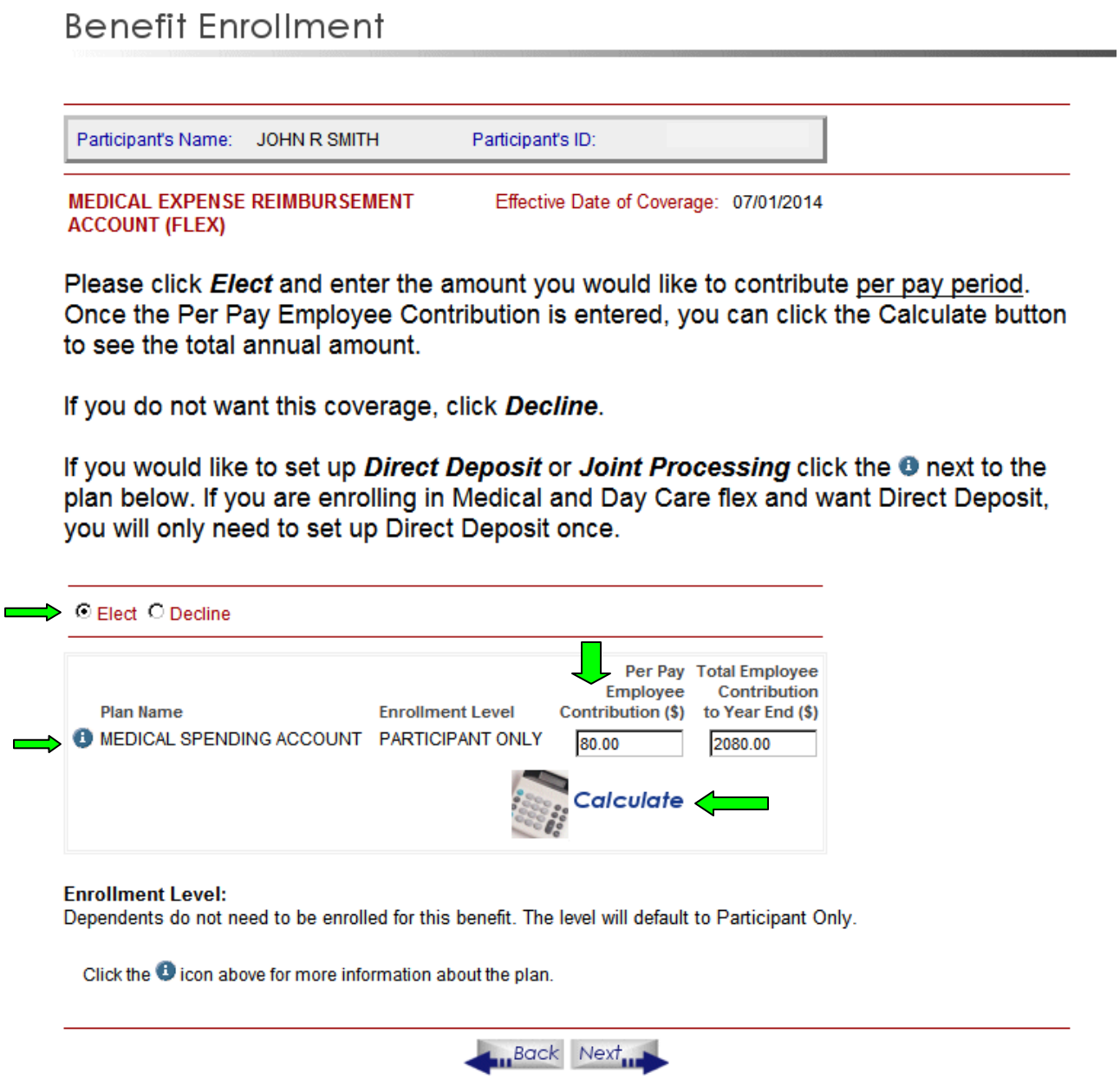
Dependents

The following dependents are included in this coverage.

