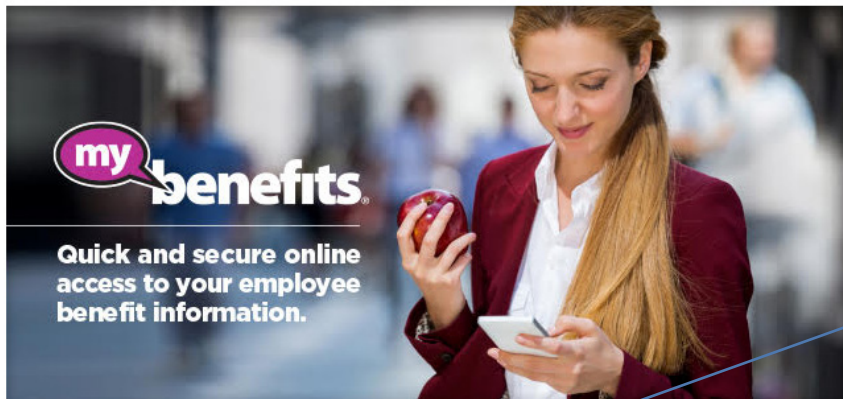


my **benefits**® Online Enrolment Applicant Guide





1. When your plan administrator has invited you to enrol for benefits, you will receive an email with the subject 'Your *my-benefits* online enrolment - Votre inscription au portail *mes-avantages*.' From that email, click the part that says **Click here** to continue to your enrolment.

As part of the change over to the TEST CHAMBER OF COMMERCE Group Insurance plan, all employees are required to complete an enrolment form. [Click here](#) to be taken to a sign up screen where you will be asked to create a unique User ID and password. After you complete this process, you will be provided a link to the *my-benefits* login page.

Once you are logged in, please complete Steps 1 and 3 of the Enrolment Form.

my benefits en français

Sign Up

NAME
FRANCES LITTLE

FIRM
F&J CHEETHAM WDSR LTD

If this is incorrect, please click here.

Please complete the following application to enroll for my-benefits. All the following information is required.

EMAIL ADDRESS *
frances@abc.com

CONFIRM EMAIL ADDRESS *
frances@abc.com

When your claim statements are ready, a notification will be sent to this address.

REQUESTED USER ID *
[Input field]

3 to 10 letters/numbers; must start with a letter; no special characters; no spaces.

PASSWORD *
[Input field]

CONFIRM PASSWORD *
[Input field]

New password must be 10-32 characters in length and must contain 1 capital (A-Z), and 1 lowercase (a-z). Special characters (e.g. /\$&@) and numbers (0-9) may be used, but are not required. Password must start with a letter and not a special character or number. Passwords may not contain any part of user ID, first/last name or email address.

VERIFY

Please press verify to ensure your desired User ID is available.

In order to provide you with the highest level of protection for your information, please enter 2 personal verification questions and answers below. These questions will be used to verify your identity should you forget your user ID and/or password.

Some recommended questions are:

Who was my grade 1 teacher?
What hospital was I born in?

Important: Please enter your questions and answers in English or French only so that we can verify your identity in the future.

QUESTION 1 *
[Input field]

ANSWER 1 *
[Input field]

QUESTION 2 *
[Input field]

ANSWER 2 *
[Input field]

By completing this application, you are agreeing to the [Terms and Conditions](#) of this website.

☐ I agree with the terms and conditions. *

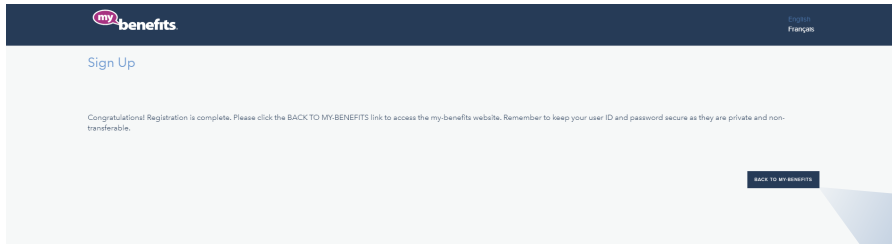
☐ I agree that the above email address can be used for private and confidential information and for all claims statements. *

SUBMIT * Required field **CANCEL**

[ABOUT MY-BENEFITS*](#) [CONTACT US](#) [PRIVACY POLICY](#) [SECURITY](#) [TERMS AND CONDITIONS](#)

2. **Sign Up for my-benefits.** Once your plan is effective, *my-benefits* is where you will see you coverage and usage, view your claims history, submit claims, and much more. It is also where you will complete your enrolment.

