EPK Benefit's Portal User Guide

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Logging In The First Time And Establishing Your Password

To access the portal go to <u>www.epkbenefits.com</u> select the appropriate trust then select EPK Benefits Online Portal. Log in using the user ID and temporary password provided to you in your welcome e-mail. <u>FOR OPTIMAL PERFORMANCE, PLEASE USE THE LATEST VERSION OF</u> <u>GOOGLE CHROME AS YOUR INTERNET BROWSER.</u>

Welcome to the EPK & Assoc. online remittance processing system.
Please login below to access your account.
User Name: admin Password:
For optimal performance, please use the latest version of Google Chrome or Internet Explorer.

Note- if you are having difficulty accessing the site, please ensure that your browser is not blocking pop-ups.

When you log in the first time you will be prompted answer a security question. The question is "What is your EIN Number? Once you accurately answer the security question, you will then be prompted to change your password.

Change Password
Change your password frequently and maintain in a secure place. We are unable to recover forgotten passwords.
NOTE: Your password must be at least eight (8) but no more than twelve (12) characters. It is case sensitive and must contain at least one (1) letter, one (1) number, and one (1) "special" character (i.e. @ \$ % * +, etc.).
Old Password: New Password: Retype Password: Submit
Click here to return to your home page.

EPK Benefits will not have a record of this password, so please select something you will remember and keep it in a secure place.

Once you have reset your password, select home page. You are now ready to begin using the site.

Navigation Tips

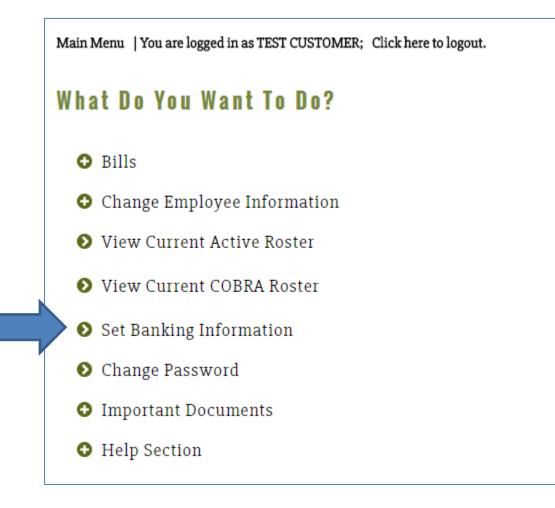
• Each time you login you will be required to agree to the usage terms and conditions. Agree to the terms of use by checking the box and selecting continue. You will then be routed to the main menu.

US	age Guidelines for the Use of EPK Benefits Portal
Υοι	1, the User, will not share, republish, or illegally disseminate any of the information contained on this site. You, the User, agree to the following:
	1. Compliance. Use of this Portal will be in compliance with our Terms and Conditions, Privacy Policy, Frequently Asked Questions, these Usage Guidelines, and any other applicable policy, as well as all applicable laws. You will comply with the Health Insurance Portability and Accountability Act and its implementing regulations, better known as HIPAA, and other laws relating to protecting the confidentiality, privacy, and security of group health plan and employees' information.
	2. Protect Your Password. You will take all reasonable measures to ensure the security of your log-in credentials for this Portal, including your username and password. For example, you will not tell anyone your log-in credentials or allow anyone else to use your log-in credentials. You will select credentials that cannot be easily guessed.
	3. Authorized Business Purposes Only. You will not use the Portal to attempt to access information for which you have not been given prior approval to access. Access to and use of this Portal will be for authorized business only. You affirm that you have been authorized to access and use this Portal on behalf of your employer and its group health plan. You will not access or use this Portal for any unauthorized or personal purposes.
	4. No Unauthorized Access, You will not permit any unauthorized person to access the Portal or to access information on the Portal. For example, you will not leave your monitor unattended when you are accessing the Portal or permit someone to view the information on the Portal that you are viewing (e.g., no shoulder surfing). You will not access the Portal in a public place.
	5. No Unlawful Purposes. You may not use this Portal or the information collected on this Portal for any purpose that is unlawful, retaliatory, obscene, defamatory, libelous, threatening, pornographic, harassing, or encourages conduct that would be considered a criminal offense, give rise to civil liability, or violate any law.

