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PORTAL OVERVIEW

Welcome to the Nippon Life Benefits Employer Portal!

Get ready to experience NipponLifeBenefits.com, the self-service portal that provides better and more personalized service. The site has a fresh look and feel, making navigation and retrieval of information easier and faster than ever before.

Use the portal to:

- Register as a user of NipponLifeBenefits.com
- Update your account profile
- Access the Nippon Life Benefits FSA/HRA portal (if applicable)
- Update employee’s eligibility (Add, Terminate Change)
- Update personal information (Address, Name, SSN, (ITIN))
- View coverage history
- View a family summary
- View Transaction Summary of online eligibility updates
- Use the message center to send messages to various departments to obtain information, read replies to your messages, or view the messages you’ve sent

This guide takes you through the steps you'll need to register, get answers to your questions, and much more. Take a tour, using this guide as your roadmap!

General Requirements
- Cookies and JavaScript must be enabled in the browser.
- Pop-up blockers must be disabled to allow links to partner sites.

Browser Requirements
- Internet Explorer 9.0 or higher (with Compatibility View turned off under Tools)
- Current versions of Chrome, Firefox, and Safari

Mobile Requirements
- Android 4.3 and higher
- IOS Version 5 and higher
- Current versions of IOS, Chrome, Firefox, and Safari
Nippon Life Benefits Portal Sections

The Nippon Life Benefits Portal displays tabs for various sections:

- **Home** – Access links to documents and resources
- **Enrollment** – Add/update/terminate members and personal information.
- **Admin** – View online Transaction History, Manage user permissions, and generate registration code export; some sub menus under this tab may not appear for all clients, depending on assigned permissions.
- **Messages** – Send and receive messages in the portal.
- **My Links** – Display links relevant to the selected member and logged in user’s permissions.
- **Family Links** – Display links relevant to members of a family.
- **My Profile** – Update password, email address or name, register as a provider or member and review terms and conditions.
CREATE AN ACCOUNT

Create Account – Client/Employer

Before using NipponLifeBenefits.com, users must register with a few simple steps.

The log in screen displays tabs for English, Japanese and Korean languages. In the upper right of the screen is the Login/Register link. The user selects their role (Member/Participant, Client/Employer, Broker or Provider) and is directed to the appropriate landing page to continue to login or create an account.

Create Account – Client/Employer

Client users create an account by going to www.NipponLifeBenefits.com and in the “I am a Client box” clicking on Create My Account.
Create Account – Client/Employer

- To ensure a secure site, the following step is needed to create a user account.

Check the ‘I’m not a robot’ box and click Next to continue. Select the images that match the criteria as provided in the pop up message.

1. Continue the account creation process by completing the following fields.

   a. Enter a username and password. The system will tell you immediately if the user name has already been taken. The user name must be a minimum of 4 characters. Passwords are case-sensitive and must be 6 to 32 characters long with at least one non-alpha character.

   b. Enter first name, last name and e-mail address.

   c. Choose and answer three security questions, or type in your own question and corresponding answer.

   d. To complete request, click Next. Click Clear to remove the data from all fields.
2. Re-enter the password and click **Next**.

**Client Registration**

To register, please enter your Unit/Location Account Number(s). (Separate multiple Unit/Location Account Number(s) by a comma.)

**Unit/Location Account Number(s):**  

 Enter the Unit/Location Account Number and click **Next**. This code contains the 6-digit client code (i.e. LA6000). If you are requesting access to more than one unit, each unit number should be listed separated by a comma.

2. Once the account has been created, you will receive an email indicating access is ready. This process could take 2 business days.

3. This would only be applicable if you added a unit; however, after the initial account has been created, you can add access for additional units by clicking [https://ice.coresource.com/wps/myportal/ice/home/client-registration/?icelook=nlb-c](https://ice.coresource.com/wps/myportal/ice/home/client-registration/?icelook=nlb-c).

   - Log in with the existing user name and password.
   - Enter the units you wish to access.
   - The registration is routed to Administration for validation and activation.
Create Account - Broker

Brokers can have the same access as Client users, or you can limit their access. They have a similar registration process, but because some brokers may have access to multiple clients we separate that access per client by “Roles”. A broker may have Premium Statement access only for one client, but you may allow them to assist with enrolling or terminating members; because they may have differing allowances we set them up as Roles. As a Client Administrator, you can determine the access level of your broker.

Before using NipponLifeBenefits.com, users must register with a few simple steps.

The log in screen displays tabs for English, Japanese and Korean languages. In the upper right of the screen is the Login/Register link. The user selects their role (Member/Participant, Client/Employer, Broker or Provider) and is directed to the appropriate landing page to continue to login or create an account.

Create Account - Broker

The user creates an account by going to www.NipponLifeBenefits.com, after selecting Broker lands on the following page:
The user:

- In the “I am a Broker” box, clicks on **Create My Account**. To ensure a secure site, the following step is needed to create a user account.

Check the ‘I’m not a robot’ box and click **Next** to continue. Select the images that match the criteria as provided in the pop up message.

**Create Account – Broker**

1. The user continues the account creation process by completing the following fields.
a. Enter a username and password. The system will tell the user immediately if the user name has already been taken. The user name must be a minimum of 4 characters. Passwords are case-sensitive and must be 6 to 32 characters long with at least one non-alpha character.
b. Enter first name, last name and e-mail address.
c. Choose and answer three security questions, or type in your own question and corresponding answer.
d. To complete request, click Next.
e. Click Clear to remove data from all fields.

3. The user re-enters the password created in Step 2, and clicks Next.

<table>
<thead>
<tr>
<th>Username: testame</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name: test</td>
</tr>
<tr>
<td>Last Name: test</td>
</tr>
<tr>
<td>Email Address: <a href="mailto:tname@test.com">tname@test.com</a></td>
</tr>
</tbody>
</table>

Please re-enter your password to protect your security
Password: 

Next

Client Registration

To register, please enter your Unit/Location Account Number(s). (Separate multiple Unit/Location Account Number(s) by a comma.)

Unit/Location Account Number(s): 

Next

4. The user enters the Unit/Location Account Number and clicks Next. This number contains the 6-digit client code (i.e. LA6000). If the user is requesting access to more than one unit for a specific client, each unit should be listed separated by a comma.

5. Once the account has been created, you will receive an email indicating the Portal is ready to use.

6. After the initial account has been created, the user can add access for additional clients/units by clicking https://ice.coresource.com/wps/myportal/ice/home/client-registration/?icelook=nlb-b.
   - The user logs in with the existing user name and password.
   - The user is asked to enter the client location groups they wish to access.
   - The registration is routed to the administration team for activation.
Create Account-Member/Participant

The below will assist you when Members have issues in registering. Any Plan participant age 18 or older may set up an account. Your employees have access to their family’s information unless the spouse has asked to block their view. Spouses cannot see the Employee’s information. Member registration does not require validation; however, before using NipponLifeBenefits.com, users must register with a few simple steps.

Go to www.nipponlifebenefits.com. The log in screen displays tabs for English, Japanese and Korean languages. In the upper right of the screen is the Login/Register link. The user selects their role (Member/Participant, Client/Employer, Broker or Provider) and is directed to the appropriate landing page to continue to login or create an account.

The landing page for www.NipponLifeBenefits.com displays the following information:

- Sign in
- Links to Drug Formularies, State Specific Requirements, Claim Information, Privacy Statement, System Requirements and the Mobile App.
- Contact Us
Users will click on **Create My Account**

**Need to Register?**

**I am a Participant**

By registering, you will have access to find a doctor, check claim status, manage your health and more.

**Create My Account**

Activate the account by entering required data.

