

Feeling Frustrated with Employee Benefit Administration ?

Problems for **Employers**

- Wear many “hats” during the day*
- Compliance issues*
- Managing multiple carrier forms & web sites*
- Communicating the Value of Benefits*
- Retaining Quality Employees*

Problems for **Employees**

- Lack clear understanding of Benefits*
- Don't appreciate Benefits & Costs*
- Limited Access to Plan Benefits*
- Remembering multiple Carrier & PPO web sites*

- Secure Web Core Benefits Communication
 - Company branded, bulletin board, welcome
 - Benefit summaries, Carrier contact info & links
 - Electronic pre-filled enrollment forms
 - Company documents
 - Life modeling tools, calculators
 - 4myLife and glossary
 - Real-time admin area, unlimited reporting
 - Cobra Administration

Benefit Plan Viewer



Communication



HR Tools



Productivity

Employee Login - Mozilla Firefox

File Edit View Go Bookmarks Tools Help

https://www.4mybenefits.com/emplogin.asp?

Benefit Plan Viewer

4myBenefits®

4myBenefits Login

Company ID:

First Name:

Last Name:

Password:

By clicking the "I Agree" button you agree to the following [terms of use](#).

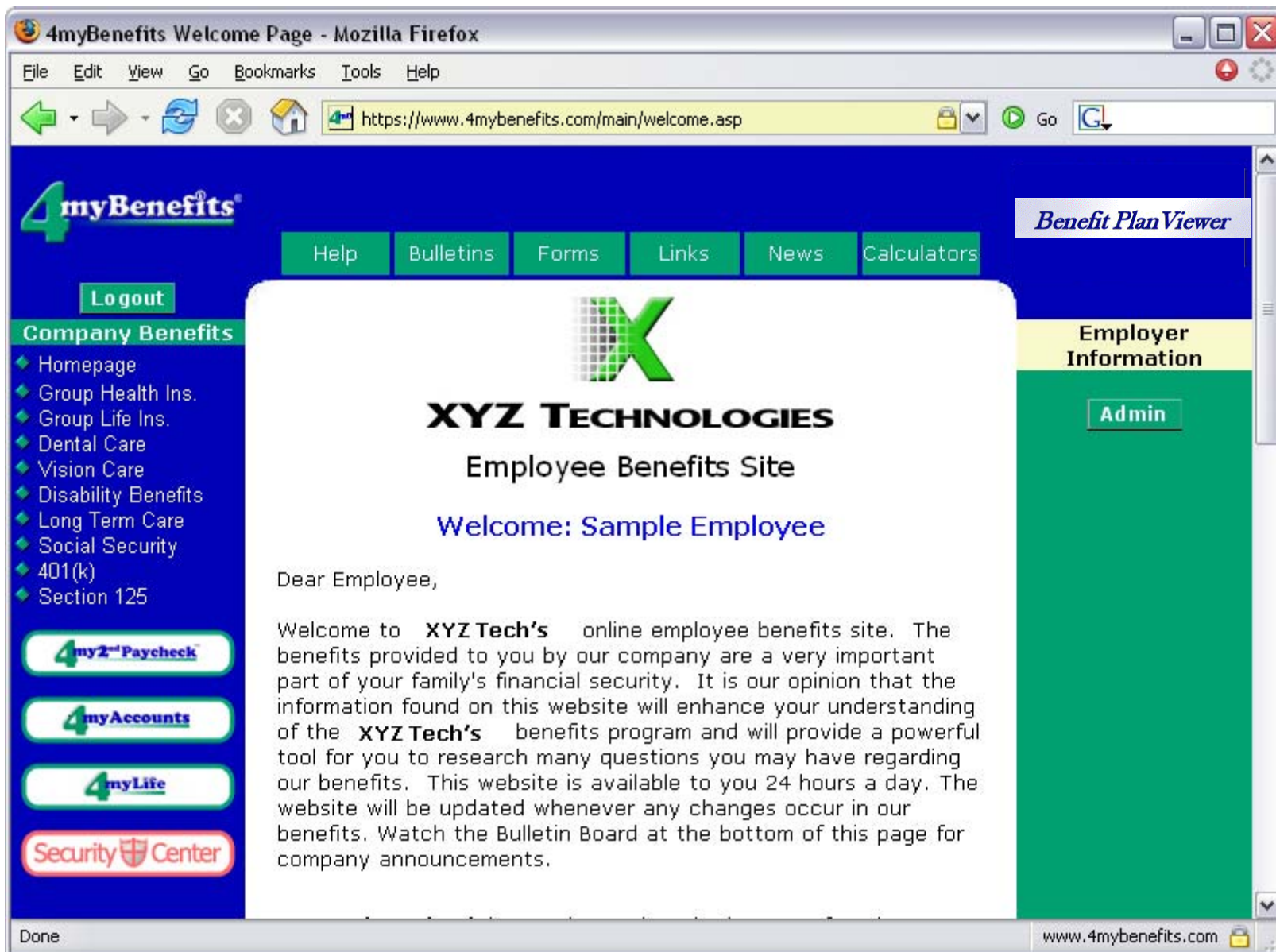
Enter Your Company ID

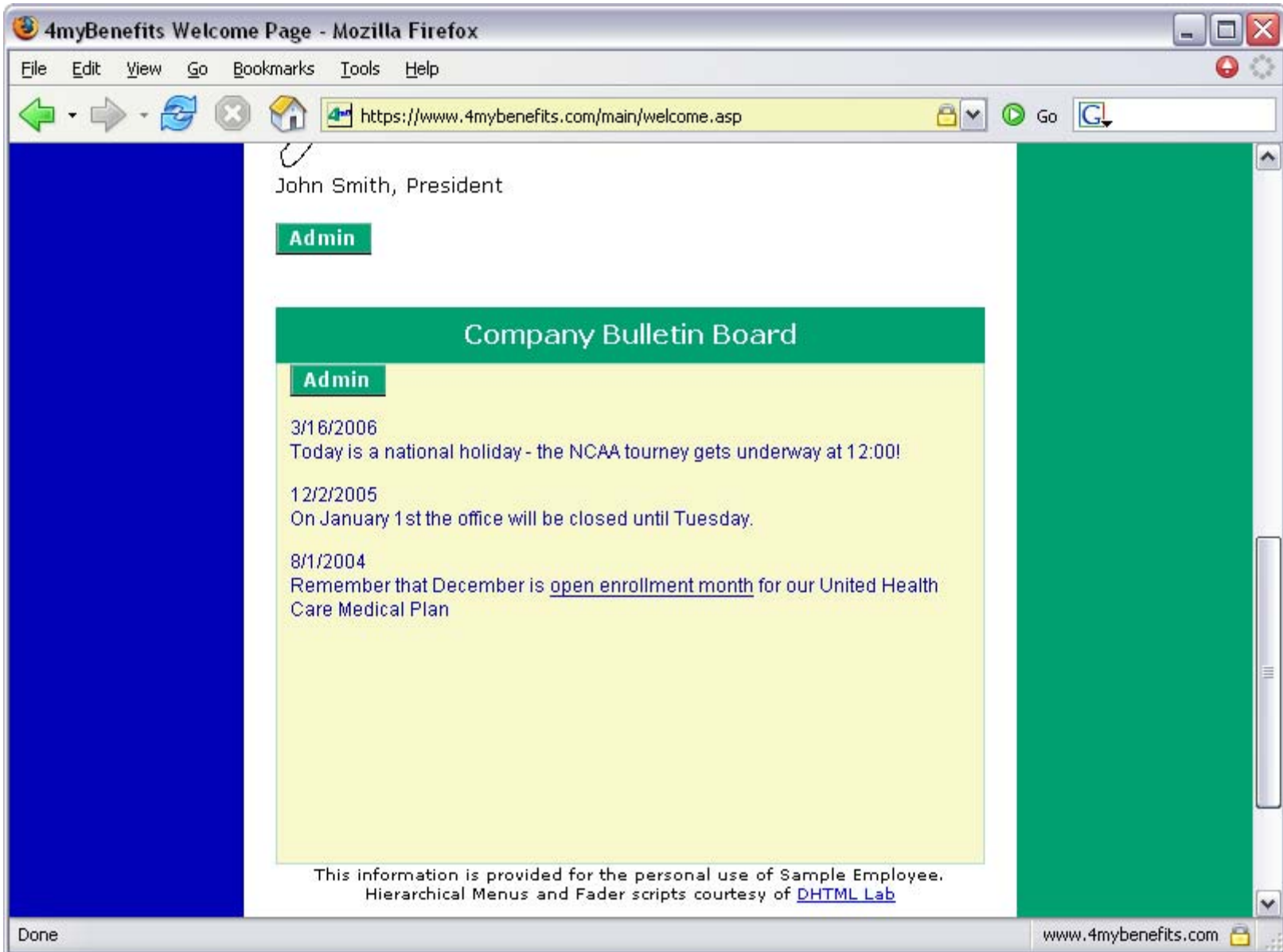
Your Company ID should have been supplied by your HR Administrator on the 4myBenefits tri-fold brochure.

