

STEP 1

Go to www.askallegiance.com

Click on **Login - Members**

Welcome to

A Allegiance[®]
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

STEP 2

The Allegiance site has been upgraded since last year.

If you have logged into the site since the beginning of 2016 and created a username/password, you can enter them and click Login. Then proceed to Step 6

If not, you will need to create a new Username and Password that meet the new security standards. To get started, click on New User

Allegiance
a Cigna Company

[About Us](#) [Contact Us](#) [News](#) [Careers](#)

Login

[Login](#) [New User](#) [Forgot Password](#) [Forgot User Name](#)

User Name

Password

Login

ATTENTION!
Effective 12/7/15 Allegiance is requiring all members* to create a "New User" login that will be compliant with our enhanced security protocols. If you have not already set up your new login, click **New User** above.
*Some members may have created their new login prior to 12/7 to access their reimbursement account information through a Flex Login. If that applies to you, continue to login with that user name and password, if not, click on **New User**.

Allegiance
a Cigna Company
Corporate Headquarters
2806 S. Garfield St.
P.O. Box 3018
Missoula, MT 59806-3018
Toll Free: 800-877-1122
Local: 406-721-2222
inquire@askallegiance.com

Our Services...
[Submit a claim](#)
[Find a provider](#)

Companies...
[Life & Health Insurance](#)
[Benefit Plan Management](#)
[FlexAdvantage](#)
[COBRA Services](#)
[StarPoint](#)

Welcome
[Contact Us](#)
[About Us](#)
[Careers](#)

This page is best viewed with IE8 or newer. © 2013 Allegiance Benefit Plan Management, Inc. All Rights Reserved.

[Privacy Policy](#) [Notice of Privacy Practices](#)

STEP 3

You will need your 12 digit participant ID number (refer to you Allegiance ID card)

If you do not have an ID card you can contact Allegiance Customer Service at 800-877-1122, option 2, option 1 for assistance

Enter any email you would like to use (will need to retype it in the next field)

Enter your last name, then first name

Enter your date of birth in MM/DD/YYYY format – be sure to type the “/” marks and use the full 2 digits for Month and Date and the full 4 digits for the Year

Enter your zip code for your home mailing address and click Submit

Create User

[Login](#) [New User](#)

SSN or Participant ID

Email

Retype Email

Last Name

First Name

Date of Birth

Zip

STEP 4

Your User Name can contain any combination of letters and/or numbers and will be case-sensitive and needs to be between 8-20 characters in length

Your Password MUST contain at least 1 upper-case letter, 1 lower-case letter, 1 number and one special character and needs to be between 8-20 characters in length

Please enter your new User ID and Password

User Names must ...

- Contain only upper and lower case letters or numbers
- be at least 8 characters and no more than 20 characters

Passwords must have ...

- at least one upper case letter
- at least one lower case letter
- at least one number
- at least one punctuation character from the following list: !%&()*,-./:;?@[_{}]
- at least 8 characters and no more than 20 characters

