



Enroll in the BESTflexSM Plan and you'll pay less for eligible health care and daycare expenses.

Tax-Free Dollars

The BESTflex Plan is an easy way for you to set aside a portion of your earnings, and use it to pay for insurance, health care and daycare expenses. The money you set aside in the BESTflex Plan is free from payroll taxes, so you save approximately 30 percent* in taxes for each dollar you contribute.

A Prescription for Savings

Whether your prescription medicine helps calm your allergies after snuggling with your cat, suppress heartburn after your favorite meal, breathe through your asthma - or something else entirely - the BESTflex Plan lets you pay less for it.

The plan saves you approximately 30 percent* in taxes on your eligible prescriptions and prescription co-payments, meaning a \$20 prescription expense amounts to about \$14.

Use tax-free dollars to pay for eligible health care and daycare expenses.

Smile!

When you go out to socialize with your friends and meet new people, you trust in your bright smile to lend yourself confidence. It's no surprise, then, that you like to keep your smile in tip-top shape, despite how expensive it can be.

The BESTflex Plan helps you save approximately 30 percent* on your dental expenses, and keep your smile healthy and bright. A dental exam and cleaning might cost you \$100 - or more, depending on your provider. Using funds in the BESTflex Plan, you essentially pay around \$70. That's a savings that's likely to bring a smile to your face.

Daycare Relief

You know how the hundreds of dollars you spend on daycare each month can pinch your finances. The BESTflex Plan dulls the pinch. By saving you around 30 percent* on your daycare expenses, a week of care at \$150 is, in essence, closer to \$105.

*These tax examples are broad approximations of tax liability. You should consult a tax advisor for help with your own situation. Current IRS tax laws control all BESTflex Plan matters.

Why pay more than you have to?

The BESTflex Plan makes it easy for you to set aside a portion of your earnings and use it to pay for certain insurance, medical and dependent care expenses. Because dollars you place in the BESTflex Plan are exempt from Federal, State and FICA taxes, you'll save approximately 30 percent* in taxes for each dollar you contribute.

Direct those tax savings toward your eligible BESTflex Plan expenses and a **\$20 prescription could cost \$14.** A week of daycare could cost \$70 instead of \$100 and your \$30 health insurance premium could cost you \$21.





Our online videos explain where extra FSA dollars come from, the difference between FSA account types, and how to submit claims. **Watch them now!** Visit our website at www.ebcflex.com.

My Mobile Account Assistant

Smart, Simple, Secure and Mobile!

- File a claim
- Attach receipts
- Check balances
- View payment history

Visit www.ebcflex.com to learn more.





How the BESTflex Plan Works

When you enroll in the BESTflex Plan, you set aside the portion of your pay you'll spend annually on eligible health and dependent care expenses. Throughout the year, these elections are deducted bit by bit from your paychecks and placed in flexible spending accounts (FSAs). The usual payroll taxes do not apply to your BESTflex Plan contributions, saving you from paying approximately 30 percent* in taxes on each dollar you contribute to the BESTflex Plan.

■ Just a Fraction of the Eligible Expenses

These savings can be applied to a variety of expenses. Prescription medicines, dental expenses, vision expenses – including contact lens solution, contact lenses and prescription eyeglasses – day care expenses and co-payments are just a few of the common expenses on which the BESTflex Plan helps you save money.

Enrollment in the BESTflex Plan

We help you set aside the right amount of money for eligible health care and dependent care expenses. Referencing your *Eligible Expenses List* and using the worksheets we've created, you'll arrive at a solid estimate of how much money you should contribute to the plan and help alleviate concerns about forfeiting any contributions.

Reimbursement From the BESTflex Plan

To get back the pre-tax money that's deducted from your pay and deposited in your FSA(s), simply submit a *Claim Form*, along with documentation, such as an itemized receipt, for the eligible expense. We quickly process your form and mail you a reimbursement check or deposit the payment into your bank account.

Filing Claims

We make filing claims easy and we offer three options: **Mobile, Online** or via a paper **Claim Form**

My Mobile Account Assistant lets you file a claim and scan and submit a receipt – at the pharmacy, your provider or anywhere you have access to a 3G or wireless internet connection. Filing a claim for any eligible health care or dependent care expense doesn't get any easier than this. Complete a few lines on a simple form, upload your receipt using your phone's camera and tap "Submit." My Mobile Account Assistant makes filing claims smart, simple, secure and mobile!

