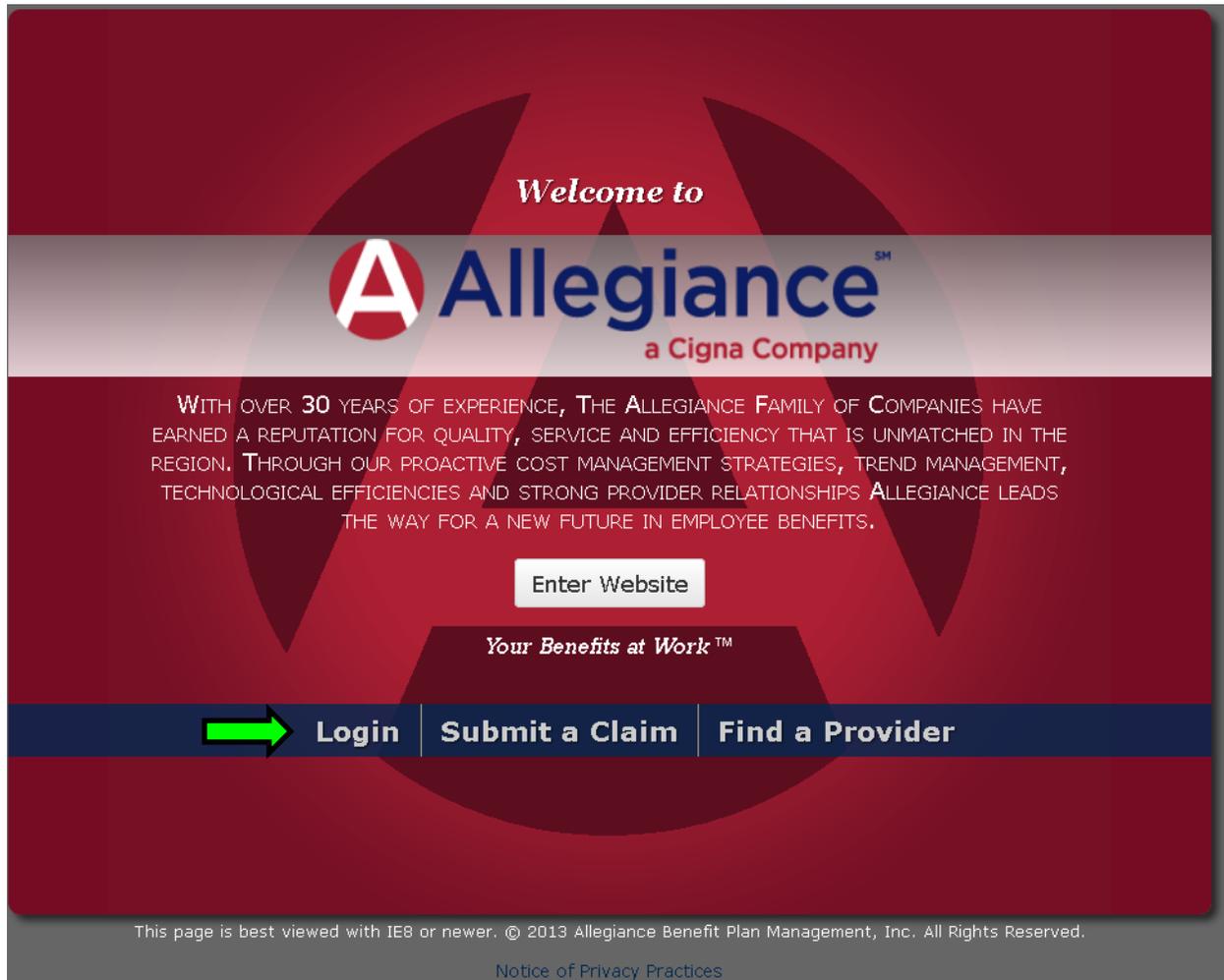


Go to www.askallegiance.com
Click on **Login**



The image shows a landing page for Allegiance, a Cigna Company. The page has a dark red background with a large, faint circular graphic in the center. At the top, it says "Welcome to" in white. Below that is the Allegiance logo, which consists of a white letter 'A' inside a red circle, followed by the word "Allegiance" in blue and "a Cigna Company" in red below it. A paragraph of text in white reads: "WITH OVER 30 YEARS OF EXPERIENCE, THE ALLEGIANCE FAMILY OF COMPANIES HAVE EARNED A REPUTATION FOR QUALITY, SERVICE AND EFFICIENCY THAT IS UNMATCHED IN THE REGION. THROUGH OUR PROACTIVE COST MANAGEMENT STRATEGIES, TREND MANAGEMENT, TECHNOLOGICAL EFFICIENCIES AND STRONG PROVIDER RELATIONSHIPS ALLEGIANCE LEADS THE WAY FOR A NEW FUTURE IN EMPLOYEE BENEFITS." Below this text is a white button with the text "Enter Website". Underneath the button is the tagline "Your Benefits at Work™" in white. At the bottom of the page is a dark blue horizontal bar with three white buttons: "Login", "Submit a Claim", and "Find a Provider". A green arrow points to the "Login" button. At the very bottom of the page, there is a small white footer with the text: "This page is best viewed with IE8 or newer. © 2013 Allegiance Benefit Plan Management, Inc. All Rights Reserved." and a link for "Notice of Privacy Practices".