• To navigate within the pages, use the Tab Key. Enter or return will not move you forward through fields.

Establishing Banking Information and Making Payments

You now have the ability pay your bill on-line. In order to pay your bill, you must first establish banking information.



The following banking template will appear:

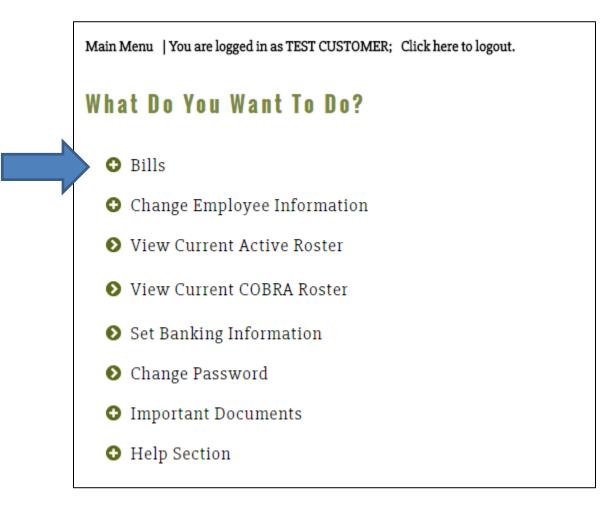
12345 Anywhere Street Anywhere, USA 12345	1001
Pay to the Order of	Date\$
Memo	Bob Smith
Bank Transit	: 1234567891 :: 1001
	Bank Account Number: Ses or alpha values. Your routing number is a nine digit numeric code.
ank Transit Routing N	Number Number: ses or alpha values. Your routing number is a nine digit numeric code.
ank Transit Routing N pe without dashes, space	Number Number: ses or alpha values. Your routing number is a nine digit numeric code.
ank Transit Routing N pe without dashes, space	Number lumber: ces or alpha values. Your routing number is a nine digit numeric code.

Add your company's banking information and submit.

Once you have submitted your banking information, you will receive a confirmation that the information has been stored.

Viewing Bills and Making Payments

Once you have established your banking information, select Bills from the main menu.



If you have more than one group number, select the group you want to view/pay and select continue.

Main Menu You are logged in as TEST CUSTOMER 3; Click here to logout.
Select the Group
00066778 - TEST CUSTOMER 3
00044556 - TEST CUSTOMER 3
Continue

Once selected, your can either View/Pay your current bill, or View Previous Bills. *Note- if you are having difficulty viewing the bill , please ensure that your browser is not blocking pop-ups.*

To view and pay your current bill, select View/Pay Current Bill. Note that if you haven't set up your banking information you will only be able to "view your current bill".



View / Pay Current Bill(s)

Voucher Numb	er: 72966					
Check the appro	opriate box for the outstanding di	screpancies you wish to p	oay. No partial payments are accept	ed; payments must be made in full		
Show 10 ▼ e	ntries				Search:	
Click to Pay	View Bill PDF	Receipt Number	Bill Month	▼ Balance	♦ Amount Paid	÷
	<u>View Bill</u>	72961	04/2016	\$20,189.22		\$20189.22
Total Amour	ıt:				\$20,189.22	
Showing 1 to 1 o	f 1 entries				Previous	1 Next
Payment D Submit Payme	ate: 04/14/2016 ^{ent}				_	

Once you select view/pay current bill, your current balance due will display. This balance will include any adjustments since your last billing period i.e. payments, deletions and additions of employees, as well as outstanding balances. <u>Please note- you must pay the current</u> balance due.

If you wish to view your bill prior to paying, you may double click on the view bill line to the right of the checkbox.