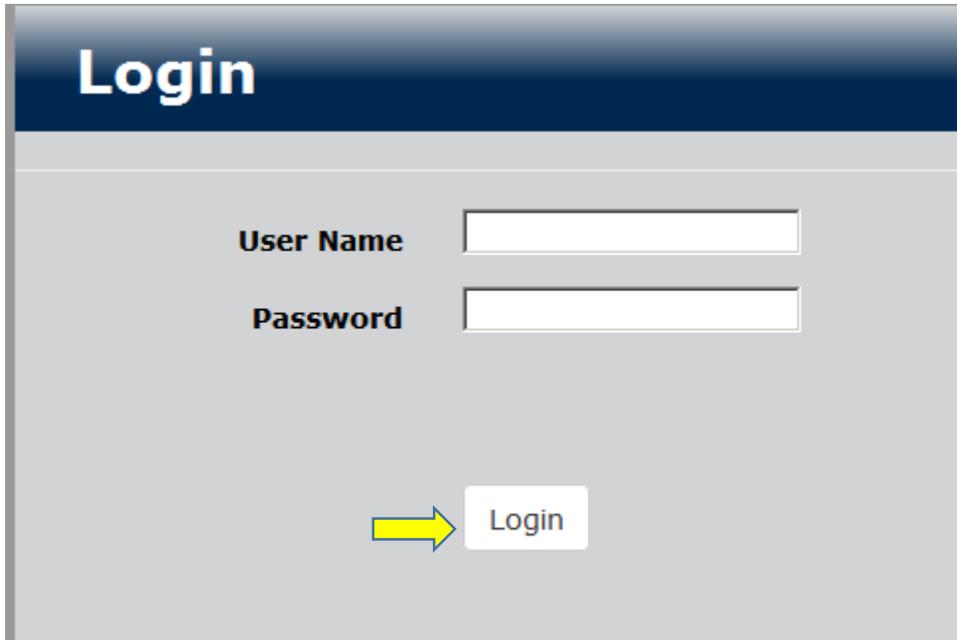
User Name

Password

Retype Password

STEP 5

Once you create a valid User Name and Password you will need to login



The image shows a login interface with a dark blue header containing the word "Login" in white. Below the header, there are two input fields: "User Name" and "Password". A yellow arrow points to a white "Login" button located below the password field.

STEP 6

Click on the red box that says "Health"



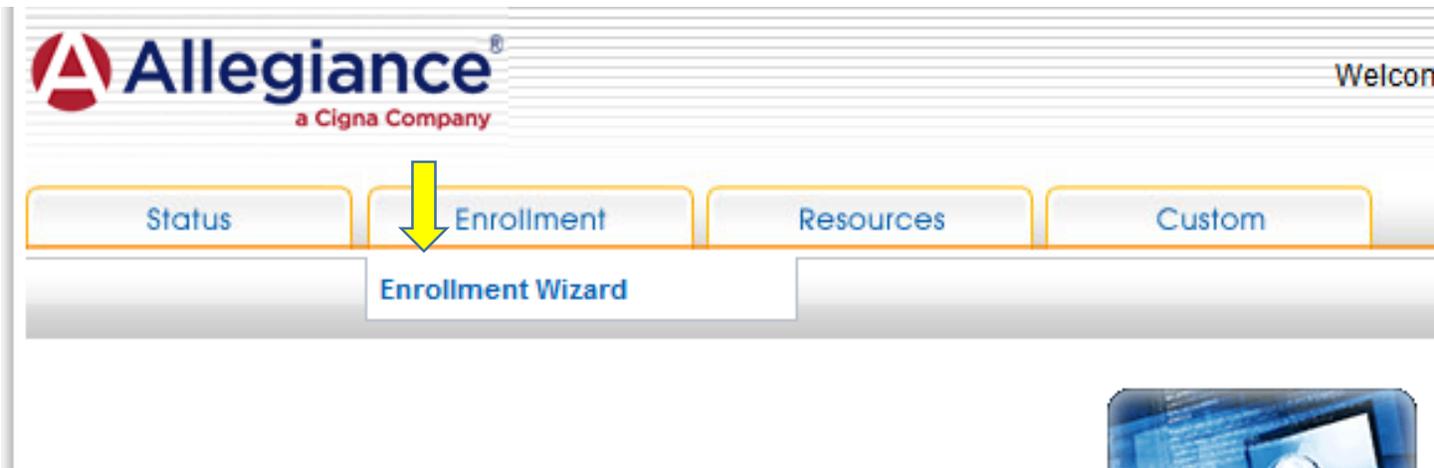
STEP 7

Click on the Enrollment tab



STEP 8

Click on Enrollment Wizard



STEP 9

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 B... subject to approval by your Employer.

To view information about your employer's health and flex plan, before starting the enrollment process, Document 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 6p.m. Mountain Time.

 **Open Enrollment** (04/15/2016 to 05/31/2016)

Summary

Next

STEP 10

Review your information. Add any missing fields or update any incorrect information

Personal Info help?

