



Retirement Insurance Fund

DEAR RETIREE:

The Palm Beach County Firefighters' Retiree Insurance Fund has partnered with Anchor Benefit Consulting, a third party administrator, to offer online tools, benefit card services and handling of affidavits for continued eligibility for your organization's retiree plan. Upon receipt of the requested information, Anchor Benefit will review the information provided. Thereafter, a benefit card will be mailed to the address provided on the information received. If you already have a benefit card then the 2020 benefit amount will be added to the unused 2019 benefit amount, if any.

As defined in the insurance fund's plan document, the retiree plan provides reimbursement for health insurance premiums or other qualified benefits permitted under section 501(c)(9) of the Internal Revenue Code. Benefit amounts are determined based on factors outlined in the plan document such as years of service and type of retirement.

Enclosed you will find an affidavit for continued eligibility, reimbursement form, retiree information sheet, instructions for submission and a guide to register and navigate the Anchor member benefits portal as well as a secure upload guide.

***You must return the notarized affidavit for continued eligibility, proof of insurance and retiree information sheet to Anchor Benefit before a benefit card can be issued or reloaded. ***

Your entire benefit amount will be loaded on the benefit card. If you incur a qualified medical expense that cannot be substantiated via the benefit card, you can submit for reimbursement using the reimbursement form enclosed. Reimbursements are issued on a quarterly basis.

Benefit Portal Registration:

Upon receipt of this notice, we encourage you to visit www.anchorbenefit.com and register via the Employer/Member Benefits portal to establish login credentials. Note, if you are a new retiree and/or we have not received your information previously, you will not be able to register on the Anchor site.

Instructions on how to register and navigate the benefit portal are enclosed.

If you have any questions, please do not hesitate to contact us.



Anchor Benefit
Consulting, Inc.

Mailing Address:
P.O. Box 945260
Maitland, FL 32794

Phone: 800-845-7629
Fax: 407-667-8765

Hours of Operation:
8:00 a.m.—5:00 p.m., EST
Monday—Friday

Palm Beach County Firefighters' Retirement Insurance Fund – RETIREE INFORMATION

Mail or Fax Completed Form to:

Anchor Benefit Consulting, Inc. | PO Box 945260 | Maitland, FL 32794 | Phone: 1-800-845-7629 | Fax: (407) 667-8765 |

RETIREE PERSONAL INFORMATION

_____ Last Name	_____ MI	_____ First Name	_____ Gender	_____ Social Security Number
_____/_____/_____ Date of Birth (mm/dd/yyyy)	(_____)_____ Area Code and Phone Number			
_____ Mailing Address	<input type="checkbox"/> Check here if new address		_____ City	_____ State
_____ Zip Code				
_____ E-mail Address				
<input type="checkbox"/> Check here if new e-mail address				

ELIGIBLE DEPENDENT INFORMATION

1.	_____ Last Name	_____ MI	_____ First Name	_____ Gender
	_____ Social Security Number	_____/_____/_____ Date of Birth (mm/dd/yyyy)		_____ Relationship to Retiree
2.	_____ Last Name	_____ MI	_____ First Name	_____ Gender
	_____ Social Security Number	_____/_____/_____ Date of Birth (mm/dd/yyyy)		_____ Relationship to Retiree
3.	_____ Last Name	_____ MI	_____ First Name	_____ Gender
	_____ Social Security Number	_____/_____/_____ Date of Birth (mm/dd/yyyy)		_____ Relationship to Retiree
4.	_____ Last Name	_____ MI	_____ First Name	_____ Gender
	_____ Social Security Number	_____/_____/_____ Date of Birth (mm/dd/yyyy)		_____ Relationship to Retiree

Palm Beach County Firefighters' Retirement Insurance Fund – RETIREE INFORMATION

Mail or Fax Completed Form to:

Anchor Benefit Consulting, Inc. | PO Box 945260 | Maitland, FL 32794 | Phone: 1-800-845-7629 | Fax: (407) 667-8765 |

RETIREE PERSONAL INFORMATION

_____ Last Name	_____ MI	_____ First Name	_____ Gender	_____ Social Security Number
____/____/____ Date of Birth (mm/dd/yyyy)	(____) Area Code and Phone Number			
_____ Mailing Address <input type="checkbox"/> Check here if new address		_____ City	_____ State	_____ Zip Code
_____ E-mail Address <input type="checkbox"/> Check here if new e-mail address				