- Verification (enter contact information including email, mobile and/or home phone), verify one contact method, enter verification code received by email or text message.
- Personalization (create user name and password, answer security questions, accept terms and conditions, successful log in as member user.)
Create Account-Member/Participant

The member user goes through a 4 step process to create an account.

1. Activation
2. Communication
3. Verification
4. Personalization

Activation

1. The member activates a new account by completing the following fields. The Member ID and Last Name should match the data on the ID card. An image of the ID card displays and highlights the area where the member ID and name are found.

   - Member ID or SSN
   - Last Name of member
   - Postal/zip code of member
   - Date of Birth of member in mm/dd/yyyy format

Members with Life and/or Disability coverage only will not have an ID card. They should enter their Social Security number.
Create Account-Member/Participant

The verification screen generates and the user clicks Next.

1. The member begins the registration process by reviewing the consent for electronic signatures and communication.
Create Account—Member/Participant

2. The member selects **I Agree** to continue. If the user selects **I Decline** they are returned to the Sign In page. The member will not have access to the portal if they do not consent to electronic signatures and communication.

Communication

1. The user enters contact information. An email address is mandatory along with one phone number. A mobile phone number may be used to receive text messages.

2. The user selects ‘Yes’ to receive electronic communication. Some items, such as EOBs may only be sent by email (or paper). Please review EOB communications after indicating a yes, to verify EOBs are being sent as you desire. When EOBs are electronic only, the monthly mailed copies are not sent. In lieu of paper, an email message is sent to provide a link to allow you to log in and view. This method of delivery provides the most security we can provide. Portal Message alerts are sent by email, but other messages may be sent as text. When text is a valid option for the type of communication it takes precedence.

3. The user clicks **Next**.
Create Account-Member/Participant

Verification

1. The verification process asks the user to select ONE method (email address OR mobile phone) and click **Start**.

2. Depending on the method selected, the user receives an email or text with a verification code.
3. The user enters the verification code in the box generated on the portal.

4. The user clicks Verify.

If the code is correct, a confirmation message appears.

5. The user clicks Next.
Personalization

Personalization is the section where the user now creates a user name and password.

1. The member enters a User Name. The system returns a response whether that name is available or unavailable.
2. The member enters a Password. The system responds if the password is acceptable. Clicking the 🔄 in the Password field generates a pop up page with the password rules. Passwords must be 6-32 characters, and alphanumeric.
3. The member selects 3 Security questions and enters the answers. The answers are case sensitive meaning if entered in lower case letters now, then they must be entered in lower case letters when prompted during the Forgot Password process.

4. The member clicks Next.

Helpful Hints

- A member user may be the plan participant, spouse or dependent on the plan, age 18 or older.
Create Account-Member/Participant

After the user personalizes their account and signs back into the portal, a pop-up page for consent to electronic signatures and communication displays.

The user selects **I Agree** or **I Decline**. If the user declines he or she is directed back to the Sign In page and is unable to access the portal.

**Terms and Conditions**

Below is the Terms and Conditions you agreed to on April 5, 2018 at 12:15 PM.

**CONSENT TO ELECTRONIC SIGNATURES AND COMMUNICATIONS AND TERMS AND CONDITIONS**

Under certain laws, Nippon Life Insurance Company of America (Nippon Life Benefits), and its vendors, are required to obtain your authorization and consent to obtain your electronic signature on any documents related to the Services that Nippon Life Benefits or its vendors provide (“Services”) and to receive electronically copies of such documents. As a result, we are providing this notice to you in order to obtain your agreement and consent to conduct our business with you electronically. Including your consent to sign electronically, any documents we ask you to sign and all other documents related to the Services and to confirm your consent to provide you with electronic copies of the same. You may otherwise print or save a copy of these documents for your records.

**Scope of Your Consent.**

An electronic signature may be: (i) clicking a checkbox, orally stating “I Agree”, or otherwise taking any other action that indicates your agreement to and receipt of a document; (ii) indicating your consent below, you are agreeing that any electronic signatures that you may provide are legally binding signatures with the full legal force of a handwritten signature, which does not need to be verified, validated or certified by any third party. By indicating your consent below you are also agreeing that we can send you and you will receive electronically disclosures, communications, notices, forms, applications, policies and modifications to the same, which we choose to provide you electronically unless and until you withdraw your consent as set forth below.

This Consent is voluntary and you may refuse to sign this Consent, but your ability to submit your request for services electronically will be restricted and potentially delayed.

If you (1) do not wish to consent to electronic signatures in connection with the Services, (2) do not consent to the electronic submission and receipt of disclosures, communications, notices, forms, and modifications related to the Services or (3) otherwise wish not to engage in electronic transactions, you will not have access to Nippon Life Benefits Portal.

In the event that we elect to discontinue the provision of any electronic communications or change the terms and conditions on which we provide electronic communications, we will provide you with any notice of such discontinuance or changes as required by law.

**Obtaining a Paper Copy.**

Your copy of this Consent and all disclosures and communications related to this Consent, including documents in relation to the Service, will be sent and received electronically as set forth below. We reserve the right, but assume no obligation except as set forth in this Consent to provide a paper copy of any communication that you have authorized us to provide electronically.

You may save a paper copy of certain disclosures and communications by printing them. You may obtain additional paper copies by contacting us at the number on your I.D. card. There will be no additional charge for obtaining paper copies.

**Accessing Your Electronic Records.**

In order to receive documents electronically, you need a valid email address. Internet access and a computer that meets the following minimum hardware and software requirements. Click on here for the minimum hardware and software requirements: ![System Requirements](https://www.nipponlifebenefits.com)

In addition, if you wish to print copies of your documents or otherwise retain your own soft copy, you will need to have a printer attached to the computer you are using or access to a hard drive or other electronic storage device, such as a hard drive or USB drive.

By signing below, you are representing that you have access to the minimum requirements above.
The member will receive a Preferred Communication Details pop-up page to provide the current email address and a mobile or alternate phone number. Some forms of communication may be sent through email, while some messages may be sent as text messages to a mobile phone number.

1. The member enters the email address and at least one phone number.
2. The member selects a choice for receiving electronic communications at the bottom of the page. If the member selects No, any communications will be sent as paper.
3. The member selects Save.
Resetting a password is an automated process but requires the user to perform some steps to complete the process.

1. To start the Forgot Password process, the user clicks on Forgot your password.

2. The Forgot Your Password? Page appears and asks for the Username to be entered. Enter the Username and click Submit.

3. If the Username is found in the system, the user is asked one of the three security questions selected during registration. The answers to the security questions are case-sensitive. The user is given two (2) chances to answer each of the three (3) security questions.
   a. After successfully answering one of the security questions an email is sent to the email address used during registration.
   b. If the user fails all security questions (6 total attempts) the user is prevented from answering the security questions for 30 minutes and an email is sent to his or her email address as a notice of the failed attempt to reset the password. After 30 minutes the user is given a total of six (6) more attempts to successfully answer one of the security questions. If the user fails these attempts the
system prevents the user from answering any more security questions for 24 hours and an email is sent to his or her email address as a notice of the failed attempt to reset the password.

c. If the user attempts to restart the Forgot Password process before 30 minutes (or before 24 hours after second attempt) the user receives a message stating how many hours and minutes he or she must wait to try again.

4. The user must click the link in the email which takes them to the Change Password page. This link must be used within 24 hours. Enter a new password of 6-32 characters with at least one character as non-alpha on the Reset Password page. If the link is not used within 24 hours, the user must start the Forgot Password process again.
### Forgot Password

The following chart lists the messages the user may see when attempting to reset the password, and the action the user must follow.