Participant Support

If you have questions or need information regarding your account, you can call our in-house Participant Services team at **800 346 2126** for one-on-one support, or access our convenient Telephone Account Assistant, which provides you with basic account details. We are also available via email at **participantservices@ebcflex.com.**

Download information regarding The BESTflex Plan and your FSAs by activating then logging in to My Account Assistant at www.ebcflex.com.

^{*}These tax examples are broad approximations of tax liability. You should consult a tax advisor for help with your own situation. Current IRS tax laws control all BESTflex Plan matters.

How to enroll in the BESTflex Plan:

D. W.L. CHINA CHI		t Form												
BEST Flex Plan Employee Benefits Corporation	Fax to: Mail to: Phone support: E-mail support:	608 831 47 Employee 8 800 346 21 participant	Benefits Co. 26 608 83	1 8445	O Box 44	1347, Mi	adison		4-4347 Submi	t comple	rted fo	rm to y	our En	ploy
General Information														
								1				_		
Organization Name				Dvision				_						
Participant Informatio	M Please print.												/	
80° - 80°												-		[
LastName				Suffix	Fisth	iame							-	Ň
		MOF						Ц.						
Participant Social Security or Ident	fication Number Gen	uler	Date of Brit	hýmm-dd-yy	996			Date of	Hire (mm	-00-1111	5		11	-
Mailing Address			Act. No.		_	_			_	State		Tp Code		-
											_			_
forme Phone 123-456-7890		E-mail Addre	ss (we do no	t share your i	email adv	dress)								-
flective Start Date (mm-dd-yyy)		of Pay Period			enthefol	laular a	count							
Plan Benefits: Lelect to I	neve becoors below deals	ced som my			NO STREAM	Carles					Enne	in the second		Sec.
	Neve Electrics below deca	dealears my	Employee		NO LO ROMO	Con R a	Emple	n syne Electic lan Year Tot	n al		Eng	loyer Cor	erbutio Pan'	n[[fear
Health Care FSA		\$	Employee	Election	\$		Emple	yee Hectle	2	\$_	Eng	layer Cor	Pan	n(/) fear 1
Remburses al eligible medical espen Dependient Care FSA	ses, do not use with HSA		Employee	Election			Emple	yee Hectle		\$_ \$_	Eng	3	Pan	n (/ : fear 1
Health Care FSA Renicures al eigible medical expen Dependent Care FSA Temourse eigible child or eider care Employee Paid Administra	ses, do not use with HSA expenses (e.g., daycard)	\$	Employee	Election	\$[Emple	yee Hectle				3	Pari	
Health Care FSA Renicures al eigible medical expen Dependent Care FSA Temourse eigible child or eider care Employee Paid Administra	ses do not use with HSA expenses (e.g., daycand) tive Fees	\$ \$ \$	Employee per la	Bection y heriod	\$ \$ \$		Empl	syaa Hestic		\$		3	Pari	n (/ : fear 1
Health Care FSA terrisones al eligible medical open Dependent Care FSA terrisones eligible child or elder care Employee Paild Administra (an) Direct Deposit (optional)	ses do not use with HSA expenses (e.g., daycand) tive Fees	\$ \$ \$	Employee per la	Bection whereod	\$ \$ \$		Empl	syaa Hestic		\$ \$		3	Pan'	
Health Care FSA Asnicuse al egite medial eigen Innone eigite chi d'er eider and Employee Paid Administra (Ant) Direct Deposit (cotiona)	ses do not use with HSA expenses (e.g., daycand) tive Fees	\$ \$ \$	Employee per la	Bection y heriod	\$ \$ \$		Empl	syaa Hestic		\$		3		
Health Care FSA Ionicures al digitie medical open Dependent Care FSA Ionicures olgible child oreider care Employee Paid Administra (f.an) Direct Deposit (oprional)	ses, do not use with HSA expenses (e.s., daycare) tive Fees if you have not done so, o	\$ \$ \$	Employee per la	Bection whereod	\$ \$ \$		Empl	syaa Hestic	Al	\$ \$ state		3		
Health Care FSA Instance at eighter modical open Dependent Care FSA Instance eighter hid or eider aar Employee Paid Administra Itan) Direct Deposit (cotional instance) Institution Ordeding Swings	ses do not use with HSA expenses (e.g., daycand) tive Fees	\$ \$ \$	Employee per la	Bection whereod	\$ \$ \$		Empl	syaa Hestic	Al	\$ \$		3		
Health Care FSA Health Care FSA Dependent Care FSA tensions digited index de care Employee Paid Administra Tany Direct Deposit (cotional instruction Series Creding Series Authorization	ses, do not use with HSA coopies (e.g., dayare) the Fees If you have not done so, o Account Number	\$ \$ s	Employee per h	Election whereing tion below the Gity	\$ \$ \$		Empl	syaa Hestic	Al	\$ \$ state		3		
Health Care FSA tensiones al eigible medical exert Dependent Care FSA tensiones eigible dido celder are tensiones eigible dido celder are frankoue Paid Administra (ana) Direct Deposit (cotronal) inancial herituiton Cheding Surings Authorization hervoli nitre #EStille Plan	ees, donct use with HSA recommendies, departed there Fees if you have not done so, a Account Number	\$ \$ \$ to encol in th	Employee per h	Becton y Period	\$ [\$ cpartkip	pate = a.u	fingle thorizat	ayee Bentle lan Year Too	Al	\$ \$ state	erte	3 4 5		
Health Care FSA Hearstones al eigible medical expen- tensione eigible dire der ans Errployee Paid Administra Kang Direct Deposit (cotronal) Instruct Institution Checking Authorization Henroll in the BiSTilles Plan agere finiseicon aanset bereing Henroll in the BiSTilles Plan agere finiseicon aanset bereing Ferender frei glan sochere Jonetton Ferender frei glan sochere Jonetton Ferender frei glan sochere Jonetton	ees do not use with HSA coopmise (is g, dayard tive Fees if you have not done so, o Account Number of the speed a ring they on althread by my gares of the start of the SA	\$s	Employee per Pr	Becton y helod	\$ [\$ [\$ boatedy to boatedy to boatedy to	herencas al electron	finely p	syse Bedde and Angeles States and Angeles States and Angeles States and Angeles an	al flect from Routing authorate pend by to down if it personal by down if personal by	\$	RC and the pipe	3 4 y9 den y9 de	Plant	