Enrollment List ✓

Detail >

Personal Information

Participant

Dependent

Health Benefits

Medical

Dental

Vision

Flexible Reimbursement Accts

Medical Spending Account

Day Care Spending Account

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 Information

Participant ID:
779901618322

Participant Name:

JANE		EXAMPLE *
<small>first</small>	<small>middle</small>	<small>last</small>

Date of Birth: *

mm/dd/yyyy

Gender: *

Female Male

Marital Status:

 *

Contact Information

Address:

PO BOX 100

Address Line 2:

City:

KALISPELL *

State/Province:

MONTANA *

Home Phone Number:

Work Phone Number:

ZIP code/Postal Code:

59901 *

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

Dependent Enrollment

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

If you will be enrolling dependents (including spouse) in the health plan, mark Yes. If not, mark No, then click Next

STEP 11

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**

Participant Name: JANE EXAMPLE Participant ID: 779901618322

Search:



SSN▲	First Name◆	Last Name◆	Middle◆	Sex◆	DOB◆	Relationship◆	Student?◆	Status◆	Termination Date◆	Delete
889-88-9988	STEPHEN	EXAMPLE		Male	07/03/1952	Spouse		Active		✘
998-77-1234	JENNIFER	EXAMPLE		Female	08/11/1994	Child	No	Active		✘

Add Another Dependent

Back

Next

Exit



STEP 12

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

Click **Next**

MEDICAL

Effective Date of Coverage:07/01/2016

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

Step 1: Elect/Decline Coverage

 Elect Decline

Step 2: Enroll in a plan

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
<input checked="" type="checkbox"/>	889889988	STEPHEN EXAMPLE	Male	07/03/1952	Spouse
<input checked="" type="checkbox"/>	998771234	JENNIFER EXAMPLE	Female	08/11/1994	Child

Back

Next

Exit

STEP 13

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**

JANE EXAMPLE
779901618322

DENTAL
Effective Date of Coverage:07/01/2016

The dental premium is included with the health insurance premium.

Step 1: Elect/Decline Coverage

Elect Decline

Step 2: Enroll in a plan

Plan Name	Enrollment Level
DENTAL	FULL FAMILY

Dependents

The following dependents are included in this coverage.

Soc. Sec.	Name	Gender	Birthdate	Relationship
889889988	STEPHEN EXAMPLE	Male	07/03/1952	Spouse
998771234	JENNIFER EXAMPLE	Female	08/11/1994	Child

Back

Next

Exit

STEP 14

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**

JANE EXAMPLE
779901618322

VISION
Effective Date of Coverage:07/01/2016

The vision premium is included with the health insurance premium.

Step 1: Elect/Decline Coverage

Elect Decline

Step 2: Enroll in a plan

Plan Name	Enrollment Level
VISION	FULL FAMILY

Dependents

The following dependents are included in this coverage.

Soc. Sec.	Name	Gender	Birthdate	Relationship
889889988	STEPHEN EXAMPLE	Male	07/03/1952	Spouse
998771234	JENNIFER EXAMPLE	Female	08/11/1994	Child

Back

Next

Exit

STEP 15

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

JANE EXAMPLE
779901618322

MEDICAL EXPENSE REIMBURSEMENT ACCOUNT (FLEX)

Effective Date of Coverage:07/01/2016

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  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.

Step 1: Elect/Decline Coverage

 Elect Decline

Step 2: Enroll in a plan

Plan Name	Enrollment Level	Per Pay Employee Contribution (\$)	Total Employee Contribution to Year End (\$)
  MEDICAL SPENDING ACCOUNT	PARTICIPANT ONLY	<input type="text" value="50.00"/>	<input type="text" value="1300.00"/>

 **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

Exit

To sign up for Direct Deposit or Joint processing click on the  next to **MEDICAL SPENDING ACCOUNT**

Clicking  will open the following new window. Click on the options to sign up for Direct Deposit and Joint Processing.



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 Work](#)
- [Sign Up for Direct Deposit](#)
- [Sign Up for Joint Processing](#)
- [Information to Print for Future Quick Claim Reference](#)



STEP 16

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.

JANE EXAMPLE

779901618322

DAY CARE EXPENSE REIMBURSEMENT ACCOUNT (FLEX)

Effective Date of Coverage:07/01/2016

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.

Step 1: Elect/Decline Coverage

Elect Decline

Step 2: Enroll in a plan

Plan Name	Enrollment Level	Per Pay Employee Contribution (\$)	Total Employee Contribution to Year End (\$)
 DAY CARE SPENDING ACCOUNT	PARTICIPANT ONLY	<input type="text" value="100.00"/>  Calculate	<input type="text" value="2600.00"/>

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

Exit

STEP 17

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 help?