ELIGIBLE DEPENDENT INFORMATION

1.	_____ Last Name	_____ MI	_____ First Name	_____ Gender
	_____ Social Security Number	____/____/____ Date of Birth (mm/dd/yyyy)		_____ Relationship to Retiree
2.	_____ Last Name	_____ MI	_____ First Name	_____ Gender
	_____ Social Security Number	____/____/____ Date of Birth (mm/dd/yyyy)		_____ Relationship to Retiree
3.	_____ Last Name	_____ MI	_____ First Name	_____ Gender
	_____ Social Security Number	____/____/____ Date of Birth (mm/dd/yyyy)		_____ Relationship to Retiree
4.	_____ Last Name	_____ MI	_____ First Name	_____ Gender
	_____ Social Security Number	____/____/____ Date of Birth (mm/dd/yyyy)		_____ Relationship to Retiree

Palm Beach County Firefighters' Retirement Insurance Fund-2020 Affidavit of Continued Eligibility

Mail/Secure Upload completed form to:

Anchor Benefit Consulting, Inc. | PO Box 945260 | Maitland, FL 32794 | Phone: 1-800-845-7629 | Upload: <http://www.anchorbenefit.com/secure-file-upload.html>

AFFIDAVIT OF CONTINUED ELIGIBILITY

This affidavit is executed this _____ day of _____, 20____ by _____ Retiree Name

confirming that I have health insurance coverage with the following company.

HEALTH INSURANCE INFORMATION

Name of Health Insurance Company

Area Code and Phone Number of Insurance Company

Mailing Address

City

State

Zip Code

Insurance Policy Number

Insurance Group Number

IMPORTANT: I have attached a copy of my current health insurance card and had this form notarized. This benefit must be used for the purchase of health insurance or other qualified medical expenses.

Signature of Retiree

ACKNOWLEDGEMENT

State of _____, County of _____.

Before me, _____, personally appeared, known to me, or proved to me through description of an
Retiree Name
identification card or other document, to be the person whose name is shown on this form and acknowledged to me that he/she executed the
same for the purposes and consideration therein expressed. Type of identification produced _____.

Given under my hand and seal of office this _____ day of 20_____.

Notary Public's Signature

Notary's Seal Stamp

Palm Beach County Firefighters' Retirement Insurance Fund—Instructions

Instructions for Submitting Information

Anchor Benefit Consulting, Inc., a third-party administrator, will be mailing out requests for verification of continued eligibility. Your verification of continued eligibility packet consists of the affidavit of continued eligibility, retiree information form, beneficiary form, reimbursement claim form, and instructions on how to navigate the Anchor Benefit portal. **You must complete and return the signed and notarized affidavit, retiree information sheet and proof of health insurance.** Upon receipt of this information, Anchor Benefit will review the information submitted and issue a Debit MasterCard with the appropriate benefit amount loaded. If you already have a card that is not expiring, a new card will be sent to you.

To expedite the processing of your continued eligibility:

1. **Submit your signed and notarized affidavit, retiree information form, beneficiary form and proof of health insurance via mail or secure document upload (See Secure Document Upload Guide).**
2. If you **fax** your documentation, check the fax machine's confirmation report to confirm the transmission was successful.
3. **Ensure each section of the affidavit and retiree information form has been completed correctly and completely.** Missing information may delay the processing of your information and could result in the delay of the benefit card issuance.
4. **The Benefit Fund for 2020 will issue your entire benefit amount in the form of a benefit card.** The 2020 benefit amount will be added to any previous unused benefit amount balance. If you are a new retiree, a benefit card will be issued in the retiree's name. Benefit cards will be sent to the last known address as provided on the retiree information form. If a benefit card is returned because of a failure to provide an updated address to the Fund, no further attempts to mail the benefits card will be made until the covered person provides written notice of the change of address to the Plan Administrator or to Anchor Benefit Consulting, Inc.