Health Care FSA Instrume al eighte medical exert instrume al eighte medical exert instrume eighte directed and importent Part Administra Fange Paid Administra fange Direct Deposit (corronal Direct Deposit (corronal Octobeling Samps) Authorization Direct Intel ESTIBLE Pain agene this eight names of early to instrume the ESTIBLE Pain agene this eight names of early to referent of the ESTIBLE Pain agene this eight names of early to referent of the ESTIBLE Pain authorization friedmatch and have been referenced in early to referent of the Estimation and the been or will toek certainteneet and disclosure by the experiment, and disclosure by the experiment, and disclosure by the experiment, and disclosure by the experiment, and	ees, donct use with HA coornis (E.g., depare) tive Fees (Fyour have not done so, or Account Number (O) I donct with worldfittend by my perclo to be eta-mode on the PA is and the soft on the perclosed anophero Heighbounder modere Beeffs Corporations of the PA in Indone Beeffs Corporations of the PA in Indone Indo	\$	Employee per Provide the Provided States and the BESTRENP and a state of the Provided States and the STRENP and the Provided States and the Provided States and the Provided States and the Provided States and the Provided States and the Provided S	Bection w Period	\$ [\$ [\$ o particip to just by its for any its response	he revoca subter - au subter - au subter - au subter - au subter - au	tion or sunt a second s	syse Bestler	Affect from Routing Routing Page and the Come page of the Come of the	\$	RC and the planet or 'segething' deependent	3 y9den belayt iblebyt winote arding or mation"	Plant	der bero bero pose tto
Health Care FSA Health Care FSA Direct Deposit (corroral Innucial Hattuton O Creding O Sarings Authorization Dervoil Intel ESTIBLE Fan Authorization Dervoil Intel ESTIBLE Fan Area for the ESTIBLE for a science of the estible for the estible for the for the estible for the estible for the for the estible for the estible for the for the estible for the estible for the estible for the for the estible for the estible for the estible for the for the estible for the estible for the estible for the for the estible for the estible for the estible for the estible for the for the estible for th	ees do not use with HSA expensise (i.e., day, and thee Fees if you have not done so, or a count Number of some and some of the source of the source of the source of the source of the production on a control in the production of the source of the production of the source of the production of the source of the production on the source of the production of the source of the source of the source of the production of the source of the source of the source of the production of the source of the source of the source of the production of the source of the source of the source of the production of the source of the source of the source of the production of the source of the source of the source of the production of the source of the source of the source of the production of the source of the source of the source of the source of the production of the source of the sour	\$	Employee per IN line BE STRies P ra qualifying ian and that a receiver the strategies card to pay an understandi card to pay an understandi card to pay an understandi carpo empla carpo e	Election w hereod thereod there below t Gity Gity Construction event occurs: rev money lai mithis nule, juick ser collection there fails ser collection the plane the planethe pla	\$ [\$] \$ o particip to justify the formation operates lights formation of the distance of the distance of the distance indef the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of the distance of	he revoca sate – autor here according to the second	thorizal thorizal thorizal energy and the setters of institution	ayae Bertler Ien Year for Ien Year for Ien Year for Ien Year for Ien Year for Ien Year Ien Ye	attorter Routing Autorter Pouting P	\$	RC and the plant of the plant o	3 ye det ye det be byt Plan in co paradigion paradori Plan in co paradori Plan in co paradori parad	Pan'	ader ader bero bero tro mer fae t sbill flect
Health Care FSA Annunca al ogibe motical open Dependent Care FSA Iemone existentido reider ara Employee Paid Administra (Lav) Direct Deposit (cotional Huncal Institution Chedring Savings	ees do not use with HSA expensise (i.e., day, and thee Fees if you have not done so, or a count Number of some and some of the source of the source of the source of the source of the production on a control in the production of the source of the production of the source of the production of the source of the production on the source of the production of the source of the source of the source of the production of the source of the source of the source of the production of the source of the source of the source of the production of the source of the source of the source of the production of the source of the source of the source of the production of the source of the source of the source of the production of the source of the source of the source of the production of the source of the source of the source of the source of the production of the source of the sour	\$	Employee per IN line BE STRies P ra qualifying ian and that a receiver the strategies card to pay an understandi card to pay an understandi card to pay an understandi carpo empla carpo e	Election w hereod thereod there below t Gity Gity Construction event occurs: rev money lai mithis nule, juick ser collection there fails ser collection the plane the planethe pla	\$ [\$] \$ o particip to justify the formation operates lights formation of the distance of the distance of the distance of the distance of the distance of the resements head from and of the distance of the resements head from and of the resements head from and of the resements head from and of the distance of the distance of the distance of the distance of the distance of the resements head from and the distance of the distance of the resements head from an of the distance of the distance of the second secon	he revoca sate – autor here according to the second	thorizal thorizal thorizal energy and the setters of institution	ayae Bertler Ien Year for Ien Y	attorter Routing Autorter Pouting P	\$	RC and the plant of the plant o	3 ye det ye det be byt Plan in co paradigion paradori Plan in co paradori Plan in co paradori parad	Pan'	iden 1