Enrollment ✓ List ▾	Group ID: 0010675	Enrollment Number: 001067577990161832220160415140752
	Division ID: 0002	Electronic Submission: 04/15/2016 2:07 pm
	Enrollment Type: EOPN	

Detail >	Personal Information																													
Personal Information	Participant: JANE EXAMPLE	Participant ID: 779901618322																												
<input checked="" type="checkbox"/> Participant	Address: PO BOX 100 KALISPELL, MT 59901																													
<input checked="" type="checkbox"/> Dependent	e-mail:																													
Health Benefits	Home Phone:	Work Phone:																												
<input checked="" type="checkbox"/> Medical	Date of Birth: 03/30/1954	Gender: Female																												
<input checked="" type="checkbox"/> Dental	Marital Status: MARRIED																													
<input checked="" type="checkbox"/> Vision																														
Flexible Reimbursement Accts	Dependents																													
<input checked="" type="checkbox"/> Medical Spending Account	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>SSN</th> <th>Last</th> <th>First</th> <th>Middle</th> <th>Sex</th> <th>Birthdate (mm/dd/yyyy)</th> <th>Relationship</th> <th>Student?</th> <th>Handicapped?</th> </tr> </thead> <tbody> <tr> <td>889-88-9988</td> <td>EXAMPLE</td> <td>STEPHEN</td> <td></td> <td>M</td> <td>07/03/1952</td> <td>Spouse</td> <td>N</td> <td>N</td> </tr> <tr> <td>998-77-1234</td> <td>EXAMPLE</td> <td>JENNIFER</td> <td></td> <td>F</td> <td>08/11/1994</td> <td>Child</td> <td>N</td> <td>N</td> </tr> </tbody> </table>			SSN	Last	First	Middle	Sex	Birthdate (mm/dd/yyyy)	Relationship	Student?	Handicapped?	889-88-9988	EXAMPLE	STEPHEN		M	07/03/1952	Spouse	N	N	998-77-1234	EXAMPLE	JENNIFER		F	08/11/1994	Child	N	N
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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	50.00	0.00	0.00
Effective Date: 07/01/2016					
Day Care Spending Account	DAY CARE SPENDING ACCOUNT	PARTICIPANT ONLY	100.00	0.00	0.00
Effective Date: 07/01/2016					
TOTALS:			150.00		
TOTALS			Per Pay Employee Contribution		

Health Benefits

Flexible Reimbursement Accts	150.00
-------------------------------------	--------

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**

STEP 18

That will generate 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
help?

Enrollment ✔ **List** ▼

Detail >

Personal Information

Participant

Dependent

Health Benefits

Medical

Dental

Vision

Flexible Reimbursement Accts

Medical Spending Account

Day Care Spending Account

Group ID: 0010675 **Enrollment Number:** 001067577990161832220160415140752
Division ID: 0002 **Confirmation Number:** 0000020131
Enrollment Type: EOPN

Personal Information

Participant: JANE EXAMPLE **Participant ID:** 779901618322
Address: PO BOX 100
 KALISPELL, MT 59901
e-mail:
Home Phone:
Date of Birth: 03/30/1954 **Work Phone:**
Marital Status: MARRIED **Gender:** Female

Dependents

SSN	Last	First	Middle	Sex	Birthdate (mm/dd/yyyy)	Relationship	Student?	Handicapped?
889-88-9988	EXAMPLE	STEPHEN		M	07/03/1952	Spouse	N	N
998-77-1234	EXAMPLE	JENNIFER		F	08/11/1994	Child	N	N

Health Benefits

Benefit	Plan	Enrollment Level									
Medical	MEDICAL	FULL FAMILY									
Effective Date: 07/01/2016											
Dependents Covered under this plan											
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Effective Date: 07/01/2016											
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Flexible Reimbursement Accts

Benefit	Plan	Enrollment Level	Per Pay Employee Contribution (\$)	Per Pay Employer Contribution (\$)	Per Pay Other Contribution (\$)
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Effective Date: 07/01/2016					
TOTALS:			150.00		
TOTALS		Per Pay Employee Contribution			

Health Benefits

Flexible Reimbursement Accts 150.00

Print
Done

STEP 19

You will be directed 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. All you need to do is log in to the system and follow the prompts. For more information, contact your Employer.

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

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

Open Enrollment (04/15/2016 to 05/31/2016)

Summary

Next

Contact Allegiance Benefit Plan Management, Inc. inquire@allegiancebenefit.com