<table>
<thead>
<tr>
<th>Message in the Portal</th>
<th>Action Required</th>
</tr>
</thead>
</table>
| TheForgot Password Process is Almost Complete  
An email has been sent to the email address associated with your account.          | The user opens the email and clicks the link to Change Password.                |
| Reset Your Password?  
Provide the following information  
New Password:  
Retype New Password:                                                                 | The user creates a new password with 6-32 characters and at least one non-alpha character, and clicks Submit. |
| Forgot Your Password?  
The link used to reach this page may have already been used or it may have expired. If you haven’t yet completed the Forgot Password process, you will have to start again. | The user must click on Forgot Password again from the login page, and start over. |
| Forgot Your Password?  
You have made too many incorrect attempts. You must wait 30 minutes to start the Forgot Password process again. | Displays after submitting 6 incorrect answers to security questions. The user must wait at least 30 minutes to start over. |
| Forgot Your Password?  
You have made too many unsuccessful attempts. You must wait 27 minute(s) to start the Forgot Password process again. | Displays if the user did not wait the full 30 minutes to start over with the Forgot Password process. The user must wait at least 30 minutes to start over. |
| Forgot Your Password?  
You have made too many incorrect attempts. You must wait 24 hours to start the Forgot Password process again. | Displays after submitting an additional 6 incorrect answers to security questions, after the 30 minute wait. The user must wait at least 24 hours to start over. |
| Forgot Your Password?  
You have made too many unsuccessful attempts. You must wait 22 hours and 12 minute(s) to start the Forgot Password process again. | Displays if the user did not wait the full 24 hours to start over with the Forgot Password process. The user must wait at least 24 hours to start over. |
Additional Authentication

The below screen that instructs the user to authenticate displays when it is the first time they’ve logged in on a specific device or computer, or if it has been 30 days since the last login from that device or computer.

The user clicks Send Code to send the code to the applicable location, either email or mobile phone via text. The user enters the verification code and selects Private Browser to register the device being used or Public Browser to indicate this is not a private computer.
HOME

Find a Member/Participant

The Home and Enrollment tabs contain a “Member Finder” tool that allows you to quickly and easily search for members of units you are authorized to review.

You can search by the member’s Member ID (as shown on the ID card), SSN, First Name and Last Name. Claim Number while on the view, is not accessible for clients and brokers.

Search by Member

When you search by name or SSN the search results include all the family members under that plan participant.

Click Advanced Search to display the advanced search function below. Advanced Search allows you to search by Location/Division. Enter the 6-character Unit/Location Account Number to display a listing of all members belonging to that Unit/Location Account Number.

To display the exact match of your search, click Exact Match.

Once a member has been found, the member’s information will appear at the bottom of the member finder. If you have entered a partial search or if more than one member is found, the page below will display a list of members who match the criteria entered. Click the member’s name to access that member’s information.
The Member ID reflects a suffix indicating the member’s relationship in the family. Typically the suffix is a 2 digit code however, if a member has requested restriction under HIPAA the suffix may be a 3 character code. The suffixes are:

- 01-Employee/Subscriber
- 02-Spouse
- 03-99 Dependent
- 20-Second Spouse
- 30-Third Spouse
- 40-Fourth Spouse
- 90-Legally Domiciled Adult-
  A#-Used for QMCSO
  P#-Used for authorized personal rep
  R# Restricted (based on Member’s request)

The suffixes for additional spouses, domestic partners, QMCSO, authorized personal rep are assigned in the system but will be reflected in the portal (i.e. –A1, -R1, -P1, etc.)
Research a Found Member/Participant

Once the Unit/Location or member are found, the Home page displays the Client and Member Dashboards. The user sees the Client Dashboard on top with the Member Dashboard below.

The Client Dashboard displays:

- Welcome message with a link to learn more about the portal.
- My Client Links that provide links for the Client/Employer Groups.
- Nippon Life Benefits link to learn more about Nippon Life Benefits.
The Member Dashboard contains **My benefits** (includes Member specific benefits and eligibility) and **My links** (access to Member specific related links).

FYI-A portal user logged in as a **member** sees the My Dashboard on top of the home page. Tiles on My Dashboard include **My benefits**, **My costs** and **My links**. Messages, My Links, Family Links and My Profile tabs are in the top right of the page. **My Expenses** and **About Me** tabs are in the top left of the page. An Employer/Broker user has the ability to see everything a member EXCEPT **My costs**, which is claim-based information. The below is what a Member would see on their Home page.

**Sample Member Dashboard – Home page**

- **My benefits** on the Member Dashboard reflects current eligibility for active members, listing the types of coverage enrolled and the dependents enrolled in that coverage, including Life and Disability. **View my eligibility** link provides the details regarding the enrolled dependents and coverages. **View my benefits** link provides access to a benefit description of enrolled coverages, Summary of Benefits and Coverage (SBC) (medical only) and Plan Documents (booklet-certificates)

- **My costs** displays a summary of the member’s expenses for the current year with the plan’s payments shown in the donut as red and the member’s responsibility for deductible, coinsurance, and copays shown as blue. Selecting the link **View my expenses** takes the user to the member’s claim history.

- **My links** display quick links to other features such as find a provider, see an image of an ID card, etc. **View all of my links** opens a resource tab to display all the links pertinent to the employee and their dependents

- The tile on the bottom left displays resources/updates.
**Member Dashboard** – Employer view – My benefits tile

- **My benefits** on the Member Dashboard reflects current eligibility for active members, listing the types of coverage enrolled and the dependents enrolled in that coverage, including Life and Disability.
  - **View my benefits** takes the user to the **Benefit Information** page, which allows user to
    - View brief summary of coverages member is enrolled
    - View/Access Summary of Benefits and Coverage (SBC) (medical only)
    - View Plan Documents (certificate-booklets)
  - **View my eligibility** takes the client user to the **Enrollment/Coverage** page, which allows access to:
    - **Coverage** (Member Summary, and Coverage details (network, list of coverages)
    - **Personal Information**
      - View ID Card History for this member
      - Ask a question about this member
      - View Transaction Request History (for this member)
- **My costs** displays a summary of the member’s expenses for the current year with the plan’s payments shown in the donut as red and the member’s responsibility for deductible, coinsurance, and copays shown as blue. Selecting the link View my expenses takes the user to the member’s claim history.

- **My links** display quick links to other features such as find a provider, see an image of an ID card, etc.

- The tile on the bottom left displays resources/updates.
ENROLLMENT

View and Change Enrollment Information

To view/change a member’s enrollment information, select the Enrollment tab and search for a member. If you have already selected a member, his or her information will display. The page defaults to the Enroll tab which displays sections of data for the members: Event, Members, Coverage, Life Elections and Other Comments. To expand a section, click the arrow in front of the section title.
View Enrollment Information

Enter details below

Life/AD&D

<table>
<thead>
<tr>
<th>Elect?</th>
<th>Life Amount</th>
<th>AD&amp;D Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

More Options

- Address 1
- Address 2
- State:
- Zip Code:
- County:
- Home Phone:
- Add/Modify
- Cancel

If full time student selected: Dependent child questionnaires may be required.
If foster child selected: Foster child questionnaires may be required.
If step child selected: Step child questionnaires may be required.

Coverage

The plan information displayed below may be future dated. Please check the member's coverage history for previous coverage and the original effective date.

Location/State: SAMPLE GROUP 00050
Plan Participant's Name:
Primary Care Physicians:

Update Plan Information:

Please choose an action and effective date to work on coverage. Select "Update" to add or modify existing coverage. Select "Terminate" to terminate existing coverage. Select "Reinstate" to reactivate terminated coverage. Select "Void" to invalidate an existing coverage record.