(Sample Enrollment Form shown; your form may differ slightly)

Follow enrollment instructions from your employer. If you receive an enrollment form, complete these steps:

- **1. Enter General and Personal Information.** All of it, including your email address, if you have one. Email is how we prefer to contact you.
- 2. Enter Plan Dates. Enter the date you start the plan (the Effective Start Date) and the number of paychecks per year from which your elections are deducted (Number of Pay Periods). Enrollment is for one plan year, usually consisting of 12 calendar months or less.
- 3. Enter BESTFlex Plan Benefits. Use the mini-worksheet on the Enrollment Form to enter your annual election. Choose the amount you'd like deducted from each paycheck (Employee Deduction per Pay Period) and multiply that amount by the Number of Pay Periods to determine your Plan Year Total. Do this for each FSA in which you are enrolling and total the form.

If you receive contributions from your employer, add the Employer Contribution Plan Year Total.

4. Complete Direct Deposit Information. You have the option of having your reimbursement check mailed to you or deposited directly at your bank, credit union or other financial institution. To authorize the direct deposit feature of the BESTFlex Plan, provide the financial account information requested on the enrollment form. If you already have direct deposit information on file with us, it is not necessary to provide it again. The direct deposit feature will carry over to your new plan year.

5. Authorize Enrollment and Direct Deposit. First, indicate whether you want to participate in the BESTflex Plan. Then sign and date the form and return it to your employer.