When ready to pay, check the box to the left of the invoice, then select submit payment.

Payments will be posted on the date submitted. Once you submit the payment, you will receive the following confirmation:

Bill Pay Confirmation			
You have submitted a payment of: \$4,277.70			
Voucher Number: 72920			
Show 10 • entries			Search:
Receipt Number	Bill Month	Balance	\$
72917	04/2016	\$4,277.70	
Total Amount:		\$4,277.70	
Showing 1 to 1 of 1 entries			Previous 1 Next

If you have multiple accounts, you may now select the next account and follow the same process for payment.

Viewing Previous Bills

You are also able to view your billing and payment history by selecting "View Previous Bills"



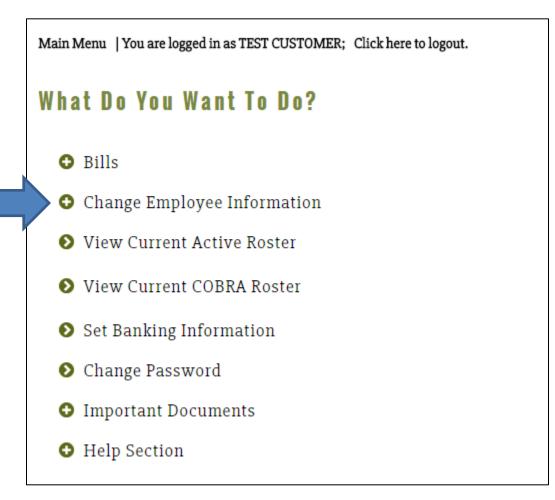
This page displays your billing and payment history. You may also view a PDF copy of the actual bill by selecting View Bill.

View Previous Bills

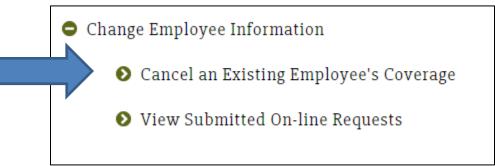
View Bill PDF	Receipt Number 🔻	Bill Month	Current Amount	Adjustments	Prior Balance	Total Due	Received Amount	Paid Date	Received Date	Balance
<u>View Bill</u>	72961	04/2016	\$6,555.27	\$0.00	\$13,633.95	\$20,189.22	\$20,189.22	04/14/2016	04/14/2016	\$0.00
	68177	01/2016	\$0.00	\$0.00	\$494.30	\$494.30	\$494.30	01/13/2016	01/13/2016	\$0.00
<u>View Bill</u>	66321	01/2016	\$6,031.86	\$0.00	\$0.00	\$6,031.86	\$5,537.56	12/30/2015	12/30/2015	\$494.30
<u>View Bill</u>	64227	12/2015	\$5,537.56	\$0.00	\$0.00	\$5,537.56	\$5,537.56	12/08/2015	12/08/2015	\$0.00
<u>View Bill</u>	62236	11/2015	\$5,537.56	\$0.00	\$0.00	\$5,537.56	\$5,537.56	10/29/2015	10/29/2015	\$0.00
<u>View Bill</u>	60243	10/2015	\$5,537.56	\$0.00	\$0.00	\$5,537.56	\$5,537.56	09/24/2015	09/24/2015	\$0.00
<u>View Bill</u>	58123	09/2015	\$5,537.56	\$0.00	\$0.00	\$5,537.56	\$5,537.56	08/26/2015	08/26/2015	\$0.00
<u>View Bill</u>	56113	08/2015	\$5,537.56	\$0.00	\$0.00	\$5,537.56	\$5,537.56	07/29/2015	07/29/2015	\$0.00
<u>View Bill</u>	54197	07/2015	\$5,537.56	\$0.00	\$0.00	\$5,537.56	\$5,537.56	06/30/2015	06/30/2015	\$0.00
<u>View Bill</u>	52294	06/2015	\$5,537.56	\$0.00	\$0.00	\$5,537.56	\$5,537.56	05/26/2015	05/26/2015	\$0.00
Showing 1 to 10 of 19 er Print this page	itries								Previous	1 2 Next

Canceling An Employee's Coverage

If you wish to cancel coverage for an employee, select Change Employee Information



Then select Cancel an Existing Employee's Coverage



Enter the social security number of the employee you wish to cancel and select search. The employee information will populate.