To set up an account, you are required to choose a User ID and enter a password. You also must provide some security questions in the event that you lose your password. Complete all required fields and then click **Submit**.



3. Once you've completed the Sign Up process, you will be prompted to return to the **my-benefits login** page to log in. Using the User ID and password you just created, sign in to *my-benefits*.

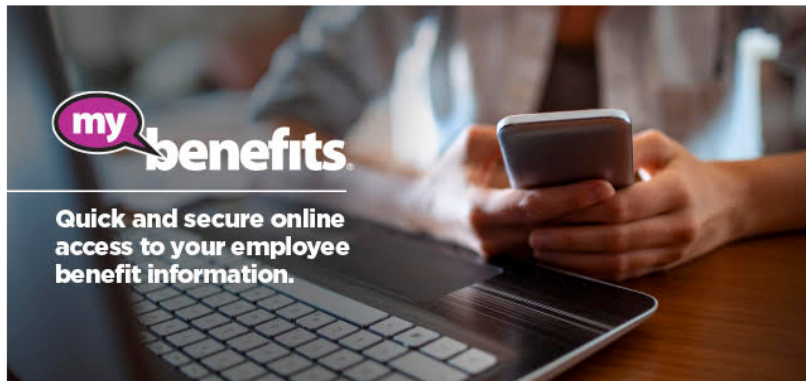
BACK TO MY-BENEFITS

4. Once you log in, you will be prompted to complete **Step 1** of the enrolment.

Fill out all required fields and then click **Step 3** to finish your part of the enrolment. Once you have completed **Step 1** and **Step 3** and both sections are blue and marked complete, click **Save & Come Back Later** to complete the process.

(Important) If you do not press this button, the information you have just entered will not be saved.

SAVE & COME BACK LATER



This email is intended for the member of the plan only, not for family members, plan administrators, or others.

As part of your enrolment in TEST CHAMBERS OF COMMERCE Group Insurance plan, employees are required to complete a Beneficiary Designation form. Click below to be taken to the form, where you will be asked to electronically sign the document. After you complete this process, you may print or save a copy for your records.

In the event of a Life claim where a valid Beneficiary form has not been received, designated proceeds would be payable to the "Estate". This may affect the length of time required for the settlement of a Life claim.

We will retain the electronic copy of the document for our records.

SIGN BENEFICIARY FORM

If you have any questions, or believe this was sent to you in error, please contact us:

Email: webmaster@johnstongroup.ca

Phone: 1-800-665-3365 Mon-Fri: 7:30am to 6:00pm Central Time Zone

Thank you,

5. After your plan administrator has submitted your application form, you will receive an email with the subject line 'Action Required: Your Beneficiary Designation eSignature Form - Action requise: Formulaire de signature électronique pour la désignation de votre bénéficiaire'. Click on the part that says **Sign Beneficiary Form**.

CONRAD DAVIS

Employee's Name (Please print)

SIGN

Employee's Signature

Date

6. The beneficiary that was listed on your application form will appear on the beneficiary form. **Please ensure the information is correct.**

Scroll down to and click on **Sign** to eSign the form.

CONRAD DAVIS

Employee's Name (Please print)

Signed by

CONRAD DAVIS

Employee's Signature

July 03, 2020

Date

7. Once the document has been eSigned, click **Confirm**.

Please confirm to complete signing

CONFIRM

Thank you CONRAD DAVIS

Signing complete! You may now view or download your signed documents.

DOWNLOAD DOCUMENTS (2)

REVIEW DOCUMENTS

Done! You can review and download a copy of the documents for your records.

Thank you! Be sure to save your *my-benefits* login because once your plan is active, *my-benefits* is where you will go to manage your benefits plan and submit claims. Be sure to download the *my-benefits* app to your mobile device for an even better experience.

Need to know more? Click on the Help Centre icon to find contact information and frequently asked questions.



my-benefits English Français ? ? ?

Online Enrolment **FRANCES LITTLE** PROGRESS

STEP 1	Employee Profile	✓ COMPLETE
STEP 2	Employment	INCOMPLETE - VIEW
STEP 3	Benefit Coverage	✓ COMPLETE

SAVE & COME BACK LATER SUBMIT