Login Help & Tools

- [I forgot my password](#)

Done www.4mybenefits.com





4myBenefits Group Health Insurance - Mozilla Firefox

File Edit View Go Bookmarks Tools Help

http://www.4mybenefits.com/main/group_health.asp

Logout

Company Benefits

- ◆ Homepage
- ◆ Group Health Ins.
- ◆ Group Life Ins.
- ◆ Dental Care
- ◆ Vision Care
- ◆ Disability Benefits
- ◆ Long Term Care
- ◆ Social Security
- ◆ 401(k)
- ◆ Section 125

4my2nd Paycheck


4myAccounts

4myLife

Security Center

Send a message to your doctor

WebMD Physician Directory



XYZ TECHNOLOGIES

Group Health Insurance

Policy Number: G-12345 678

UnitedHealthcare administers our group medical plan. Please see the summary of benefits for the Group Health illustrated below. General information can be obtained at [UnitedHealthcare](#).

UnitedHealthcare provides a personalized site for your use. Click the link below to go to myUHC.com.

myuhc.com

Your cost per pay period for coverage is as follows:

Employee Costs per pay period	Group Health
Single	\$0.00
Employee & Spouse	\$33.43
Employee & Children	\$39.80
Family	\$50.81
Parts Express pays*	\$100.00 per month

Eligibility on the 1st of the month following 30 days of service

Health Care Provider Information

Admin

UnitedHealthcare

Provider Directory

Printable Forms

P O Box 659742
San Antonio, TX 78265

Claims C.S.:
(800) 231-2918

Main Address
9050 Centre Point Drive
Suite 400
West Chester, OH 45380

Done


4myBenefits Group Health Insurance - Mozilla Firefox

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http://www.4mybenefits.com/main/group_health.asp

UnitedHealthcare Group Health	In Network Benefits	Out of Network Benefits
Lifetime Maximum Benefits	Unlimited	\$1 million
Individual Deductible	NA	\$200
Family Deductible	NA	\$400
Coinsurance	none except as specified	20% except as specified
Out of Pocket Max.	\$500/person \$1000/family	\$1000/person \$2000/family
Office Visit	\$10 Copay	80% after deductible
Well Baby	\$10 Copay	80% after deductible (limited to \$500/child to age 4)
OB Exam	No Copay after initial visit	80% after deductible
Emergency Room	\$50 Copay	\$50 Copay
X-Ray & Lab	No Copay	80% after deductible
Inpatient Hospital	No Copay	80% after deductible
Outpatient Hospital	No Copay	80% after deductible