Actions:
- Update
- Terminate
- Reinstate
- Void

Effective Dates:

Location/State:

<table>
<thead>
<tr>
<th>Member ID</th>
<th>Family Member</th>
<th>Effective Date</th>
<th>Termination Date</th>
<th>Current Elections</th>
<th>Medical</th>
<th>Dental</th>
<th>Vision</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td></td>
<td>03/18/2018</td>
<td></td>
<td>Medical, Dental, Vision</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>03/18/2018</td>
<td></td>
<td>Medical, Dental, Vision</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>03/18/2018</td>
<td></td>
<td>Medical, Dental, Vision</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>03/18/2018</td>
<td></td>
<td>Medical, Dental, Vision</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>N</td>
<td></td>
<td>03/18/2018</td>
<td></td>
<td>Medical, Dental, Vision</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

Life Elections

Enter details below

<table>
<thead>
<tr>
<th>Elect?</th>
<th>Life Amount</th>
<th>AD&amp;D Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Other Comments

If full time student selected: Dependent child questionnaires may be required.
If foster child selected: Foster child questionnaires may be required.
If step child selected: Step child questionnaires may be required.
If court order selected: Please send a copy of the court order.
If loss of other group coverage was selected: Please specify the previous carrier, then reason for the loss of coverage in the Comment section and the employee change form is to be sent to admin-info@nipponlifebenefits.com or mailed to PO Box 2591 (Savannah, GA 31402). For questions contact admin-info@nipponlifebenefits.com or 888-274-1325 ext. 42760

Next  Reset

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View Personal Information

1. As the user begins to enter data in editable fields, the Add/Modify button is activated.
2. Once changes are made to Personal Information, the user will click Add/Modify to begin updating the account.
3. Refer to the Update Member Enrollment Information section for complete details.

View ID Request History

Select View ID Card History for this member to display a listing of ID card request, print and mail dates:
**View Personal Information**

Coverage History provides a summary of the benefit plan selected by the member, including the dates enrolled in a plan, coverage type of medical, dental, vision, life, LTD, STD etc., and the location or division.

From the **Enrollment → Coverage** tab, click on a member’s name to display the Coverage History details for that member.

**Coverage**

Use the arrows in the column headings to sort the information contained in the specific column.

<table>
<thead>
<tr>
<th>Member ID</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Coverage History:

Filter

<table>
<thead>
<tr>
<th>Location/Division</th>
<th>Benefit Plan</th>
<th>Network</th>
<th>Effective Date</th>
<th>Termination Date</th>
<th>Medical</th>
<th>Dental</th>
<th>Activex Dental Administrators</th>
<th>Activex Vision Administrators</th>
<th>Eyewear Insight Vision Network</th>
<th>Vision</th>
<th>Activex Health</th>
<th>Wellness</th>
<th>Life/AD&amp;D</th>
<th>Short Term Disability</th>
<th>Long Term Disability</th>
<th>Termination Reason</th>
</tr>
</thead>
</table>

Click *Filter* to narrow down the results by effective date, termination date, or coverage type.

Coverage History:

Filter

<table>
<thead>
<tr>
<th>Effective Date</th>
<th>Termination Date</th>
<th>Coverage(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Upon filtering the coverage data, the Coverage History table automatically displays the coverage based on the criteria selected.

1. To update coverage information, the user will click **Modify Coverage**, which will direct them to the **Enroll** page. Only client users have permission to add/modify coverage for members.

2. Refer to the **Update Coverage(s)** section for instructions.
View the Family Summary

Family information is accessed through Enrollment → Family Summary. The Family Summary page provides an overview of the enrollment information for the entire family.
1. To expand information, click **View Details**.

2. When the user clicks **Edit** to make changes, they are directed to the **Enroll** tab. The Edit button is only available to client users who have permission to add/modify coverage for members.

3. Refer to the appropriate section in this manual to **Update Personal Information**, **Update Coverage**, **Update Flexible Spending Account**.
Add Plan Participant/Member

There are two ways to add a new plan participant.

1. Click on the Enrollment tab and the Enroll sub-menu to enroll a plan participant. The plan participant must be added prior to adding any dependents.
2. Click the Enroll button in the Member Finder to add a new plan participant. (This method is the quickest)

Enrollment includes sections that need completed before enrollment is considered complete. The user must complete the mandatory fields marked with an asterisk *. See View Enrollment Information section.

Event-Add/update Date of Change, Reason for change and Signature Date (the date the form was completed by the member (changes were requested)).

Members – Add/update Personal Information such as name, address, phone number. Add Employment Information such as date of hire, salary effective date, or salary.

Coverage – Add/update Plan Information such as effective dates, location/division, benefit plan.

Adding a plan participant involves adding the demographics and the selection for coverage. The plan participant must be added first before any dependents are added.

1. The Member’s Personal Information must be added before moving on to the Coverage section. Dependents may be added at this point before the Coverage section is completed.
2. Once the member information is added click Add/Modify to continue.
3. Proceed to the Coverage section of this page to add the benefit plan information.
4. Refer to Add Dependents section in this manual for details on adding family members.

Other Comments-Add comments pertaining to the participants account.
Add Plan Participant/Member

The first step in adding a plan participant is for the user to add the demographics under the **Members** section. Required fields are marked with an asterisk (*).

1. The required fields (*) such as, name date of birth, SSN, gender, address, date of hire, hours per week, and occupation must be completed.

2. Additional fields may be completed such as, salary effective date, salary amount, salary type, rotational status and marital status.
   a. **Note:** while some fields may not be mandatory, they may be required when filling in another section of enrollment. For example: Salary is not a mandatory field, but if the client enters STD coverage for a member (which is based on salary) the system will alert the user to input a salary amount.

3. Clicking **Add/Modify** adds the plan participant.

4. Once the plan participant is added to the system, dependents may be added by clicking **Add Dependent**. Refer to the **Add Dependent** section for details.
### Field Help in the Enrollment section

<table>
<thead>
<tr>
<th>Field</th>
<th>Description/Help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any field</td>
<td>Quotation marks (“”) should not be used in any field.</td>
</tr>
<tr>
<td>Social Security Number</td>
<td>Dashes are not required</td>
</tr>
<tr>
<td>Employer</td>
<td>Employer name is populated after the record is saved.</td>
</tr>
<tr>
<td>Date fields</td>
<td>slashes are required</td>
</tr>
<tr>
<td>Date of Hire</td>
<td>Employee’s date of hire and the start of the waiting period (if applicable)</td>
</tr>
<tr>
<td>Effective Date</td>
<td>The date that actual coverage begins, immediately follows any waiting period.</td>
</tr>
<tr>
<td>Salary Effective Date</td>
<td>Cannot be prior to the date of hire</td>
</tr>
<tr>
<td>Annual Salary</td>
<td>If benefits are tied to the salary (i.e. Life insurance, etc.) enter the employee’s annual salary.</td>
</tr>
<tr>
<td>Occupation</td>
<td>The member’s occupation or job title.</td>
</tr>
</tbody>
</table>
Add Plan Participant/Member

The next step in adding a plan participant is to add the coverage he or she selected during the enrollment process.

The user follows the below steps to add the plan participant:

1. Select Update as the Action.
2. Enter the Effective Date of the change.
3. Select the Location for the member from the drop down list.
4. Select the Class/Division, if applicable, for the member from the drop down list. If the member is to be enrolled in a specific class or division, type the name.

The available coverage options are specific to the client and to the particular location in which the participant is enrolled. No other coverage options will be available if not under that specific location.