All forms and documentation may be mailed to Anchor Benefit Consulting, Inc. at the following address:

Claims Department
P.O. Box 945260
Maitland, FL 32794
OR
Faxed to: 407-667-8765

Benefits Debit MasterCard

The Benefits Debit MasterCard gives you easy access to the funds in your benefit account. The Benefit Debit MasterCard may be used for health insurance premiums and qualified medical expenses such as, deductibles, co-payments, coinsurance, prescription drugs and other medical services such as inpatient/outpatient services, office visits, and durable medical equipment.

In most ways, your card works just like any debit card. There are three important differences:

1. First, its use is limited to specific merchants based on the benefit account, and to expenses deemed eligible by the Plan;
2. Second, you cannot use it at an ATM, or to obtain "cash back" when making a purchase; and
3. Third, you are not given a PIN with this card. Should a merchant or provider ask you for a PIN, just explain that this particular card does not have one. When given the option between debit and credit at the terminal, choose "CREDIT".

You can use your Benefit Debit MasterCard at certain healthcare and non-healthcare merchants. A healthcare merchant includes medical providers such as doctors, dentists, vision care facilities, and other locations that sell only medical services/products. A non-healthcare merchant is any retailer who may carry healthcare products along with other product lines. Examples of non-healthcare merchants include: grocery stores, mass merchandisers, and pharmacy stores.

Your Benefit Debit MasterCard is designed to work at both healthcare and non-healthcare merchants who have a healthcare inventory approval system in place (IIAS) that allows them to determine if purchased items are eligible at the point of sale. Since this inventory system will only allow you to purchase eligible items with your card, you will not need to provide receipts or other documentation to substantiate the eligibility for purchases. If, however, your card does not work or does not authorize your full transaction, it's probably because some or all of your items are ineligible. You can have the merchant try ringing up the eligible items separately, or you may need to provide receipts or other documentation before reimbursement is received. (See Item (2) under Instructions for Submitting Claims on Qualified Medical Expenses.) Your Benefits Debit MasterCard is valid for up to three years from the date of issue. Be sure to retain your card since it will be reloaded each year with your entire benefit balance, along with any rollover funds from the prior benefit year. Anchor Benefit will automatically mail out a new benefit card prior to its expiration date. Typically, within thirty (30) days prior to its expiration. Any funds you had on the old card will automatically transfer to the new benefit card.

Palm Beach County Firefighters' Retirement Insurance Fund—Instructions

Additional Benefit Cards: A Benefit Debit MasterCard is issued to retirees at no cost. **However, if you lose your card, request a replacement card, or wish to request an additional card for a spouse or eligible dependent, there is a fee of \$5.00 per card.** If you lose or misplace your benefit card, please contact Anchor Benefit immediately to ensure the card is deactivated. The \$5.00 fee for additional cards or lost/replacement cards would be deducted from your benefit amount.

IMPORTANT NOTICE REGARDING OVER-THE-COUNTER (OTC) DRUGS AND MEDICINES: To be eligible for reimbursement, federal healthcare reform requires that OTC medicines and drugs (except insulin) purchased must be prescribed by a medical professional or accompanied by a note from a medical practitioner recommending the item to treat a specific medical condition. Thus, OTC medicines and drugs such as aspirin, antihistamines, and cough syrup must be prescribed. The prescription requirement applies only to medicines and drugs, not to other types of OTC items such as bandages and crutches.

Group Term Life Beneficiary Information

Don't forget to keep your beneficiary information up to date. If a designated beneficiary is removed from your health plan, do not forget to notify the benefit fund office. If you need to change your designated beneficiary, a copy of the beneficiary form is included in this packet or you can contact Rick Rhodes in the benefit fund office at (561)-969-6663 for additional information.

Permissible Benefits

An eligible expense is defined as medical care expenses as described in Section 213 (d) of the Internal Revenue Code. You can also refer to IRS Publication 502, titled, "Medical and Dental Expenses" for more detailed information. Some examples include, but are not limited to, ambulance, contraceptives, lab and diagnostic tests, chiropractor, prescription drugs, eyeglasses, hearing aids, outpatient care, surgery, office visits, etc.