If you choose to not enroll in the BESTflex Plan FSAs, you must sign and date the form anyway. Your eligible employer-provided insurance premiums will still be deducted from your pay on a pretax basis.

What Happens After I Enroll?

Your employer transfers the amounts you elected on the *Enrollment Form* to your Health and/or Dependent Care FSA. Check your pay stub to ensure these amounts are correct.

Once your plan year starts, visit our website at **www.ebcflex.com.** You can activate your online account and access My Account Assistant, where you'll see your account information and be able to download useful materials to help you make the most of your plan.

Review My Company Plan

My Company Plan, the appendix to your *Summary Plan Description* (*SPD*), describes the specific details and features of your company's BESTflex Plan. Use the information in *My Company Plan* to aid in completing your enrollment.

My Company Plan Contains:

- A. BESTflex Plan Dates, including the date your employer started its BESTflex Plan (Original Plan Date) and the start and end dates of your employer's current BESTflex Plan (My Company's Plan Year)
- B. Eligibility definitions
- C. Group Insurance Premiums, the types of premiums deducted from your paycheck on a pre-tax basis
- D. The Health Care and Dependent Care FSA contribution limits, the maximum amount you can contribute to each account
- E. Plan Amendments, if any
- F. Company Information regarding who to contact within your Company
- G. Legal Information defining the relationship between your employer and Employee Benefits Corporation