5. Select Elect for STD or LTD if chosen by the member.
6. Select the Coverage chosen by the member. (Coverage option boxes appear to the right of the screen.)
7. Select Elect for Life/AD&D and coverage amounts if chosen by the member. (Coverage option boxes appear to the right of the screen.)
8. If the member has a Flexible Spending Account, continue with the section Add Plan Participant – Flex.
9. Click Next to continue or Reset to start over.
The Summary of Enrollment Changes appears.

Summary of Enrollment Changes

**Event**

- **Date of Change:** 07/28/2010
- **Reason:** Adoption
- **Signature Date:** 07/06/2010

If court order selected: Please send a copy of the court order.
If loss of other group coverage was selected: Please specify the previous carrier name, then reason for the loss of coverage in the Comment section and the employee change form is to be sent to admin.info@nipponlifebenefits.com or mailed to PO Box 251561 Shreveport, LA 71125-5151

**Plan Participant Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Member ID</th>
<th>Date of Birth</th>
<th>(No Changes)</th>
<th>Edit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Family Information**

- **Name:** 
  - **Member ID:** 
  - **Date of Birth:** 11/15/1971
  - (No Change) | Edit
- **Name:** 
  - **Member ID:** 
  - **Date of Birth:** 03/29/2004
  - (No Change) | Edit
- **Name:** 
  - **Member ID:** 
  - **Date of Birth:** 04/22/2005
  - (No Change) | Edit
- **Name:** 
  - **Member ID:** 
  - **Date of Birth:** 11/02/2007
  - (No Change) | Edit
- **Name:** 
  - **Member ID:** 
  - **Date of Birth:** 01/30/2009
  - (No Change) | Edit

If full time student selected: Dependent child questionnaire may be required.
If foster child selected: Foster child questionnaire may be required.
If new child selected: Step child questionnaire may be required.

**Coverage Information**

Location/Unit: 10591 SAMPLE COMPANY
Class/Division: 

**Life Election Information**

**Additional Information**

- **Name:** 
  - **Member ID:** 
  - **Date of Birth:** 11/15/1971
  - (No Change) | Edit
- **Name:** 
  - **Member ID:** 
  - **Date of Birth:** 03/29/2004
  - (No Change) | Edit
- **Name:** 
  - **Member ID:** 
  - **Date of Birth:** 04/22/2005
  - (No Change) | Edit
- **Name:** 
  - **Member ID:** 
  - **Date of Birth:** 11/02/2007
  - (No Change) | Edit
- **Name:** 
  - **Member ID:** 
  - **Date of Birth:** 01/30/2009
  - (No Change) | Edit

If full time student selected: Dependent child questionnaire may be required.
If foster child selected: Foster child questionnaire may be required.
If step child selected: Step child questionnaire may be required.
If court order selected: Please send a copy of the court order.
If loss of other group coverage was selected: Please specify the previous carrier name, then reason for the loss of coverage in the Comment section and the employee change form is to be sent to admin.info@nipponlifebenefits.com or mailed to PO Box 251561 Shreveport, LA 71125-5151

10. The user may click **View Changes** to view the information. Any data in the Plan Participant/Dependent Information, or Coverage Information may be changed by clicking **Edit**.

11. If the information is correct, the user will click **Submit** to send the information to Administration. Click **Back** to return to the previous page. Click **Cancel** to cancel and return to the previous page.

12. After submitting the enrollment change, the below confirmation displays.

   Thank you for the change. This will be processed by an analyst and you will receive a message in your Message Center Inbox once the requested change has been completed.

13. Select **Print Completed Enrollment Form** to print a copy of the changes. Select **Close** if a printed copy is not needed.
Add Plan Participant/Member - Flex

The user will use the Enrollment function in the portal to enroll members for Flexible Spending Account (FSA) elections. All eligibility information entered into the NipponLifeBenefits Portal will be sent to the Nippon Life Benefits FSA/HRA team.

The plan participants electing the Flex rider may have coverage selected showing flex. It may be ‘medical, dental, and flex’ or ‘flex only’. The FSA may be for healthcare(HC) and/or dependent care (DC) reimbursement.

The FSA must be re-enrolled every year at open enrollment. This benefit does not automatically carry over from year to year.

To add a flex plan participant, the user:

1. Selects the Benefit Year from the drop-down list.
2. Selects the Reason for Change from the drop-down list.
3. Selects the Date of Status Change from the drop-down list.
4. Selects the Payroll Period from the drop-down list.
5. Selects the Funding Option from the drop-down list. Only the options available to that client appear.
6. Under Account Elections, enter the Participant Election Amount, Employer Credit Amount and Effective Date for the dependent care and/or medical reimbursement, parking, transportation, etc. When the member also has a Health Savings Account (HSA) with a FSA, the FSA must be a Limited Scope FSA because the HSA and FSA cannot reimburse the same expenses. Employer Credit Amount is used for employers who contribute to the Flex account.
7. Under Direct Deposit, select the Account Type from the drop-down list. This section only appears if the client allows Direct Deposit. The remaining fields are required.
Add Plan Participant/Member - Flex

1. Enter the Account Number.
2. Verify Account Number by re-entering it.
3. Enter the Routing Number for the account.

4. Click **Next** to move to the Summary of Enrollment.
5. Click **Reset** to return to the original information.

A Summary of Enrollment Changes page displays, allowing a review of the changes before submitting to Administration.

1. Click **View Changes** to view the information. The Flexible Spending Account Information displays the payroll deductions elected by the employee. Any data in the Plan Participant/Dependent Information, Coverage Information and Flexible Spending Account Information may be changed by clicking **Edit**.

2. If the information is correct, click **Submit** to send to Administration. Click **Back** to return to the previous page. Click **Cancel** to cancel and return to the previous page.

3. After submitting the changes, select **Print Completed Enrollment Form** to print a copy of the changes. Select **Close** if a printed copy is not needed.
Add Dependent

Once the plan participant has been added, the user may now add dependents. The user will locate the plan participant using the Client and Member Finder tools. Select the Enrollment tab, and then Enroll. The list of family members appears.

The user will need to fill in the Event section by inputing the Date of Change, Reason and Signature date.

Enrollment

1. The user will click Add Dependent to create a record for another family member. This button is not available if the plan participant is terminated. Dependents may be added immediately after adding the plan participant and before continuing to the Coverage section.

2. The user completes the required fields indicated by an asterisk (*) in Personal Information (name, date of birth, gender, relationship and address) and Coverage Information.
Add Dependent

- SSN is a required field for any member 18 years or older, for medical coverage
- The user can click *Use Plan Participant’s Address* to fill in the address boxes with the same address as the plan participant.

The user follows the below steps to continue adding the dependent:

1. Selects Update as the *Action*.
2. Enters the *Effective Date* of the change.
3. Selects the *Location* for the member from the drop down list.
4. Selects the *Coverage* chosen by the member. Coverage option boxes appear to the right of the screen. The available coverage options are specific to the user and to the particular location in which the participant is enrolled and. No other coverage options will be available if not under that specific location.
5. Selects *Elect for Life/AD&D* and coverage amounts if chosen by the member.
6. Clicks *Add/Modify* to continue.
To remove a member before submitting the record, the user clicks **Remove**. Once the record is submitted, the record cannot be removed. Click **Next** when completed. Click **Reset** to return to the original data.

A Summary of Enrollment Changes displays allowing a review of the changes before submitting them to Administration.
Add Dependent

1. Click **View Changes** to view the information. Any data in the Plan Participant/Dependent Information, Coverage Information and Creditable Coverage Information may be changed by clicking **Edit**. Click **Back** to return to the previous page. Click **Cancel** to cancel and return to the previous page.