Soc. Sec.	Name	Gender	Birthdate	Relationship
	JANE SMITH	Female	12/01/1982	Spouse
	JULIE SMITH	Female	03/08/2013	Child

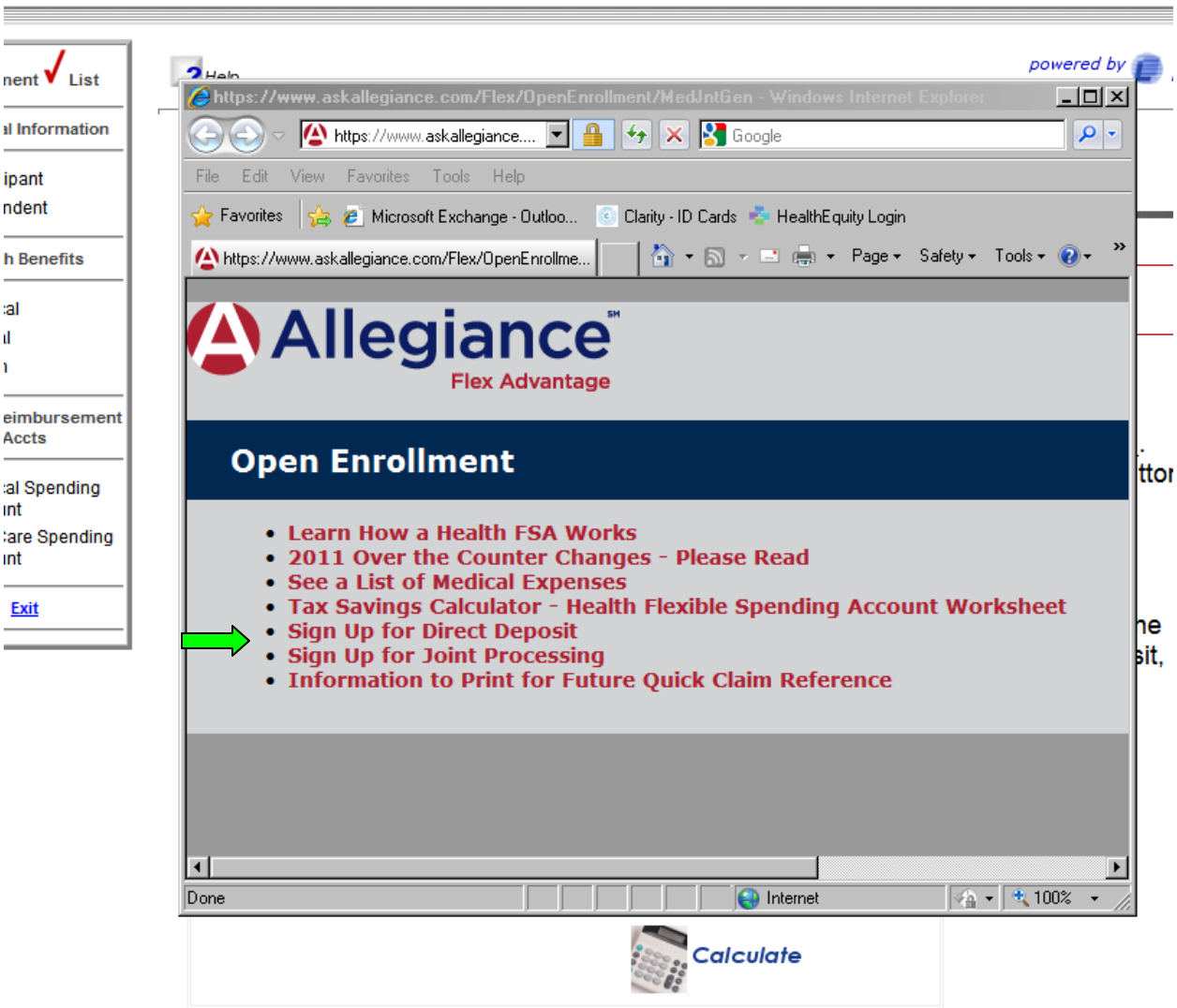
If you want to have money put into a flex account for out-of-pocket medical, dental and vision expenses, click Elect and enter the amount you want to contribute per pay check.