Instructions for Submitting Claims on Qualified Medical Expenses

Certain transactions may not be approved or substantiated when using your benefits card due to any number of reasons. Some of these reasons have been discussed under the section titled "Benefits Debit MasterCard." If this should occur, you may submit for reimbursement of qualified medical expenses and health insurance premiums using a qualified benefit reimbursement form. A copy of this reimbursement form can be found in your benefit packet as well as on the Anchor Benefit portal and the retiree insurance fund website at www.pbcretiree.com.

To expedite your claim:

1. **For qualified insurance premium reimbursement, you must attach documentation which includes the following:** (1) a copy of your health insurance card; (2) insurance policy period; (3) name(s) of covered person(s), (4) type of coverage, and (5) insurance provider name and address. This information is typically contained on your premium billing notice. If you are enrolled in Medicare then we need a copy of the letter sent by Medicare showing your annual premium.
2. **For qualified medical expenses or services, only if necessary, you must attach a copy of the itemized verification for each qualified medical expense or service not successfully approved by the Benefits Debit MasterCard, if provided.** Generally, verification should contain (1) patient (covered individual) name; (2) date item was purchased or service was provided; (3) description of expense or service; and (4) out-of-pocket amount. Acceptable forms of verification include (1) an explanation of benefits (EOB); (2) an itemized billing or statement from your provider; or (3) a detailed receipt for prescription or over-the-counter (OTC) medications. Cancelled checks, credit card or debit card receipts, balance forward or payment on account statements, and documentation which indicates that final insurance payment has not yet been determined are not acceptable. **NOTE: Please do not use a highlighter** on your expense receipts. If you want to identify certain items on your receipts, circle the items with a regular pen instead. Highlighting often appears illegible on faxes and electronic imaging equipment used to process your claim.

REIMBURSEMENT OF QUALIFIED MEDICAL EXPENSES: Reimbursement for qualified medical expenses will take place on a quarterly basis. Retirees can submit a qualified benefit reimbursement form throughout the calendar year and eligible expenses are reimbursed no later than March 31, June 30, September 30 and December 30 of each year.

Questions? Contact the third-party administrator, Anchor Benefit Consulting, Inc., at 1-800-845-7629.

Palm Beach County Firefighters' Retirement Insurance Fund—Instructions

Communications from Anchor Benefit Consulting, Inc.

Anchor Benefit Consulting, Inc. provides several forms of participant communication during the claims process. For example:

1. Anchor Benefit Consulting will send the annual affidavit of continued eligibility and reimbursement forms along with instructions each year for submission.
2. Upon receipt of the above-mentioned forms and necessary documentation, Anchor Benefit Consulting will send you a benefit card with your eligible amount loaded on the card. If you already have a benefit card then the new benefit amount will be added to the unused balance for the prior year, if any.
3. If Anchor Benefit is missing information, unable to substantiate or verify a claim for benefits, the claims department will send you a request for more information along with a reimbursement claim form for you to complete.

Questions? Contact the third-party administrator, Anchor Benefit Consulting, Inc., at **1-800-845-7629**.

RELIANCE STANDARD

Life Insurance Company

a DELTA company

Designation of Beneficiary

Policyholder	PALM BEACH COUNTY FIREFIGHTERS' EMPLOYEE BENEFITS FUND	Policy Number(s)	GL 160157 (BASIC)
Insured Name	Social Security Number		

I hereby designate the following as my beneficiary (ies) under the above policy number(s):

Primary Beneficiary(ies)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

* If no percentages are indicated, benefits will be divided equally between all primary beneficiaries.

Contingent Beneficiary(ies) (applicable only if you are not survived by one or more primary beneficiaries)

Full Name and Address (Please Print)	Percentage* (Must total 100%)	Date of Birth	Relationship	Social Security Number

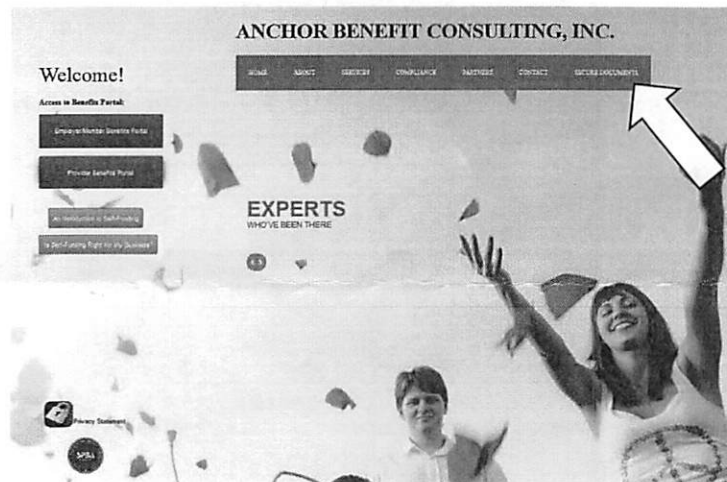
* If no percentages are indicated, any benefits payable to contingent beneficiaries will be divided equally between all contingent beneficiaries.