BESTIlex		Company Plan	The document defines the BEC The Flam advan- company and ratio processing defines (BE17 Re.) Direct mark flam.
	Appen Plan D	dix to the BESTiles Plan Sumoription and Program Sur	innery Innery
My Plan			
Pan Name: Tate of Plan	Demp 8	mployer Flexible Compena	Max II. Colleg
My Plan Dates	The SE	Tferrer Pan	100 Page - 02000
Part Effective Date:	January		
Pan Year	January	-December 31	
Digibility			
Coverage Type	Elgelly		
	Colorada a		
My BESTifex Plan Benefits Group Insurance Premums			
Orong Insurance Premiums are automatic Bendt	ofy withheid hom your pays	Hack for each any period before to	ten in
Once Term Life Incerance Lip to \$10,000			
Vision Care	Dauboka Tarrek (
Medical Incurance	January 1		
	January 1		
Animum Plan Yoar Contribution	in openios that are rearr	ed for the same of your childpen) of	other eligible desendance.
Contract of Contractor	\$1.000		
The Department Care FSA inits spending to reparately. If you are manifed and your spice ADD in any one rough if you are only a	\$1,00		
The Dependent Date FSA limits spending to reproduce if you are moreed and your spice is 8000 m any one work if you have only a better for ESS limits.	\$1,000 a 15,000 nominum for ma ne 3 active a bal-time studi mini-dependent or \$000 in or	nied and head-of-kounskied fam i m of a physically or mentally ma r me much i you have much line	or \$2500 for these who are manual and hing stable of carring for her contential, the reconstruction
The Separative Control on Southeast The Separative Control Southeast Separative / Four an onnote and your space is 1000 in etc over much / your here only with Care FSA(with Grace Pariod) in oto the nexts Care FSA to national from the Second Care FSA to national from the Second Care FSA to main of pariod in oto the nexts Care FSA to national Month Care FSA(with Care FSA)	\$1,000 a 15,000 nominum for ma ne 3 active a bal-time studi mini-dependent or \$000 in or	nied and head-of-kounskied fam i m of a physically or mentally ma r me much i you have much line	
The Dependent Coll Million The Dependent Coll Million Separating to reasonary in the area marked only provide a 1990 and the sep Collars for the set of the Collect Coll Collection of the Million PER Net Coll Coll Coll Million PER Net Coll Coll Million PER Net Coll Coll Million PER Net Coll Coll Sector Sector Sector Sector Million PER Net Coll Coll Million PER Net	\$1.00 a IS 20 maximum for ma- fir a solar a todoma todo m desmand - 200 m ay- di, aminikarsel meksik v Norelfa todo to	nied and head-of-kounskied fam i m of a physically or mentally ma r me much i you have much line	or \$2500 for these who are manual and hing stable of carring for her contential, the reconstruction
The Jaynetic Carl AT All hots paneling to message of the AT hots paneling to message of the AT hot to paneling to the AT has a result of the AT hot to the AT has a set of the AT hot to the AT has a first hot to AT hot to the AT has a first hot to AT hot to helium Pain Yaw Construct helium Pain Yaw Construct Message AT has a first hot to a set of the AT has a first hot to AT hot to AT hot to AT has a first hot to AT hot to AT hot the AT has a first hot to AT hot to AT hot to the AT hot to AT hot to AT hot to AT hot to AT hot the AT hot to AT hot to AT hot to AT hot to AT hot the AT hot to AT hot to AT hot to AT hot to AT hot to AT hot to AT hot to AT hot to AT hot to AT hot to AT hot to AT hot to AT hot to AT hot to AT hot to AT hot to AT hot to A	\$1.00 a IS 20 maximum for ma- fir a solar a todoma todo m desmand - 200 m ay- di, aminikarsel meksik v Norelfa todo to	nied and head-of-kounskied fam i m of a physically or mentally ma r me much i you have much line	or \$2500 for these who are manual and hing stable of carring for her contential, the reconstruction
The Jaynetic Care Take Into Samular, is the Jaynetic Care and the Samular system take meaning in the Samular system take Math Care Paral and Samular Samular Math Care FSAkim Care Parket Into an In And Care Fish for and deals Internet Take Take Carefular Math Care FSAkim Care Parket Internet Take Take Carefular Math Carefula	10.00 10.00 reactive to real 10.00 reactive to the set 10.000 real to the set 10.000 to the set 10.000 to the set 10.000 to the set	and and headed household form of a population memory and other sounds of your head memory for other sounds of your head memory for them, and decid requires a house its your	n 2000 to these and, on named and long make of camp to be orbered the sectorization on disease.
The Summer Constraints and the Summer Constraints and provide the Summer Constraints and provide the Summer Constraints and the S	5.00 a 25.00 hannes to no a 4 offer a bit has taken to not a start a bit has taken a dimensional sets a Note to he pi 5.50 di month ado chea discus	and and headed household form of a population memory and other sounds of your head memory for other sounds of your head memory for them, and decid requires a house its your	n 2000 to these and, on named and long make of camp to be orbered the sectorization on disease.
In each the same Care File to an observe security of the constraints of the same desires between File to a constraints. An experimental security on a restore mentation from an experiment mentation from an experiment and in Line of Mande Governage with General and States And Andreas Management and an experiment for the plan yet with general constraints for the plan yet	3.00 3.00 Bind and a second second and a second second second second and a second second second second 1. Annual second second second 2.5.50 A match adds shows a second 5.500 A match adds shows a second 2.500	me on haad soundary farm of a possible or head of one such is to have one for one such is to have one for the sound of the head interaction in the sound of the head interaction	n 2000 to these and, on named and long make of camp to be orbered the sectorization on disease.
The Summer Constraints and the Summer Constraints and provide the Summer Constraints and provide the Summer Constraints and the S	5.00 a 25.00 hannes to no a 4 offer a bit has taken to not a start a bit has taken a dimensional sets a Note to he pi 5.50 di month ado chea discus	and and headed household form of a population memory and other sounds of your head memory for other sounds of your head memory for them, and decid requires a house its your	n 2000 to these and, on named and long make of camp to be orbered the sectorization on disease.

My Company Plan is available online at www.ebcflex.com by logging onto My Account Assistant.

Employee Benefits Corporation's Website

Once you enroll in the BESTflex Plan, our website makes it easy to view your claims and reimbursements. Get started at www.ebcflex.com.

My Account Assistant

As a BESTflex Plan participant, it's important to monitor the status of the claims you've submitted, stay aware of your FSA balances, be mindful of the deadlines for submitting claims, and have a place to find the latest BESTflex Plan forms and materials.

Once you enroll in the BESTflex Plan, our website makes all of this easy with **My Account Assistant**, your online account management portal.

Using My Account Assistant, you can:

- File claims
- Review account balance(s)
- Review when a claim was processed and when the reimbursement was mailed or direct deposited
- Download BESTflex Plan forms and information regarding the operation of your plan
- Update personal information
- View a detailed account history

In order for you to view your account, you activate it by entering a valid email address and receiving a password. You can then log-in and view your account using your Social Security Number and your password.



P: 800 346 2126 | 608 831 8445 F: 608 831 4790 P.O. Box 44347 Madison, WI 53744-4347 An employee-owned company www.ebcflex.com