Benefit Plan Viewer

 **Service Request**

Mark Mousty
Benefits Corporation of Indiana
3131 East 67th Street
Anderson, IN 46013
phone (765) 643-7404

Done

4myBenefits Administration Tools - Mozilla Firefox


File Edit View Go Bookmarks Tools Help


https://www.4mybenefits.com/main/admin/adminLogin.asp






4myBenefits Administration Tools
Administration Homepage

<< back to 4myBenefits
<< back to Administration Homepage

[Administration Homepage](#)

 **Form / Document Upload**


 **Employee Reports**

-  **HR Resource Center**
-  **Change Content on the Site**
-  **Employee Administration**
-  **Frequently Asked Questions**
-  **Other 4myBenefits Services**

What's New ?

July, 2006
[Form Manager](#) - add and update documents and forms

Feb, 2006
Live Chat for Customer Support Added

[Click here for LIVE SUPPORT ONLINE](#) 

September, 2005
[Pre-Filled Form Packager](#)

July, 2005
[New Employee Reporting Tool](#)

June, 2005
[New Welcome Letter Update](#)
[New Bulletin Board Update](#)

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Detailed Employee Information

Personal Information

Last Name Thompson First Name Jack Middle Name
 Social Security # pex0010 Sex Male Birth Date 6 / 9 / 1957
 Family Status Family Password ***** Email Admin. Yes
 Occ. Hire Date ?? / ?? / ????

Other Information: (Edit) **Dependents:** (Edit)

Salary and Deductions (annualized)

Annual Salary 46000 Social Security 2852 Medicare 400
 Federal Unemployment 56 State Unemployment 135 Workers Compensation 12.36

Health	Dental	Vision	Life
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Choice of Plans Waive Coverage Coverage Option Family Benefit Costs Premium 439.55 per mo. Employee pays 55.65 per pay per.	Choice of Plans Waive Coverage Coverage Option Employee Only Benefit Costs Premium 14 per mo. Employee pays 6 per pay per.	Coverage Option Not Enrolled Benefit Costs Premium 0 per mo. Employee pays 0 per pay per.	Coverage Option Employee Benefit Costs Premium 15 per mo. Employee pays 0 per pay per.
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LTD	STD	LTC	Retirement Contribution
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Coverage Option Not Enrolled Benefit Costs Premium 12 per mo. Employee pays 0 per pay per.	Coverage Option Not Enrolled Benefit Costs Premium 14 per mo. Employee pays 0 per pay per.	Coverage Option Not Enrolled Benefit Costs Premium 0 per mo. Employee pays 0 per pay per.	Current Deferral employee % 0 employer % 0 Annualized Contribution Amounts Employer 2400 Employee 0
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Time Off Benefits

of Paid Holidays 7 # of Vacation Days 14 # of Sick Days 8 # of Personal Days 0

Extra 1	Extra 2	Extra 3	Extra 4

[Click to Print](#) 

[Click to Print](#) 

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Employee Data Administration - Mozilla Firefox

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https://www.4mybenefits.com/main/admin/datamanager.asp?templwassel

4myBenefits® Employee Data Manager << back to Administration Homepage

>> Choose Fields to Display >> Add Employee >> Export to Excel >> Archived Employees

Search by Lastname
 go hide

hire date: to birth date: to

status code:
 * choose a plan
 * any enrollment

employee type:
 termed?
 sample?

Reports (# = system report)
 save this report >>

- *choose a report to view
- # 2ndPaycheck Fields
- # Basic Census
- # Detailed Election Report
- # New Hires
- # Salary and Deductions
- # Sample Employee Accounts
- # Simple Election Report
- # Terminations

show
 20 per page

Click on ▲ or ▼ to sort by column in ascending or descending order.