- ☐ This beneficiary designation revokes all revocable prior beneficiary designations.
- ☐ Unless you indicate otherwise, if any beneficiary predeceases you, that beneficiary's share will be divided pro-rata among the surviving beneficiaries of the same class (primary or contingent).
- ☐ If no beneficiary (primary or contingent) survives you, payment will be made pursuant to the terms of the applicable policy.

Date	Signature of Insured
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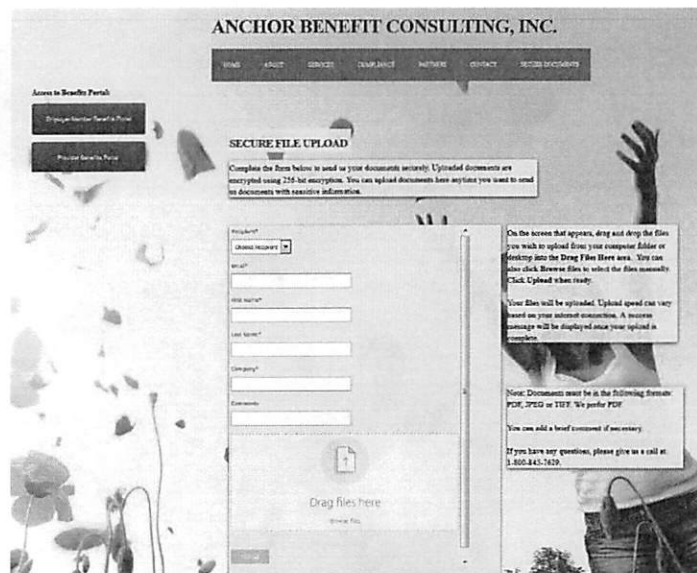
Secure Document Upload Instructions

Your privacy is important to us! To ensure the documents you send us are not compromised, we offer a secure document upload on our website for encrypted transmission of any sensitive information you submit to us (e.g., social security number, financial information).



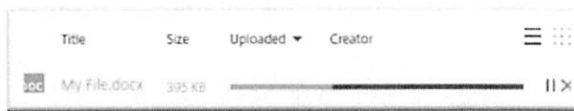
To send us documents securely, please visit www.anchorbenefit.com and click on “**SECURE DOCUMENTS**” as shown to the left.

Once you click on secure documents, the page shown below will appear.



- 1 First choose a recipient from the drop-down box. Choose “**Claims, Anchor**” to ensure the claims department receives your paperwork for processing.
- 2 Enter your name and for the company, please enter “**Palm Beach County**” so we can identify the appropriate retiree benefit fund.
- 3 You can also add a brief message under comments if you feel it is necessary, but it is not required. Then drag and drop the files you wish to upload from your computer folder or desktop to the box on the screen or click **Browse** files to select them manually. When you have placed all files you wish to upload in the box, click **Upload**.

Your files will be uploaded. Upload speed can vary based on your internet connection.



A success message will be displayed towards the top of the form once your upload is complete.

✓ File(s) uploaded successfully.

If you have any questions, please give us a call at 1-800-845-7629.

SUBMIT COMPLETED CLAIM FORM TO:Claims Department via the secure document upload at www.anchorbenefit.com or

Fax: (407) 667-8765

QUALIFIED BENEFIT REIMBURSEMENT CLAIM FORM**PALM BEACH COUNTY FIREFIGHTERS' RETIREE INFORMATION**

Name (Last, First, MI)

Social Security Number

Street Address

Email Address

City, State, Zip Code

Phone Number

REIMBURSEMENT REQUEST FOR QUALIFIED OUT-OF-POCKET EXPENSES

REMINDER: You must include proof of each expense (e.g. Explanation of Benefits, detailed receipts, etc.) Claims for retiree-paid premiums deducted after-tax require a letter from the employer confirming that no pre-tax option exists. Premiums paid by an employer or deducted pre-tax through a section 125 plan are not eligible for reimbursement.