2. Click **Submit** to submit the entry Administration.

3. After submitting the changes, select **Print Completed Enrollment Form** to print a copy of the changes. Select **Close** if a printed copy is not needed.

Update Member/Participant Coverage Information

The Member's Coverage information may be accessed from the **Enrollment** → **Coverage** tab.

1. To update information from the **Coverage** tab, the user will click the member's name in the Member Summary. The same name appears in the Coverage box and his or her plan information appears under Coverage History.

2. The user clicks **Modify Coverage** to make changes.
Update Member/Participant Coverage Information

The user clicks the **Action** drop-down box to select the type of action applicable for the change being performed.

- **Update**
- **Terminate**
- **Reinstate**
- **Void**

To update member coverage information, the user:

1. Selects Update as the **Action**.

2. Enters the **Effective Date** of the change. When updating to new coverage or division, the Effective Date is the first date of coverage. You must change other details besides the date or the Next button is inactive. You will also receive an error message if all appropriate fields are not populated.

3. Makes changes to the **Location/Division** box by using the drop down to select the new **Location/Division** information, if applicable. If changes are made to the plan participant, those changes are assigned to the dependents as well.

4. Makes changes to **Coverage** using the boxes to the right of the screen to select the new coverage information. If changes are made to the plan participant, those changes are assigned to the dependents as well. If all of the coverage was not elected for a dependent (dental, for example) uncheck that coverage for the dependent. The available coverage options are specific to the client and to the particular location in which the participant is enrolled. No other coverage options will be available if not under that specific location.

5. Selects the **Class/Division**, if applicable, for the member from the drop down list. If the member is to be enrolled in a specific class or division, type the name.
Update Member/Participant Coverage Information

6. Selects Elect for STD or LTD if chosen by the member, if applicable.

7. Select Elect for Life/AD&D and coverage amounts if chosen by the member, if applicable.

8. Click Next to continue or Reset to start over.

A summary of Enrollment Changes will be viewable.

Summary of Enrollment Changes

1. Click View Changes to view the information. Any data in the Plan Participant/Dependent Information, Coverage Information and Creditable Coverage Information may be changed by clicking Edit. Click Back to return to the previous page. Click Cancel to cancel and return to the previous page.

2. Click Submit to submit to Administration.

3. After submitting the changes, select Print Completed Enrollment Form to print a copy of the changes. Select Close if a printed copy is not needed.

The confirmation that the information has been sent to an analyst in Administration appears at the top of the page.
**Update Member/Participant Coverage Information**

**Summary of Enrollment Changes**

Thank you for the change. This will be processed by an analyst and you will receive a message in your Message Center Inbox once the requested change has been completed.

---

**Update Member’s/Participant’s Flexible Spending Account Information**

The user may make updates to the Flexible Spending Account Information by accessing:

- The **Enrollment** → **Enroll** tab or
- The **Enrollment** → **Family Summary** tab.

1. From the Enroll tab, after retrieving the member using the Member Finder, move down to the Flexible Spending Account section if you are only changing the deductions, or bank account information. If you are adding a new election for flex, refer to the **Add Participant – Flex** section for details.

2. Expand the Flexible Spending Account section if necessary by clicking the arrow in front of the title. Flex elections **must be made every year** at open enrollment. Change the necessary fields to update the Flexible Spending Account data:
   
   a. Select the **Benefit Year**.
   b. Select the **Reason for the Change** from the drop down list.
   c. The **Payroll Period** should default to the client’s pay period.
   d. Select the **Funding Option** from the drop down list. Only the options available to the client appear.
   e. In the Account Elections section, identify the appropriate row to enter the **Participant Election Amount** and **Effective Date**. Dependent Care is for reimbursement of day care expenses, Medical Reimbursement is for reimbursement of health care expenses. If a row appears for Healthcare Reimbursement Account this is a HRA, not FSA.

      i. Example: On 1/1/13 deduction was $70.83 per pay with 24 pays per year at $1699.92 total annual amount. On 6/1/13 the payroll deduction was increased to $100 per pay for the remaining 14 pay periods. The Annual Election Amount after the change is $70.83 x 10 pays = 708.30 plus $100 x 14 pays = $1400 for an annual total of $2108.30.

3. Click **Next** when completed.

**Note:** The options in the FSA election page will only display if a rider in the coverage section has been checked. For example, if the client is expecting to see FSA dependent care and it is not there, the rider is either missing or not checked.
The Summary of Enrollment Changes appears.

Click **View Changes** to view the information. Any data in the Plan Participant/Dependent Information, Coverage Information and Creditable Coverage Information may be changed by clicking **Edit**.

- Click **Back** to return to the previous page.
- Click **Cancel** to cancel and return to the previous page.
- Click **Submit**
- After submitting the changes, select **Print Completed Enrollment Form** to print a copy of the changes. Select **Close** if a printed copy is not needed.
**Terminated Access Employers/Brokers/Members**

Users can continue to use the portal to view claims, send messages, review reports and other basic portal functions.

If the user is set to Inactive status, he or she will not have any access to the portal under the client user name. They can continue to use a separate personal account to access personal information in the portal.

After the termination date, any links associated with coverage records will be based on the last date of coverage. These links include Find a Doctor or any other links connected to benefit packages, riders, plan documents, etc.
Terminate Plan Participant/Member

Terminating a plan participant from the client is done under the **Enrollment** tab. Search for a member to display his or her information. The **Enroll** page is the first page that displays. Do not have the Personal Information section expanded.

The user follows the below steps to terminate the plan participant:

1. **Select** Terminate in the **Action** field.
2. Enter the **Effective Date** of the termination; this is the last date of coverage. When the plan participant is terminated, the entire family is automatically terminated. This terminates the plan participant (and family) completely. If only a type of coverage is being terminated refer to the **Terminate Coverage(s)** section.
3. Chose the member’s location from the drop down box.
4. **Select** the **Terminate** box to the right of the page.
5. If the plan participant also had flex coverage, refer to the section **Terminate Plan Participant Flex Coverage**.
6. Click **Next** to continue. Click **Reset** to revert to original information.
You will be prompted to select a termination reason for the termination event and a Qualifying Event Date.

1. Enter the Loss of Coverage Date and Last Day Worked.

2. Click Next to continue.

   Click Back to return to previous page.

Once the user has made the necessary changes on the Enroll page and have clicked Next, a Summary of Enrollment Changes page displays. Click View Changes to see the previous and new information. The user has the ability to Edit to make further changes.

3. If the information is correct, click Submit to send the information to Administration. Click Back to return to the previous page. Click Cancel to cancel and return to the previous page.

4. After submitting the changes, select Print Completed Enrollment Form to print a copy of the changes. Select Close if a printed copy is not needed.
**Terminate Plan Participant/Member- Flex Coverage**

When the plan participant is terminating employment and also had flex coverage, the termination also must be performed in the Flexible Spending Account section. If the plan participant is retaining health coverage but only terminating the Flexible Spending Account, refer to the [Update Member’s Flexible Spending Account](#) section.

The Flex coverage is terminated under the Enrollment tab.

1. After terminating the plan, in the Coverage chart the user removes the check marks from all the types of flex coverage.
2. The user selects the current Benefit Year.
3. The user selects a Reason for Change, “Other” or “Employment Status”, and inputs Date of Change and Payroll Period.
4. In the Account Elections chart, the user enters the same termination date that was used to terminate the health coverage for all rows for flex coverages (i.e. dependent care, medical reimbursement)

5. Click [Next](#).
Terminate Plan Participant/Member - Flex Coverage

1. Enter the Loss of Coverage Date and Last Day Worked.
2. Click **Next** to continue.
3. Click **Back** to return to previous page.