If the employee has both medical as well as dental/vision coverage under a separate group number, a message will appear displaying the information for both coverages. Please note that voluntary coverages, such as dental or vision, have an ID number that is different than the employee's social security number.

Select the coverage you wish to cancel by double clicking on it in the message box.

'irst Name	Middle Name	Last Name		
KENSLEY		CAMPBELL		
ate of Birth				
9/08/1977				
roup Number				
	ASSOCIATES, INC.			
	red / Reduction In Hours / Waiv	ver		
1/02/2016				
leason for Terminatio				
eason for Terminatio	n:			
LININ/ALION	•			
overage Cancellation	Date			
12/01/2016				
12/01/2016				
12/01/2016				
		/h		
	mit a change of address for th	is member.		
	mit a change of address for th	nis member.		
Check box to sub	mit a change of address for th	iis member.		
Check box to sub	-			
Check box to sub	mit a change of address for th ents related to this fo			
Check box to sub	-			
Check box to sub	-			
Check box to sub	-			
Check box to sub Comments Include any comm	ents related to this fo			
Check box to sub	ents related to this fo			
Check box to sub Comments Include any comm	ents related to this fo			

The following form will appear for completion:

Enter the last day worked, reduction in hours or waived, and the reason for the termination (from the drop down menu). The coverage cancellation date will then automatically populate.

Please note that due to health care reform, the insurance carriers require a change transmittal form be received by EPK & Associates within 10 days of the last date of coverage. Therefore if the request is received after the 10th of the month, coverage will be cancelled effective the 1st of the following month.

Enter your name at the bottom of the form and select submit form.

Once your request has been submitted you will receive a confirmation message.

THIS IS THE TEST WEBSITE	
Main Menu You are logged in as TEST CUSTOMER; Click here to logout.	
Thank you.	
Your changes have been submitted for review. EPK may contact you if there are any questions or issues regarding your form.	
<u>Click here</u> to cancel coverage for another employee.	
Reminder: Employers using online enrollment must still require and maintain enrollment forms to be completed and signed by all employees in the event of a Trust audit, or the need for beneficiary designation information.	

If there is more than one coverage type for the employee, remember to also repeat the same cancellation process for the second coverage.

Once you have submitted your request to cancel, it will be routed to an EPK Administrator for approval and final submission.

Changing Employees Addresses

From the main menu select Change Employee Information. Next select Change An Existing Employees Address.

Change an Existing Employee's Address
 Cancel an Existing Employee's Coverage
 View Submitted On-line Requests

Enter the social security number of the employee and select search and the following screen will appear:

Member Informat	tion	
First Name	Middle Name	Last Name
KENSLEY		CAMPBELL
Date of Birth		
09/08/1977		
Group Number 00014464 - EPK & ASS		
00014404 - EFK & A33	SOCIATES, INC.	
Address Line 1 12345 MAIN STREET		
Address Line 2		
City		
COVINGTON		
Washington •		
washington •		
98042 - 0000		
Zip Code Zip Code Ext.		
Telephone #		
(253) 631-4072 Type the Telephone # without spaces or	dashes	
Comments		
Include any comment	s related to this fo	rm submission.
		/
This form is being submi	itted by	
First Name	M.I. Last Name	
Filst Name	M.I. Last Name	
Submit Form	Reset Form	

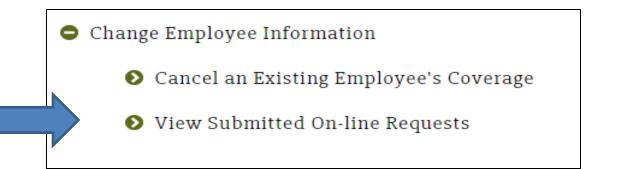
Type over the existing address, enter your name at the bottom of the form and select submit. If an employee has more than one coverage-i.e. medical and separate dental/vision coverage, please submit a change form for each coverage.

