

NBS Web Portal



How do I enroll in my benefits online?

Registering and enrolling online is easy. Just follow the instructions below.

1 Get to the website

- ▶ Using your Internet browser, navigate to: <http://my.nbsbenefits.com>
- ▶ Click "Enroll Here" in the quick links at the bottom of the home page. (Highlighted in red below.)



855-399-3035
service@nbsbenefits.com



Welcome to our new portal. To use the legacy portal, [click here](#).
The legacy portal will be retired on October 28th.

If you have an existing username and password, click "Sign In" - there is no need to register again. If you have never registered, click "Register."



QuickLinks

 Which Plan is Right for Me?	 Documents & Forms	 Frequently Asked Questions
 Short Term Savings	 Calculate your Tax Savings	 Enroll Here



TRY OUR
MOBILE APP



2 Enter Enrollment ID and Participant ID

- ▶ Employer/Enrollment ID: This will be **NBS** followed by a six-digit code you can get from your HR department.
- ▶ Employee ID/Participant ID: Use your **social security number**
- ▶ Enter your **Last Name**
- ▶ Enter the text shown on the screen for verification
- ▶ Click "Submit"

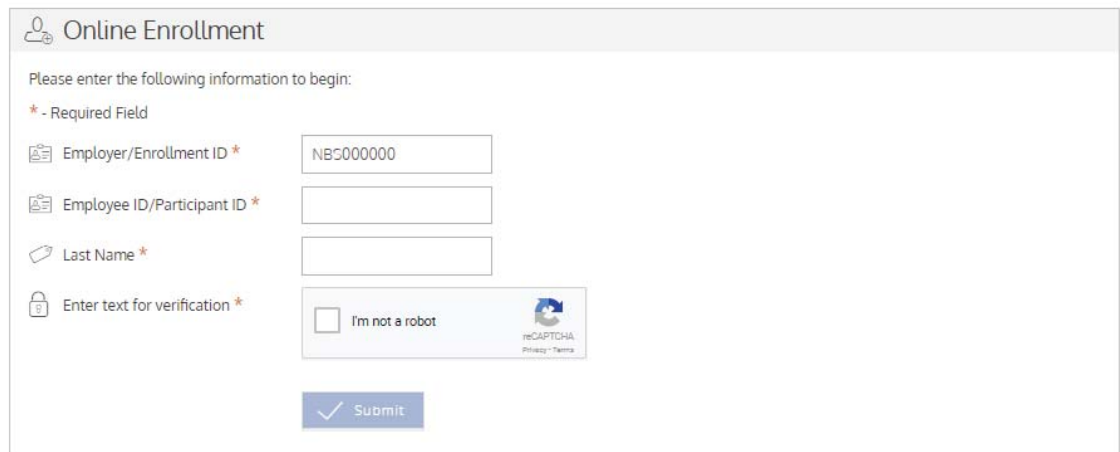


Online Enrollment

Please enter the following information to begin:

* - Required Field

Employer/Enrollment ID *



Online Enrollment

Please enter the following information to begin:


* - Required Field

Employer/Enrollment ID * NBS000000

Employee ID/Participant ID *

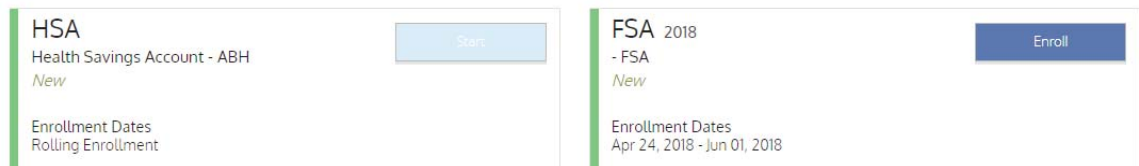
Last Name *

Enter text for verification *

 I'm not a robot 

3 Select your benefits

- ▶ Select the account in which you would like to enroll by clicking "Enroll" or Start."



<p>HSA Health Savings Account - ABH <i>New</i></p> <p>Enrollment Dates Rolling Enrollment</p> <input type="button" value="Start"/>	<p>FSA 2018 - FSA <i>New</i></p> <p>Enrollment Dates Apr 24, 2018 - Jun 01, 2018</p> <input type="button" value="Enroll"/>
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4 Enter demographic and election information

- ▶ Enter your demographic information then click "Next" (Sections marked with an (*) are required fields)

FSA Online Enrollment

STEP 1 STEP 2 STEP 3

Please verify/update your demographic information. You are also able to add or update your dependent information by clicking "Add Dependents".

Here is a Checklist of all information you should have on-hand:

1. Your address as well as your dependent's address
2. Your contribution or Annual Election Amount
3. If you are applying for an HSA, you need the following additional information:
 - a. Driver's License Number
 - b. Mother's Maiden Name
 - c. Citizenship Status
 - d. Beneficiary Name, Address, and Social Security Number

****Your demographic information will be updated at the end of the open enrollment period.**

General Info

First Name *	<input type="text"/>	Gender	<input type="text" value="Select"/>
Last Name *	<input type="text"/>	Phone	<input type="text"/>
Date of Birth *	<input type="text"/>		
SSN *	<input type="text"/>		
Driver License Number	<input type="text"/>		

Address

Home Address (Not PO Box) *	Mailing Address *
	Same as home address <input checked="" type="checkbox"/>
Address 1 *	<input type="text"/>
Address 2	<input type="text"/>
City *	<input type="text"/>
State *	<input type="text" value="Select state"/>
ZIP *	<input type="text"/>
Country *	<input type="text" value="Select country"/>

Next Save For Later Cancel

4 Enter demographic and election information

- ▶ Enter your demographic information and dependent information then click "Next" (Sections marked with an (*) are required fields)
- ▶ Enter your election amount in the "Annual Election" field, check that you agree to the terms and click "Next"

Account Details			
Plan ID	FSA		
Plan Description			
Plan Start Date	07/01/2018		
Plan End Date	06/30/2019		
Election	Per Period Contribution	x Remaining Contributions	= Annual Election *
	41.67	x 24	1000.00
* Annual election can be from \$0.00 - \$2,650.00			

You may not participate in a Flexible Spending Account if you are opening a Health Savings Account.

Once your open enrollment period has ended, your Flexible Spending Account election is set for the entirety of the plan year and cannot be changed unless you or your dependent experiences a qualifying life event (birth, adoption, death, marriage, divorce, etc.). By clicking "I agree to the preceding terms" you hereby authorize the transfer of all information entered herein through National Benefit Services to Allegeus Technologies, grant administrative access of all entered information to Allegeus, agree to the payroll deductions necessary to fund your benefit, and accept all terms and conditions regarding this benefit as dictated in the cafeteria plan document.

I agree to the preceding terms.

- ▶ After you have completed the election and reviewed your information for accuracy, accept the participation agreement and click Next
- ▶ The next screen is a summary of your personal information and any dependents. To continue, accept the agreement and click Submit
- ▶ Lastly, click Done and you will be redirected to the enrollment list page
- ▶ Congratulations! You have completed your enrollment

**If you have questions,
please call
(800) 274-0503**