Once you have made the necessary changes and have clicked **Next**, a **Summary of Enrollment Changes** page displays allowing a review of the changes before submitting them to Administration. Click **View Changes** to see the previous and new information. The user has the ability to **Edit** to make further changes.

5. If the information is correct, click **Submit** to send the information to Administration. Click **Back** to return to the previous page. Click **Cancel** to cancel and return to the previous page.

6. After submitting the changes, select **Print Completed Enrollment Form** to print a copy of the changes. Select **Close** if a printed copy is not needed.
Terminate Dependent

To terminate a dependent, the user selects the **Enrollment** tab and searches for a member.

1. Go to the Coverage section. Select **Terminate** from the **Action** drop-down menu.
2. Enter the termination **Effective Date** which is the last date of coverage. A
3. Select the Terminate box to the right of the screen for which dependent(s) should be terminated.
4. Click **Next** to continue.
**Terminate Dependent**

You are prompted to select a termination reason for the termination event and a Qualifying Event Date.

1. Enter the Loss of Coverage Date and Last Day Worked.

2. Click **Next** to continue. Click **Back** to return to previous page.

Once you have made the necessary changes on the **Enroll** page and have clicked **Next**, a **Summary of Enrollment Changes** displays allowing a review of the changes before submitting them to Administration. Click **Edit** to update any other changes.

3. If the information is correct, click **Submit** to send the information to Administration. Click **Back** to return to the previous page. Click **Cancel** to cancel and return to the previous page.

4. After submitting the changes, select **Print Completed Enrollment Form** to print a copy of the changes. Select **Close** if a printed copy is not needed.
**Terminate Coverage(s)**

A member may request termination of one of the coverages, and not total termination, this is considered a **Waiver**. Select the **Enrollment** tab and search for a member. If you have already selected a member, his or her information will display. The **Enroll** page is the first page that displays.

The user follows the below steps to terminate coverage(s):

1. In the Coverage section, select **Update** from the **Action** drop-down menu. **Do not select Terminate** from the **Action** menu because some coverages are still active.

2. Enter the termination Effective Date (last date of coverage) for the coverage. If coverage is ending for the plan participant, the entire family is terminated automatically for that same coverage.

3. **Uncheck** the coverage(s) that should be removed from each member. (Example, remove dental coverage)

4. Update the Events section with the Date of Change, Reason for Change and Signature Date.

5. Click **Next** to continue.
Terminate Coverage(s)

The user is prompted to select a termination reason for the termination event and a Qualifying Event Date.

6. Enter the Loss of Coverage Date and Last Day Worked.

7. Click Next to continue. Click Back to return to previous page.
**Terminate Coverage(s)**

Once the user has made the necessary changes have clicked **Next**, a **Summary of Enrollment Changes** displays for a review of the changes before submitting them to Administration. A detailed list of the member’s information appears with the ability to click **View Changes** to see the details or click **Edit** to update any other changes.

8. If the information is correct, the user clicks **Submit** to send the information to Administration. Click **Cancel** to cancel and return to the previous page. Click **Back** to return to the previous page.

9. After submitting the changes, select **Print Completed Enrollment Form** to print a copy of the changes. Select **Close** if a printed copy is not needed.
Terminate Flex Coverage

A plan participant may elect to terminate only the flex coverage at open enrollment. Since the member is retaining the other coverages, medical, dental, etc. do not use the Terminate Action. Select the Enrollment tab and search for a member.

The user follows the below steps to terminate flex coverage:

1. In the Coverage section, select Update from the Action drop-down menu. Do not select Terminate from the Action menu because some coverages are still active.

2. Enter the termination Effective Date (last date of coverage) for the coverage. If coverage is ending for the plan participant, the entire family is terminated automatically for that same coverage.

3. Uncheck the flex coverage(s) that should be removed from each member.

4. Update the Events section with the Date of Change, Reason for Change and Signature Date.

5. Click Next to continue.
6. If the flex coverage(s) are terminating, the user moves to the Flexible Spending Account section.

1. Select the *Reason for Change* from the drop down list.

2. Enter the termination date for the rows of flex coverage that are terminating.

7. Return to the Coverage section and uncheck the flex coverage(s) that should be removed from each member. If *all* forms of flex coverage are terminating, unchecking the columns results in the Flexible Spending Account section disappearing.

8. Click **Next** to continue or **Restart** to start over.
Terminate Flex Coverage

The **Summary of Enrollment Changes** displays for a review of the changes before submitting them to the system. A detailed list of the member’s information appears with the ability to click **View Changes** to see the details or click **Edit** to update any other changes.

9. If the information is correct, click **Submit** to send the information to Administration. Click **Cancel** to cancel and return to the previous page. Click **Back** to return to the previous page.

10. After submitting the changes, select **Print Completed Enrollment Form** to print a copy of the changes. Select **Close** if a printed copy is not needed.
Reinstate a Member/Participant

Once a member has been terminated, he or she may be reinstated. There may or may not be a lapse in coverage depending on the situation. Select the Enrollment tab and search for a member. If you have already selected a member, his or her information will display.

To reinstate a member, the user:

1. Inputs the Date of Change, Reason and Signature Date in the Event section.
2. Selects Reinstate from the Action drop-down menu.
3. Enters the reinstatement Effective Date (can be a future date).
4. Updates the Location/Unit and Coverages, if applicable. They may be different than what they had originally.
5. Updates the STD/LTD information with ‘Elect’ and amounts if elected and applicable.
6. Selects the reinstate box to the right of the page for the member being reinstated.
7. Updates the Life/AD&D information with ‘Elect’ and amounts if elected and if applicable.
8. Click Next to continue.
### Reinstall a Member/Participant

1. **Life Election**

<table>
<thead>
<tr>
<th>Life/AD&amp;D</th>
<th>Life Amount</th>
<th>AD&amp;D Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elect</td>
<td>$5,000.00</td>
<td>$5,000.00</td>
</tr>
</tbody>
</table>

9. Once the user has made the necessary changes on the **Enroll** page and have clicked **Next**, a **Summary of Enrollment Changes** displays allowing a review of the changes before submitting them to Administration. The user will have the ability to click **Edit** to make further changes.

10. If the information is correct, click **Submit** to send the information to Administration. Click **Cancel** to cancel and return to the previous page. Click **Back** to return to the previous page.

11. After submitting the changes, select **Print Completed Enrollment Form** to print a copy of the changes. Select **Close** if a printed copy is not needed.
**Void Coverage**

Coverage is voided when it was entered in error reflected as the same effective and termination date. Select the **Enrollment ➔ Coverage** tab and search for a member. If you have already selected a member his or her information will display.

1. The user clicks **Modify Coverage**. Or accesses **Enrollment ➔ Enroll**.

2. The user will go to the Coverage section.

3. The user selects **Void** as the Action. A Void check box appears at the far right of the plan information for each family member. Notice the Effective Date is greyed out since the void will use the same date for effective and term date.

4. The user clicks the **Void** box for the member that should not have coverage.

5. The user clicks **Next**. Click **Reset** to return to the original data.
6. The Summary of Enrollment Changes appears after clicking **Next**. Click **View Changes** to review the details. Click **Edit** to make changes.

7. If the information is correct, click **Submit** to send the information to Administration. Click **Cancel** to cancel and return to the previous page. Click **Back** to return to the previous page.

8. After submitting the changes, select **Print Completed Enrollment Form** to print a copy of the changes. Select **Close** if a printed copy is not needed.
MESSAGES

Portal Messages

A messaging feature is available in the portal for personalized customer service, allowing the user to send and receive messages. The messages are tied to the user ID who is logged in to the portal. Messages sent by or received by that user ID are viewable.