Date of Service	Service Provider or Item Purchased From (e.g. Dr. Smith, Hospital, Pharmacy, etc.)	Description of Service/Item (e.g. office visit, Hospital Care, Dental, Prescription, etc.)	Name of Qualified Individual for Whom the Expense is Incurred/Relationship	Amount You Paid
				\$
				\$
				\$
				\$
				\$

Have more expenses? Include an itemized list on a separate sheet of paper. If you want to note certain items on receipts, circle them. Do not use a highlighter. Keep copies of everything you submit.

Total Reimbursement Request

\$

CERTIFICATION (Signature is Required)

I hereby certify that (1) the information provided in this claim request is true and correct; (2) the amount of the submitted claim to Anchor Benefit Consulting is an accurate statement of my (a) unreimbursed medical/dental/vision expenses after payment by insurance (if any) and/or; (b) medical/dental/vision tax-qualified long-term care insurance premiums; and (3) the submitted claim is not reimbursable from any other source. With respect to claims submitted on behalf of qualified dependents, I hereby certify that such person meets the Plan requirements and is a qualified dependent as defined under the terms of the Plan. With respect to claims for qualified insurance premiums, I hereby certify that such premiums have not been paid by an employer, and are not eligible for pre-tax deduction through my employer's section 125 cafeteria plan.

Signature: _____

Date: _____

Secure File Upload: via <http://www.anchorbenefit.com/secure-file-upload.html>

Mail to: P.O. Box 945260, Maitland, FL 32794

www.anchorbenefit.com

For questions, please call customer service at 1-(800)-845-7629 or (407)-667-8766.



Anchor & Benefit

Consulting, Inc.

Member Benefits Web Portal

NOTE: This tool is designed to work best with the Internet Explorer browser . We do not recommend using any other browser for this site as it may not give you access to all of the menus and options. *Note, until Anchor Benefit receives your application, you may not be able to register on the benefits portal.*

Registration and Login

To register, please visit www.anchorbenefit.com and click on the link for [Employer/Member Benefits Portal](#) to be redirected to the login page. Everyone who accesses the benefits web portal must first have a user account set up. Use the New User Registration link in the upper left hand corner of the login screen or the First Time User? Register option to begin the short registration process.

If a user forgets their password, they can click the Forgot Your Password? link on the main page. A new password will be sent to the email address provided by the user during registration. They can then log in using the new password and go to the Change Password option in the My Account menu to change it to something secure. If you encounter any issues while registering, please contact us at 1-800-845-7629 or via email at support@anchorbenefit.com.

The screenshot shows the login page for Anchor & Benefit Consulting, Inc. The page has a header with the company name and logo. Below the header, there is a navigation bar with a "New User Registration" link on the left and a "Login" link on the right. The main content area contains a "Returning Users Log In" section with fields for "User Name" and "Password". Below these fields, there is a note: "(Password minimum length 8, with at least 1 letter, 1 number and 1 of the following !@#\$%^&*())". A "Log In" button is located below the password field. Below the login section, there is a "First Time User? Register" button. At the bottom of the page, there is a "Forgot Your Password?" link and a small globe icon with a computer mouse.

A user's password must be a minimum of 8 characters in length, with at least one character being a letter, a number, and one of the following: !@#\$%^&*()

Select the type of user you are registering for and click Next.

User Roles

Employee/Insured: Automatically approved if identifying information matches our database.

Dependent: Automatically approved if identifying information matches our database. A dependent cannot view the employee's information.

Select the type of user you are registering with and begin filling out the rest of the form. When an employee or dependent registers as a member, the system will attempt to identify the record in our database. If a match can be made, the member will be automatically approved and may begin using the benefits web portal immediately. If a match is not made, the member will be notified and will need to contact us for further assistance. All other users such as, Employers and Agents must be authenticated by an administrative user. Depending on the type of user you registered as, the form will request different identifying information. For security reasons, the user's password and security question/answer will be encrypted and will not be available to any type of user.