Welcome to

 **Allegiance**SM
a Cigna Company

WITH OVER 30 YEARS OF EXPERIENCE, THE ALLEGIANCE FAMILY OF COMPANIES HAVE EARNED A REPUTATION FOR QUALITY, SERVICE AND EFFICIENCY THAT IS UNMATCHED IN THE REGION. THROUGH OUR PROACTIVE COST MANAGEMENT STRATEGIES, TREND MANAGEMENT, TECHNOLOGICAL EFFICIENCIES AND STRONG PROVIDER RELATIONSHIPS ALLEGIANCE LEADS THE WAY FOR A NEW FUTURE IN EMPLOYEE BENEFITS.

Enter Website

Your Benefits at Work™

 **Login** | **Submit a Claim** | **Find a Provider**

This page is best viewed with IE8 or newer. © 2013 Allegiance Benefit Plan Management, Inc. All Rights Reserved.
[Notice of Privacy Practices](#)

Enter username and password – click **Login**

If you have never created a login on the Allegiance site, click **Register New User** and follow the prompts to set up a login.

If you previously set up a login but can't remember your username, click **Username Help** and enter the email address you used to set up your account. Your username will be emailed to you.

If you know your username, but forgot your password, click **Password Help** and enter your username. Your password hint will be emailed to you

If you are unable to log in you can contact Allegiance at 800-877-1122, option 2, option 1 for assistance.



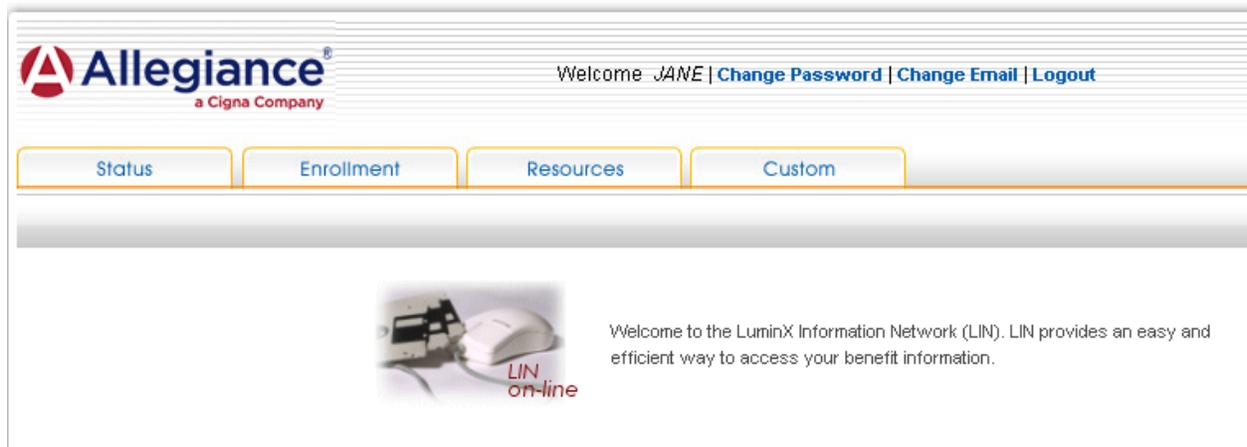
Enter your user name and password to sign in