Viewing Submitted On-Line Requests

You will continue to receive a confirmation letter for any changes made to your enrollment. However, you can also now view the status of your submissions on-line. From the main menu, select Change Employee Information



Select View Submitted On-Line Requests



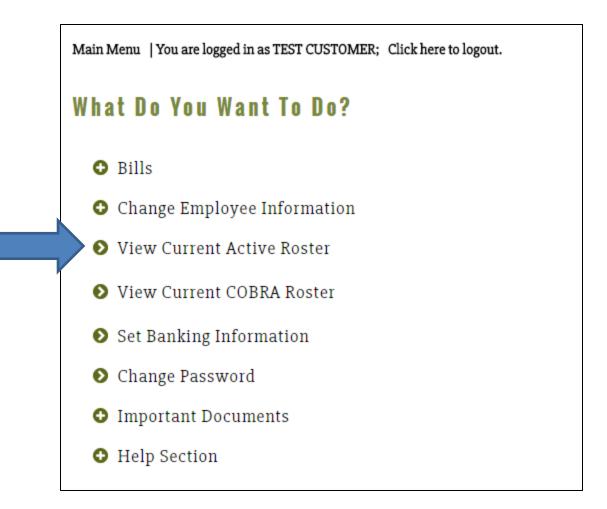
A listing of all your submitted requests and their status will display.

ubmitted	Form History	y						
ow 25 🔻 entri	w 25 • entries							
Form Nbr	🔻 Group #	Group Name	♦ SSN	First Name	Last Name	Submit Date	Submit Time	Form Status
54	00000004	Test Customer	000-66-0000	MIKE	LEE	07/12/2016	16:14:55	APPROVED
22	00000004	Test Customer	222-34-5678	MADDIE	CAMPBELL	06/20/2016	08:51:10	PENDING
21	00000004	Test Customer	888-99-1010	TUCKER	CAMPBELL	06/20/2016	08:45:04	PENDING

Viewing Your Active Roster

This option gives you the ability to view employees , and their dependents who are actively enrolled in benefits. <u>Any employee who has been enrolled for a future date will not appear</u> on the roster until the date they become active.

To review your roster, select View Current Active Roster



Once you select Roster the following view will appear:

Gurrent Active Roster									
[hu Jun 16 2016									
Viewing for Group: 00000004 - Test Customer									
	▲ SSN	First Name	Last Name	Medical	Dental	Vision	EAP	BLIFE	♦ SLIFE Amount ♦
	 SSN 000-66-0000 	 First Name MIKE 	Last Name	MedicalG40	Dental	Vision	EAP	BLIFE	
0					Dental	Vision	EAP	BLIFE	♦ SLIFE Amount

The roster view shows actively enrolled employees and their coverage information. You may also view enrolled dependents . If an employee has dependents enrolled in coverage, a green arrow will be displayed within the buttion on the left.

	,	TEST CUSTOMER; Click he	U U							
Curre	nt Active Ros	ster								
Thu Jun	16 2016									
	for Group: 000(• entries)0004 - Test Custo	mer							Copy CSV Excel PDF Print Search:
	SSN	First Name	Last Name	Medical	Dental	0 Vision	♦ EAP	BLIFE	♦ SLIFE	SLIFE Amount
Θ	 SSN 000-66-0000 	First Name MIKE	Last Name LEE	Medical G40 G40	♦ Dental	♦ Vision	♦ EAP	BLIFE	\$ SLIFE	♦ SLIFE Amount♦\$0.00
					Dental	Vision	♦ EAP	BLIFE		