▲ lastname ▼	▲ firstname ▼	▲ class ▼	▲ annsalary ▼	▲ health deduction ▼	▲ dental deduction ▼	▲ vision deduction ▼	▲ life deduction ▼
Stone	Meredith		\$28,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Thompson	Jack		\$46,000.00	\$55.65	\$6.00	\$0.00	\$0.00
Brown	Irena		\$40,000.00	\$50.81	\$0.00	\$0.00	\$0.00
Employee	New		\$39,900.00	\$0.00	\$0.00	\$0.00	\$0.00
Simpson	Anna		\$54,600.00	\$55.65	\$6.00	\$0.00	\$0.00
Smith	Kyle		\$20,000.00	\$0.00	\$0.00	\$0.00	\$0.00
Smythe	Jill		\$39,900.00	\$55.65	\$0.00	\$0.00	\$0.00

Done www.4mybenefits.com

4myBenefits Printable & Online Forms - Mozilla Firefox

File Edit View Go Bookmarks Tools Help

https://www.4mybenefits.com/main/eforms.asp

[All Forms](#) | [New Employee Forms](#) | [Blank Forms](#)

Health Care Forms

Group Health

-  [UnitedHealthcare Ohio Enrollment / Change Form \(50+ Lives\)](#)
Use this form to enroll in the plan or make a change as a result of a qualifying event
-  [UHC Summary Plan Description](#)
-  [UnitedHealthcare Dependent Child Questionnaire](#)
Use this form for children or dependents 19 years of age or older to show proof of dependency.

Life Insurance Forms

-  [Prudential Group Life Insurance Enrollment Form](#)
Use this form to enroll in the plan
-  [Prudential Life Summary Plan Description](#)

Dental Care Forms

Dental Guard II

-  [Guardian Dental Enrollment Form](#)
Use this form to enroll in the plan
-  [Dental Claim Form](#)
Use this form to make a dental insurance claim.
-  [Guardian Dental Summary Plan Description](#)
-  [Guardian Election of Continued Coverage \(COBRA\)](#)
Use this form to continue coverage for you, your spouse or your dependent child.

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File Edit View Go Bookmarks Tools Help

https://www.4mybenefits.com/main/oe/temp/2006072617074135500001.

121%

To speed enrollment process, please be thorough and fill out all sections that apply.

Enroll
 Cancel
 Change

Address Change
 Name Change
 Date of Change

A. Employee Information

First Name **Sample** M.I. Last Name **Employee** Social Security #/Employee ID # **pex04**

Street Address **100 Sunshine Ct.** Apt. # City **Cincinnati** County **Hamilton** State **OH** Zip **45242** Country **USA**

Home Phone **(555) 555-5555** Work Phone **(555) 555-5555** How many hours do you work per week? **40** E-mail Address Home Work

Marital Status Single Divorced Married Widowed Sex M F Birthdate **1/1/1965** Physician* Physician's ID No. Are you a current patient? Yes No

B. Family Information

Dependents to be enrolled, cancelled, changed: (Attach sheet if necessary)

Check appropriate box	Last Name	First Name	M.I.	Sex	Birthdate	Relationship**	Full-Time Student	Physician*	Are you a Current Patient?
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change							<input type="checkbox"/> Yes <input type="checkbox"/> No School Name:	Physician's ID Number	<input type="checkbox"/> YES <input type="checkbox"/> NO
	Dependent Social Security No.								
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change							<input type="checkbox"/> Yes <input type="checkbox"/> No School Name:		<input type="checkbox"/> YES <input type="checkbox"/> NO
	SS#								
<input type="checkbox"/> Enroll <input type="checkbox"/> Cancel <input type="checkbox"/> Change							<input type="checkbox"/> Yes <input type="checkbox"/> No School Name:		<input type="checkbox"/> YES <input type="checkbox"/> NO
	SS#								

*IMPORTANT: Please use the UnitedHealthcare directory of providers to choose a Primary Physician (Primary Care), for yourself and each of your covered dependents for UnitedHealthcare Select and Select Plus only. **For court ordered dependent, legal documentation must be attached. Please see employee

2 of 4 8.5 x 11 in

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