Username:

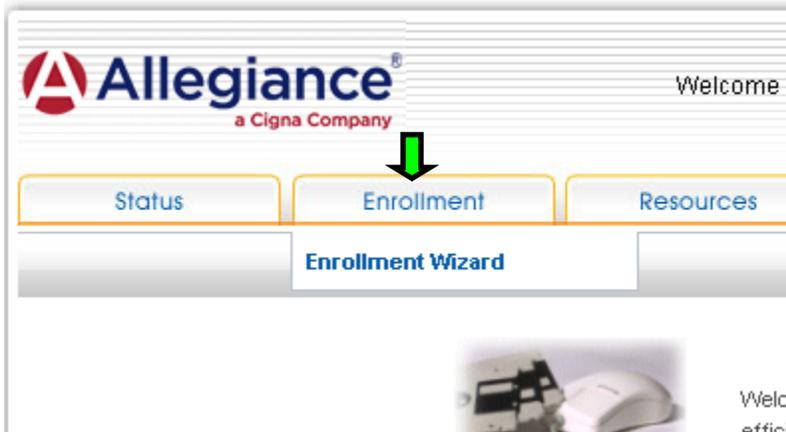
Password:

[Register New User](#) [Username Help](#) [Password Help](#)

Once you are logged in you will see the following tabs



Click on the **Enrollment** tab and then click on **Enrollment Wizard**



The following screen will display
Mark **Open Enrollment** and click **Next**

Enrollment

The on-line enrollment system provides an easy and efficient way to enroll in your Health and Flexible Benefits. All your Employer.

To view information about your employer's health and flex plan, before starting the enrollment process, click the R document you wish to display from the menu.

For assistance please contact your Employer or Allegiance Benefit Plan Management customer service at 800-877-1

 Open Enrollment

Review your personal information and update if necessary

You can hide the **Enrollment List** on the right side by clicking the **Hide** button



Personal Info [help?](#)

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.

The Enrollment List on the right will track the screens you have completed. You can hide the list by clicking the Hide button on the far right.

Participant ID: 001-06-7501

Participant Name: JANE H EXAMPLE
first middle last

Date of Birth: 04/26/1949 *
mm/dd/yyyy

Address:

Address Line 2: PO BOX 1010

City: KALISPELL * **State/Province:** MONTANA

Home Phone Number: **Work Phone Number:**

Gender: * Female Male **ZIP code/Postal Code:** 59904

Marital Status: MARRIED *

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

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

Enrollment List ✓

Personal Information

Participant

Dependent

Health Benefits

Medical

Dental

Vision

Flexible Reimbursement Accts

Medical Spending Account

Day Care Spending Account

[Exit](#)

Mark **Yes** or **No**, for the last question whether you will be enrolling dependents on your coverage and click **Next**

Personal Info

Show help

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.

The Enrollment List on the right will track the screens you have completed. You can hide the list by clicking the Hide button on the far right.

Participant ID: 001-06-7501

Participant Name:	JANE	H	EXAMPLE
	first	middle	last
Date of Birth:	04/26/1949		
	mm/dd/yyyy		
Address:			
Address Line 2:	PO BOX 1010		
City:	KALISPELL	State/Province:	MONTANA
Home Phone Number:		Work Phone Number:	
Gender: *	<input checked="" type="radio"/> Female <input type="radio"/> Male	ZIP code/Postal Code:	59904
Marital Status:	MARRIED		

If we can contact you via email, please supply the participant's complete email 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

Exit

Review the **Dependent Summary**

Click **Add Another Dependent** to add a new dependent not already listed

To remove a dependent listed as **Active**, click the red X on the right under **Delete**

To enroll a dependent listed as **Terminated**, click on the dependent's name, which will open that dependent's record. Mark **Yes**, the dependent is eligible for coverage and click **Next**. The dependent will then display as **Active** in the **Dependent Summary**

When all the dependents are listed correctly, click **Next**

Dependent Summary Show help?