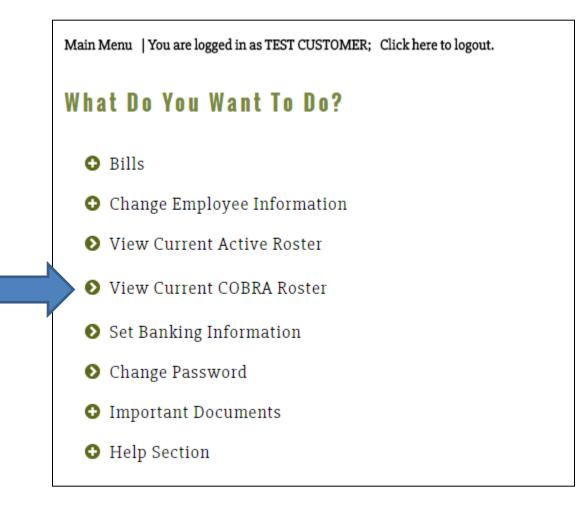
Simply click on the arrow and the dependents will appear below the employee information.

Main Men	u You are logged in as	TEST CUSTOMER; Click he	re to logout.						
Curre	nt Active Ros	ster							
Thu Jur	16 2016								
Show 25	y for Group: 0001 ▼entries ▲ SSN	DOOD4 - Test Custo	tast Name	Medical	Dental	Vision	EAP	BLIFE	Copy CSV Excel PDF Bearch:
Θ	000-66-0000	MIKE	LEE	G40					 \$0.00
Θ	011-11-1111	SALLY	WHITE	G40					\$0.00
۲	111-00-1212	JOE	SMITH	G40					\$0.00

You can save this roster as an Excel or PDF document by selecting your preferred format and selecting save.

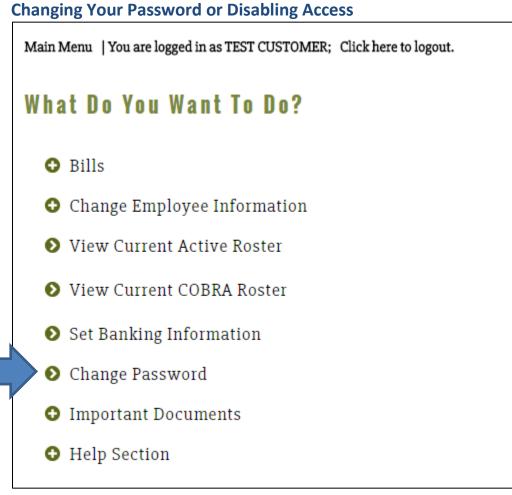
Viewing Your COBRA Roster

To view your current COBRA Roster, select View Current COBRA Roster



The roster will appear populated with any former employees who are enrolled in COBRA





Follow the instructions on the screen

Main Menu You are logged in as TEST CUSTOMER 2; Click here to logout.
Change Password
Change your password frequently and maintain in a secure place. We are unable to recover forgotten passwords.
NOTE: Your password must be at least eight (8) but no more than twelve (12) characters. It is case sensitive and must contain at least one (1) letter, one (1) number, and one (1) "special" character (i.e. @ \$ % * +, etc.).
Old Password:
New Password:
Retype Password:
Submit
<u>Click here to return to your home page.</u>

To disable a user's access, please contact EPK benefits at (425)641-7762 or e-mail at support@epkbenefits.com

Important Documents

This section includes several documents for your reference:

- <u>Terms & Conditions</u>- this section provides you an additional copy of the terms and conditions for use of EPK Benefits On-Line Portal. You were provided a copy of this document for your review and acknowledgement when you registered for access to the site.
- <u>Privacy Policy</u>- this section provides you an additional copy of the EPK's Privacy Policy. You were provided a copy of this document for your review when you registered for access to the site.
- <u>Administrative Information & Policy Document</u>- this section provides you with high level policy information regarding the administration of your MBA insurance coverage.

Help Section

Included in this section are electronic versions of the on-line user guide as well as the most current MBA Administration Manuals.