The user and members can send a short message and attachments to various departments for information. For example, they can send a message asking why a member is shown as being terminated when he should be enrolled. Or, they can contact the Billing Department for answers to billing questions. Employees with questions about claims can reach customer service directly, or they can address a question to another department. The nature of the message will direct it to the appropriate team.

Messages are created or reviewed through the Messages tab.

The user can select Sent Messages from the drop down list to review previous messages, or New Messages to create a new message.

From the list of Sent Message, click on the message subject to view a message.

To delete a message, click the box next to the message and then click Delete Selected. Users are able to delete their own messages. However, the message history still exists in the system.

The user receives an e-mail from messages@NipponLifeBenefits.com that a new message is available in the portal.
Send a Message

To send a message, select the Messages drop-down tab on the upper right section of the page. When the Messages drop-down tab is selected, click on New Message.

1. The Compose Message box opens.

2. Select your topic, enter a subject and compose the message. The topic and the user type direct the system to route the message to the team member.

3. If applicable, supporting documentation can be included with the message. To attach documentation, select Browse. A file browser will appear. Highlight the desired file and select Open. The maximum file size for attachments is 5 MB.

4. Click Send to submit your question. Based on the topic, the message will route to the appropriate team member for handling. Click Cancel to cancel and return to the previous page.
Send a Message

When a response has been sent the user receives an email notice that a message is available in the portal. The user must log in to the portal and go to the Messages tab to view the response.

Users have the ability to add attachments in a New Message. An attachment cannot be added in a Reply message. Select the Browse button and locate the file on the computer or device. Select ‘OK’ and the file name will appear in the Attachment window. Click Send.
Users have access to the Admin features of the portal. The Admin features are:

- Manage User Permissions, this allows certain users the ability to change access levels downstream.

To access the administration tools, click the **Admin** tab. Assigned permissions may differ depending on the responsibilities of the user. Once the appropriate user has been entered in the Client Finder, a list of current users appears.

- Use the Find User feature to find a specific user.
- If the *Role* of Client was selected, and a name entered, also enter a Login ID or check the box for *Restrict to current client*.
- If you don’t select a *Role*, you can search by name only.
Create a Registration Code Export

The user will have the ability to create a registration code export report. The report provides the user with an Excel spreadsheet detailing members’ registration status. This report is also useful to find all the members for a client and determine which members have registered, even if a registration code wasn’t required. Note: The Registration Code Export will include terminated members.

Select Admin→Registration Code Export to access this feature.

1. Enter a Client Code in the client finder.

2. Click Export to generate a spreadsheet of the registration status of all members of the client, registered and non-registered, and their registration code.
**Transaction Request History**

Users have specific access to the Transaction Request History if they have been assigned access through the Permissions.

- Member generated transactions such as change of email, phone number, etc. will not be visible to the user.
- The user will only see transactions that have been generated by the client users, ie. Terminations, Waivers, Additions. ID card history is available to be viewed on each member/participants eligibility page

Select **Admin → Transaction Request History** to access this feature.

The Filter section allows the user to restrict the list of transactions. As a default, the filter displays a Submission Date of 180 days prior to the current date.

1. Enter a beginning and ending **Submit Date** to limit the transactions by the submit date.
2. Select a **Status of Analyst Review or Processed**. Select a user role from the **Submitted By** drop down list, i.e. Client
3. Select the number of **Transactions per Page**, i.e. 5, 10 or 100.
4. Select **Restrict to current family** if a member search was performed and to obtain only the transactions for that family.
**Transaction Request History**

A link to **View Transaction Request History** is available from the Enrollment menu on the Personal Information page. Users must have their Permission set to ‘view’ Transaction Request History under Admin tab. Click on **View Transaction Request History** from the Personal Information page and only this family’s transactions will appear in the Transaction Summary.

From the Transaction Summary, click on the Transaction # to open the Transaction Details page.

The Transaction Details provides a confirmation of the changes that were made.
Transaction Details

The Transaction # is provided as a reference to the transaction. The format of the transaction number is the first six digits are yymmdd and the remaining digits are internal resource numbers.

The sections that had changes display a link to View Changes. Click on View Changes to see the Current Value and New Value. The New Value column lists the changes that were submitted.
The **My Links** tab at the upper right of the page offers links to clients for quick and easy access to information. The **My Links** tab displays links relevant to a specific member and the access level of the logged in user.

Some links such as ‘Provider Search’ redirect the user to another website.

Links that redirect the user to an external website are marked with an icon in compliance with the American with Disabilities Act (ADA). This icon is read by a screen reader used by visually impaired individuals and will indicate that they are leaving the current website.

The portal displays the links available to a member user as of their coverage on the current date.

- If coverage becomes effective in the future, the links display for the member based on the future date.
- If coverage is termed or cancelled, the links display as of the last coverage date. Example: Members of a family terminate on 01/31/2018. When the members access the portal in March, the links they see will be based on the coverage they had prior to termination. If the benefit plan changed in March 2018 they would not see the links tied to the new benefit plan.
**My Links**

**Premium History Access**

Premium history access provides users with access to view their monthly billing statements.

The user chooses **Premium Statement History** from the **My Links** drop down menu, each unit that is accessible to the user will be displayed.

The monthly premium statements are displayed and remain viewable for 36 months. Statements can be printed or downloaded. There are two types of premium statements:

1. **Original** - The initial list bill for a specific billing period.
2. **Revised** - A full reissue of the list bill for a specific billing period which replaces the original bill.

**Forms**

The user is able to view forms uploaded to the portal such as, formulary drug list and an Administration guide. Choose the correct unit in the drop down box to select the appropriate location’s forms.
For clients with Flex or HRA benefits through Nippon Life Benefits FSA/HRA, a customized link is listed under My Links to access the Nippon FSA/HRA portal. This single-sign-on link automatically redirects to the full-service portal.

**Note:** Questions or calls regarding Flex and HRA accounts are handled by the Nippon FSA/HRA department.
**FAMILY LINKS**

*Family Links*

The Family Links tab at the upper right of the page displays a page of links for all family members for quick and easy access to information. Regardless of which family member was used to review information, the Family Links display links for each family member that is not blocked.

Some links such as ‘Find a Provider’ or CVS Caremark Pharmacy Network redirect the user to another website. The user needs to have pop up blockers turned off or they will not be directed to another page. A message appears in the bottom right corner to inform them to allow pop ups.

The portal displays the links available to a member as of their last active coverage.

- If coverage becomes effective in the future, the links display for the member based on the future date.
- If coverage is terminated or cancelled, the links display as of the last coverage date. Example: Members of a family terminate on 01/31/2017. When the members access the portal in March, the links they see will be based on the coverage they had prior to termination. If the benefit plan changed in March 2018 they would not see the links tied to the new benefit plan.
- Family members with different coverage will see different links. For example, if the subscriber and children have dental coverage but the spouse does not, the spouse will not have a link to ‘Find a Dentist’ but the rest of the family will display that link.
**MY PROFILE**

*Update Your Profile*

Select the **My Profile** tab from the upper right section of the page. Then select **User Profile** to display the page below. This page allows users to update their portal password and portal account e-mail address. If the e-mail address is changed here, the user may also need to update the Electronic Contact Information under the Enrollment/Perso

![Update Account Profile form]

- Click **Update** to save your changes.
- Click **Close** to leave the page without any changes.
Birthday Pop-Up

When users log into NipponLifeBenefits.com for the first time in their birth-month, they received the following pop-up message:

The pop-up only appears once and is closed by selecting the close option at the top-right of the pop-up window.

For additional questions, please contact 800-374-1835 (ext. 43780).