Participant Name: JANE H EXAMPLE Participant ID: 001-06-7501

Search:

SSN^	First Name^	Last Name^	MI^	Sex^	DOB^	Relationship^	Student?^	Status^	Termination Date^	Delete
	JOHN	EXAMPLE		Male	02/20/1947	Spouse		Active		X

Mark **Elect** or **Decline** and if elected then mark the **Elect** box for each dependent that should be enrolled in medical

Benefit Enrollment

Participant Name: JANE H EXAMPLE Participant ID: 001-06-7501

Premium Accumulators

MEDICAL Effective Date of Coverage: 07/01/2015

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

Elect Decline

Plan Name	Enrollment Level
MEDICAL	PARTICIPANT+SPOUSE

Dependents

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

Elect	Soc. Sec.	Name	Gender	Birthdate	Relationship
<input checked="" type="checkbox"/>		JOHN EXAMPLE	Male	02/20/1947	Spouse

If you elected medical then dental will automatically be elected and the same dependents will be enrolled. You do have the option to decline coverage, but there is no difference in cost by doing so.

You must elect medical to be eligible for dental.

Click **Next**

Benefit Enrollment

Participant Name: JANE H EXAMPLE **Participant ID:** 001-06-7501

Premium Accumulators

DENTAL

Effective Date of Coverage: 07/01/2015

The dental premium is included with the health insurance premium.

 Elect Decline

Plan Name	Enrollment Level
DENTAL	PARTICIPANT+SPOUSE

Dependents

The following dependents are included in this coverage.

Soc. Sec.	Name	Gender	Birthdate	Relationship
	JOHN EXAMPLE	Male	02/20/1947	Spouse

Back

Next

If you elected medical then vision will automatically be elected and the same dependents will be enrolled. You do have the option to decline coverage, but there is no difference in cost by doing so.

You must elect medical to be eligible for vision.

Click **Next**

Benefit Enrollment

Participant Name: JANE H EXAMPLE **Participant ID:** 001-06-7501

Premium Accumulators

VISION

Effective Date of Coverage: 07/01/2015

The vision premium is included with the health insurance premium.

Elect Decline

Plan Name	Enrollment Level
VISION	PARTICIPANT+SPOUSE

Dependents

The following dependents are included in this coverage.

Soc. Sec.	Name	Gender	Birthdate	Relationship
	JOHN EXAMPLE	Male	02/20/1947	Spouse

Back

Next

Mark **Elect** or **Decline** for a medical flex account

If electing, enter the amount to contribute each paycheck. Click **Calculate** to see the annual total

Benefit Enrollment Show

Participant Name: JANE H EXAMPLE Participant ID: 001-06-7501

Premium Accumulators

MEDICAL EXPENSE REIMBURSEMENT ACCOUNT (FLEX) Effective Date of Coverage: 07/01/2015

Please click **Elect** and enter the amount you would like to contribute per pay period. Once the Per Pay Period 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** or **Joint Processing** click the **i** 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 (\$)
i MEDICAL SPENDING ACCOUNT ONLY	PARTICIPANT ONLY	50.00	1300.00

Calculate

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

To sign up for Direct Deposit or Joint processing click on the **i** below the Elect button

Open Enrollment

- Learn How a Health FSA Works
- 2011 Over the Counter Changes - Please Read
- See a List of Medical Expenses
- Tax Savings Calculator - Health Flexible Spending Account Worksheet
- **Sign Up for Direct Deposit**
- **Sign Up for Joint Processing**
- Information to Print for Future Quick Claim Reference

Click on the options to sign up for Direct Deposit and Joint Processing to complete the form

Mark **Elect** or **Decline** for a day care flex account

If electing, enter the amount to contribute each paycheck. Click **Calculate** to see the annual total

To sign up for Direct Deposit click on the ⓘ below the Elect button

NOTE: If you elected a medical flex account and completed the Direct Deposit form, you do not need to do it again for day care. Direct Deposit will apply to both accounts.