The screenshot shows the 'New User Registration' page for Anchor & Benefit Consulting, Inc. The page has a header with the company name and logo. Below the header, there is a navigation bar with 'New User Registration' and 'Login' links. The main content area is titled 'Sign Up for Your New Account' and features a dropdown menu labeled 'I am a/an:' with the following options: 'Not Selected', 'Not Selected', 'Employee/Insured', 'Dependent', 'Provider', 'Administrative User', 'Employer', and 'Agent/Broker'. A 'Next' button is located below the dropdown menu. In the bottom right corner, there is a logo for 'Powered by: WLT'.

Anchor & Benefit
Consulting, Inc.

New User Registration > New User Registration
Login

Sign Up for Your New Account

I am a/an: Not Selected
Not Selected
Employee/Insured
Dependent
Provider
Administrative User
Employer
Agent/Broker

Next

Powered by: WLT

Welcome Screen

Anchor Benefit

Consulting, Inc.

You are logged in as johndoe1* 11/9/2017 1:33 PM [Logout](#)

[Chat](#) [Contact Us](#) [Profile](#) [Home](#)

[Claims](#) [Deductibles](#) [Eligibility](#) [View/Print an ID Card](#) [FSA/HRA](#) [Status Change](#) [Documents](#) [Enrollment](#) [FAQ](#)

Welcome!

This site is your access to your real-time health benefits and claims information 24 hours a day, 7 days a week. In order to achieve certain enhancements to this site, the benefit portal may not work with older browsers. For the best results, we recommend using the latest versions of Microsoft Edge, Google Chrome, Safari or Internet Explorer. Please update your browser regularly to ensure you don't have issues accessing this site. If you should have any questions, please do not hesitate to give us a call at 1-800-845-7629 or email us at support@anchorbenefit.com.

1 2 3 4 [Next](#)

Your Most Recent Claims

[Get More Claims](#)

Your Dependents

	First	Mi	Last	Birth Dt.	Age	Relation	Status
Select	JANE		DOE	02/05/1970	47	SPOUSE	TERMED
Select	SUE		DOE	04/01/1994	23	Child	ACTIVE
Select	JOHN	T	DOE JR	02/01/2004	13	Child	TERMED
Select	JEFFREY		DOE	01/01/2005	12	Child	TERMED
Select	JAMES		DOE	09/01/2009	8	Natural child living in employee's home	ACTIVE
Select	JILL		DOE	01/31/2013	4	Child	TERMED

PPO NETWORKS

Devon Network
MDLIVE Virtual Care, Anywhere.

PBM / RX PLAN

Prescription Drug Information
CVS Caremark Specialty
Pharmacy

CASE MANAGEMENT

Medical Advocate Program

OTHER LINKS

WebMD-Better Information. Better
Health.
Arthritis Foundation

Note: not all the information shown above will be available for your plan.

Every retiree that registers and logs into our benefits site will see this home page. The announcements posted may differ for each plan, but they all begin with the Welcome message. As you navigate through the site, you can always click on the **Home** button on the top right corner of the screen to return to this page.

Note, the links for **PPO Networks**, **PBM/RX Plan** and **Case Management** across the bottom may or may not be active depending on the plan. However, **Other Links** will always be active for all groups as they include general links such as WebMD.

Also, the Temporary ID Card and Request ID Card buttons have been disabled under **View/Print an ID Card** since they do not apply to this plan. If a retiree is issued a Benefits Card and needs to order a replacement card then they can compose a message to us via the benefits portal under the option for Replacement Debit Card, or they can also send an email to support@anchorbenefit.com via their own email provider.

Documents Screen

Anchor & Benefit

Consulting, Inc.