Click the Calculate button to see the total annual contribution based on the per pay amount entered.



You can set up Direct Deposit and Joint Processing by clicking on the blue icon next to the plan name

Clicking on the icon will open a new window with links to set up Direct Deposit and Joint Processing as well as other helpful tools.



Elect Day Care flex with the same steps as medical flex.

The blue icon will open a link to set up Direct Deposit. NOTE: if you are setting up a medical and day care flex account, direct deposit only needs to be set up once and will apply to both.

Participant's Name: NELSON R GRANT Participant's ID:

DAY CARE EXPENSE REIMBURSEMENT ACCOUNT (FLEX)

Effective Date of Coverage: 07 / 01 / 2014

Please click ***Elect*** and enter the amount you would like to contribute per pay period. Once the Per Pay Employee Contribution is entered, you can click the Calculate button to see the total annual amount.

If you do not want this coverage, click ***Decline***.

If you would like to set up ***Direct Deposit*** click the ⓘ next to the plan below. If you are enrolling in Medical and Day Care flex and want Direct Deposit, you will only need to set up Direct Deposit once.

Elect Decline

Plan Name	Enrollment Level	Per Pay Employee Contribution ($)	Total Employee Contribution to Year End ($)
DAY CARE SPENDING ACCOUNT	PARTICIPANT ONLY	150.00	3900.00

Calculate

Enrollment Level:
Dependents do not need to be enrolled for this benefit. The level will default to Participant Only.

Click the ⓘ icon above for more information about the plan.

Back Next

Review your summary to be sure all the information is correct and your elections were captured correctly.

Enrollment Summary

Thank you for participating in the on-line enrollment process. Please review the information below for accuracy. If you need to make any changes, use the Back button at the bottom of the page to move through the election screens. For your elections to be processed, you must click one of the Finish buttons at the bottom of this page.

Group:	0010675	**Enrollment Number:**	00106750048845292014041607584 0
Number:	0041	**Electronic Submission:**	04/16/2014 7:58 am
Enrollment Type:	EOPN		

Personal Information

Participant:	JOHN R SMITH	**Participant ID:**	
Address:	123 MAIN ST		
	KALISPELL,MT 59901		
e-mail:			
Home Phone:	406-555-1111	**Work Phone:**	
Date of Birth:	04/14/1982	**Gender:**	Male
Marital Status:	MARRIED		

Dependents

SSN	Last	First	MI	Sex	Birthdate (mm/dd/yyyy)	Relationship	Student?	Handicapped?
	SMITH	JANE	K	F	12/01/1982	Spouse	N	N
	SMITH	JULIE		F	03/08/2013	Child	N	N

Health Benefits

Benefit	Plan	Enrollment Level
Medical	**MEDICAL**	**FULL FAMILY**

Effective Date: 07/01/2014

Dependents Covered under this plan

Name	SSN	Relation
JANE K SMITH		Spouse
JULIE SMITH		Child

Dental **DENTAL** **FULL FAMILY**

Effective Date: 07/01/2014

Dependents Covered under this plan

Name	SSN	Relation
JANE K SMITH	[redacted]	Spouse
JULIE SMITH	[redacted]	Child

Vision **VISION** **FULL FAMILY**

Effective Date: 07/01/2014

Dependents Covered under this plan

Name	SSN	Relation
JANE K SMITH	[redacted]	Spouse
JULIE SMITH	[redacted]	Child

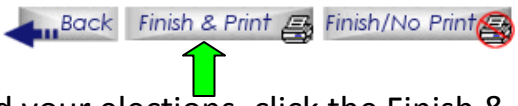
Flexible Reimbursement Accts

Benefit	Plan	Enrollment Level	Per Pay Employee Contribution {$}	Per Pay Employer Contribution {$}	Per Pay Other Contribution {$}
Medical Spending Account	**MEDICAL SPENDING ACCOUNT**	**PARTICIPANT ONLY**	**80.00**	**0.00**	**0.00**
Effective Date: 07/01/2014					
Day Care Spending Account	**DAY CARE SPENDING ACCOUNT**	**PARTICIPANT ONLY**	**150.00**	**0.00**	**0.00**
Effective Date: 07/01/2014					
TOTALS:			**230.00**		