Benefit Enrollment

Participant Name:

JANE H EXAMPLE

Participant ID:

001-06-7501

Premium Accumulators

DAY CARE EXPENSE REIMBURSEMENT
ACCOUNT (FLEX)

Effective Date of Coverage: 07/01/2015

Please click **Elect** and enter the amount you would like to contribute per pay period. Once the Per Pay Period 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



Enrollment Level:

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

Back

Next

Review the Enrollment Summary

If you need to make any adjustments, use the **Back** button at the **BOTTOM** of the screen to move back through the screens. **Do not use the browser back button** or your elections could be lost.

Enrollment Summary

Show help?

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.

Group: 0010675 **Enrollment Number:** 001067500106750120150414151454
Number: 0003 **Electronic Submission:** 04/14/2015 3:14 pm
Enrollment Type: EOPN

Personal Information

Participant: JANE H EXAMPLE **Participant ID:** 001-06-7501
Address: PO BOX 1010
KALISPELL, MT 59904
e-mail:
Home Phone:
Date of Birth: 04/26/1949 **Work Phone:**
Marital Status: MARRIED **Gender:** Female

Dependents

SSN	Last	First	MI	Sex	Birthdate (mm/dd/yyyy)	Relationship	Student?	Handicapped?
	EXAMPLE	JOHN		M	02/20/1947	Spouse	N	N

Health Benefits

Benefit

Medical

Effective Date: 07/01/2015

Dependents Covered under this plan

Plan

MEDICAL

Enrollment Level

PARTICIPANT+SPOUSE

Name	SSN	Relation
JOHN EXAMPLE		Spouse

Dental

Effective Date: 07/01/2015

Dependents Covered under this plan

DENTAL

PARTICIPANT+SPOUSE

Name	SSN	Relation
JOHN EXAMPLE		Spouse

Vision

Effective Date: 07/01/2015

Dependents Covered under this plan

VISION

PARTICIPANT+SPOUSE

Name	SSN	Relation
JOHN EXAMPLE		Spouse

Flexible Reimbursement Accts

Benefit	Plan	Enrollment Level	Per Pay Employee Contribution (\$)	Per Pay Employer Contribution (\$)	Per Pay Other Contribution (\$)
Medical Spending Account Effective Date: 07/01/2015	MEDICAL SPENDING ACCOUNT	PARTICIPANT ONLY	50.00	0.00	0.00
Day Care Spending Account Effective Date: 07/01/2015	DAY CARE SPENDING ACCOUNT	PARTICIPANT ONLY	150.00	0.00	0.00
TOTALS:			200.00		
TOTALS	Per Pay Employee Contribution				

Health Benefits
Flexible Reimbursement Accts 200.00

Once you have verified your elections above are correct, click **Submit**.

***You acknowledge that by clicking "Submit" 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.**

Once you have confirmed your elections are correct click **Submit**

That will pull up the confirmation statement with your enrollment **Confirmation Number**
This means the record was submitted successfully to your employer
Scroll to the bottom of the page and use the **Print** button to keep a copy of your elections for your records.

Enrollment Confirmation Statement

Thank you for using the on-line enrollment system. You can print a copy of your elections for your record by clicking the PRINT button below and then click DONE.

Group: 0010675 Enrollment Number: 001067500106750120150414151454
Number: 0003 Confirmation Number: 0000014515 
Enrollment Type: EOPN

Personal Information

Participant: JANE H EXAMPLE Participant ID: 001-06-7501
Address: PO BOX 1010
KALISPELL, MT 59904
e-mail:
Home Phone: Work Phone:
Date of Birth: 04/26/1949 Gender: Female
Marital Status: MARRIED

TOTALS	Per Pay Employee Contribution
<hr/>	
Health Benefits	
Flexible Reimbursement Accts	200.00

After you print your record, click **Done**

That will bring you back to the first screen and your enrollment is complete

Enrollment

The on-line enrollment system provides an easy and efficient way to enroll in your Health and Flexible Benefits. Approval is required by your Employer.

To view information about your employer's health and flex plan, before starting the enrollment process, go to the Enrollment Library. Select the document you wish to display from the menu.

For assistance please contact your Employer or Allegiance Benefit Plan Management customer service at 1-800-444-4444, ext. 4444, 9:00 AM - 5:00 PM, Monday - Friday, Eastern Time.

Open Enrollment