You are logged in as: johndoe1* 11/9/2017 1:40 PM [Logout](#)

[Chat](#) [Contact Us](#) [Profile](#) [Home](#)

[Claims](#) [Deductibles](#) [Eligibility](#) [View/Print an ID Card](#) [FSA/HRA](#) [Status Change](#) [Documents](#) [Enrollment](#) [FAQ](#)

Member Documents

Name

- Claim Forms
 - DCFF Medical Account Claim Form.pdf
 - ABC MEDICAL CLAIM FORM.pdf
 - DEP CARE FSA REIMBURSEMENT FORM.pdf
 - HFSA REIMBURSEMENT FORM.pdf
 - MERP REIMBURSEMENT FORM.pdf
- Miscellaneous
 - MD LIVE FLYER-sunstate.pdf
 - FIND A HEALTHCARE PROVIDER FOR CIGNA.pdf
- Plan Documents
 - UG-Glossary-2017.pdf
- Enrollment & Status Forms
 - 20091021_0833_ENR_F_DOE.pdf
 - Children's Health Insurance Program.pdf

For members to view documents such as claim forms or the plan document they need to click on **Documents**. A list of downloadable forms will appear. The forms shown above are may not be the forms available under your plan.

FSA/HRA Screen

Anchor & Benefit

Consulting, Inc.

You are logged in as: johndoe1* 11/9/2017 1:44 PM [Logout](#)

[Chat](#) [Contact Us](#) [Profile](#) [Home](#)

[Claims](#) [Deductibles](#) [Eligibility](#) [View/Print an ID Card](#) [FSA/HRA](#) [Status Change](#) [Documents](#) [Enrollment](#) [FAQ](#)

Flexible Spending Accounts

Year	Account	Balance	Annual Election	Contribution	YTD Contribution	Pended
2017	FLEXIBLE SPENDING	\$0.00	\$50.00	\$0.00	\$50.00	\$0.00
2017	TRUST FUND	\$82.75	\$787.75	\$0.00	\$287.75	\$0.00
2016	TRUST FUND	\$287.75	\$500.00	\$0.00	\$500.00	\$0.00

When you click on **FSA/HRA** you can view your account balance under the plan.

Claims Screen

Anchor Benefit Consulting, Inc.

You are logged in as: johndoe1* 11/9/2017 1:47 PM [Logout](#)

[Chat](#) [Contact Us](#) [Profile](#) [Home](#)

[Claims](#) [Deductibles](#) [Eligibility](#) [View/Print an ID Card](#) [FSA/HRA](#) [Status Change](#) [Documents](#) [Enrollment](#) [FAQ](#)

Date From: MM/DD/YYYY

Thru: MM/DD/YYYY

Type: All

View: All

[Refresh List](#)

	Patient	Date of Service	Paid Date	Type	Provider Name	Claim Number	Status	Charge	Patient Resp	
Select	JOHNNY			New	MEDICARD POS TRANSACTION	2016-292000483-0000	In Process	\$0.00		Print
Select	JOHNNY			New	MEDICARD POS TRANSACTION	2015-175000002-0000	In Process	\$0.00		Print
Select	JOHNNY	10/09/2017	10/09/2017	Flex	MEDICARD POS TRANSACTION	2017-282000058-0000	Completed	\$50.00	\$0.00	Print
Select	JOHNNY	09/01/2017	09/08/2017	Medical	TEST PROVIDER	2017-251000121-0000	Paid	\$50,000.00	\$0.00	Print
Select	JOHNNY	09/01/2017	09/08/2017	Medical	HCC LIFE	2017-251000121-0200	Completed	\$0.00	\$0.00	Print
Select	JOHNNY	09/01/2017	09/08/2017	Medical	TEST 2	2017-251000121-0201	Completed	\$0.00	\$0.00	Print
Select	JOHNNY	09/01/2017	09/08/2017	Medical	TEST PROVIDER	2017-251000121-0202	Completed	\$0.00	\$0.00	Print
Select	JOHNNY	08/18/2017	08/18/2017	Flex	MEDICARD POS TRANSACTION	2017-233000007-0000	Completed	\$4.49	\$0.00	Print
Select	JOHNNY	07/01/2017		New	MEDICARD POS TRANSACTION	2017-230000166-0000	In Process	\$100.00	\$0.00	Print
1 2 3 4 5 6 7 8 9 10 ...										

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To view claims click on **Claims** on the menu above. Ensure that the *Type* and *View* options shown above have **All** selected. This way you can see all claims processed.

If you see **Medicaid POS Transaction** appear in your list of claims, this means you had a benefit card transaction.

If you have any questions, please do not hesitate to contact Anchor Benefit Consulting at 1-800-845-7629.