TOTALS	Per Pay Employee Contribution
Health Benefits	
Flexible Reimbursement Accts	**230.00**

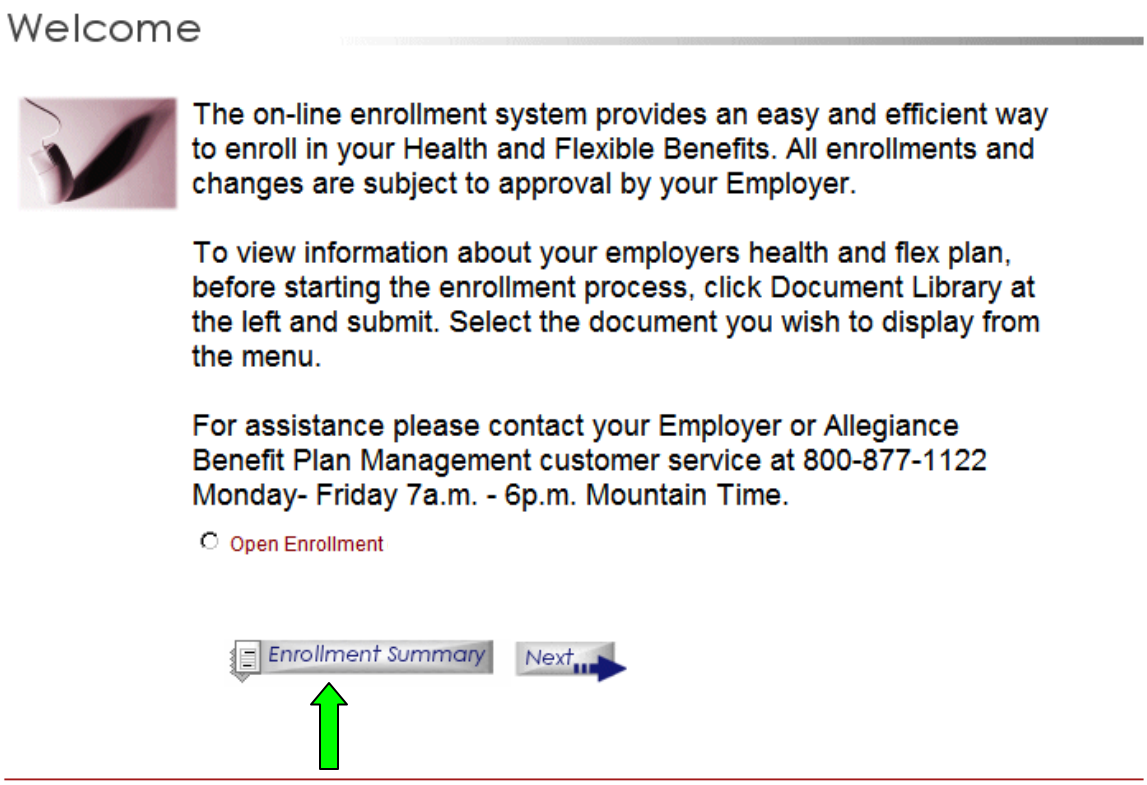
To retain a copy of your elections, click on Finish & Print the button below*. This will submit your elections to your employer.

***You acknowledge by clicking either "Finish" button that your deductions for health insurance premiums, flex accounts and any other qualified supplemental insurance premiums will be made on a pre-tax basis subject to IRS Section 125 rules regarding mid-year changes.**



After you have reviewed your elections, click the Finish & Print button which will print a copy of your summary page as well as submit your elections to your employer.

After your summary prints, you should be directed back to the beginning enrollment screen below.



To view or print the elections you submitted at a later time, you can go back to Enrollment and mark **Open Enrollment** and click the **Enrollment Summary** button (rather than Next) which will display your summary page