

Surency Flex Employer Account Access for Benefit Administrators



The Surency Flex Employer Account provides access to your group's plan design, online eligibility and reporting. This form explains the different access levels and reporting/notification options for administrative users of your Surency Flex Employer Account.

Pages 1 & 2: View information on different access levels and reporting options available for you to choose from.

Page 3: Complete this page for access to your Surency Flex Employer Account.

Page 4: Complete this page for access to view and download your bill online through the Surency Flex - Bills Account. You must complete the Employer Authorization section on Page 3 for access to either, or both, accounts.

Page 5: Complete this page if you would like to give your broker access to your Surency Flex Employer Account.

Please Note: Each user can have access to more than one of the below permissions/reporting & notification options.

Administrative Permissions

Surency offers the following permissions for benefit administrators. Please review and indicate on Page 3 which permission(s) you are requesting for each user.

AP-1.) Benefits and Employee Administrator

Search for employees, add/change/terminate employees, view employee details, balances and claims.
View plans, access resources (forms/links) and submit requests to Surency.

AP-2.) Import Administrator (*Required in order to send payroll and enrollment files*)

Import new files, view the import queue and take action on files in the import queue.

AP-3.) Import Monitor (*View only access*)

View the import queue and access the exception log to view errors within import files.

AP-4.) Report Reviewer* (*View only access*)

View scheduled benefit plan level reports and metrics.

AP-5.) Report Manager*

Request, view and remove benefit plan level reports and view metrics.

***Please Note:** If neither the Report Reviewer nor the Report Manager permissions are selected, then the user won't have access to any of the following reports/reporting listed on this form.

Plan Management Reporting & Notification Permissions

Surency offers the following plan management reporting and notification options for benefit administrators. Please review and indicate on Page 3 which option(s) you are requesting for each user.

PM-1.) Monthly Account Balance Detail Report**

PM-2.) Monthly Debit Card Status Report

PM-3.) Monthly Enrollment Report

PM-4.) Auto-Enrollment Notification (*for benefit plans **with** Rollover benefit option and **without** a requirement to enroll in subsequent plan year*)

****Recommended best practice to receive**

HSA Reporting & Notification Permissions

For plans that include an HSA, Surency offers the following HSA reporting and notification options for benefit administrators. Please review and indicate on Page 3 which HSA option(s) you are requesting for each user.

H-1.) Monthly HSA Funding Collection Notification

H-2.) Monthly HSA Account Detail Report (contributions)

H-3.) Monthly HSA Employer Summary Report (YTD & Current Contributions, Coverage Level, Account Status)**

****Recommended best practice to receive**

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Financial Reporting & Notification Permissions

Surency offers the following financial reporting and notification options for benefit administrators. Please review and indicate on Page 3 which option(s) you are requesting for each user.

F-1.) Daily Manual Claim Reimbursement Notification *(a detailed list of checks and direct deposits paid from your account)*

F-2.) Daily Debit Card Funding Notification

F-3.) Monthly Reimbursement Detail Report**

F-4.) Monthly Debit Card Transactions Report** *(batched by settlement day)*

F-5.) Monthly Bank Reconciliation Report

F-6.) Monthly Payment History Report**

F-7.) Monthly Repayments Report**

F-8.) Payroll Deduction Notification** *(you'll receive this notification 7 days prior to payroll)*

F-9.) Employer Contribution Notification *(only when applicable)*

****Recommended best practices to receive**

How Would You Like to Receive Reporting Notifications?

You may view and download reports and notifications directly from your Surency Flex Employer Account.

Surency also offers email notifications when your selected reports are posted within the Employer Account. Please indicate on Page 3 if each user prefers reporting **with**** or **without** email notifications.

****Recommended best practice**

Online Billing (Flex - Bills Account)

You may choose to have your monthly billing available electronically through our website at Surency.com. If you choose this option, you will receive a monthly email reminder when the bill is posted to our website. You can view and download the monthly bill by logging in to your Flex-Bills Account.

Please fill out the information on Page 4 in order to sign up for this feature.

Broker/Agency Online Access

You can also allow your broker access to your group's information within the Surency Flex Employer Account. To enable this option, complete Page 5 and indicate which permissions, reporting options and notifications you'd like to allow.

Where to send your completed Employer Account Registration Form

You may return the completed form to Surency:

- via email at: marketing@surency.com,
- via fax at: 316-462-3329, or
- via mail at: P.O. Box 789773, Wichita, KS 67278-9773.

After Surency receives your completed registration form, we will send a confirmation email to to inform each contact of their username and password. The email will include instructions on how to login to your Surency Flex Employer Account. Following the first successful login, users will be prompted to change their password and choose a security question.

If you have questions, please contact us at 800-264-9462.

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Surency Flex Employer Account Registration Form



(Please retain a copy of this completed form for your records.)

Please complete this form to have access to your Surency Flex Employer Account. The Employer Account provides access to your group's plan design, online eligibility and reporting (depending on your selections).

Employer Account: Employer & Administrative User(s) Information

Employer Name: _____ Group Number: _____

Please fill out the chart below with contact information for each administrative user that you want to have access to your Surency Flex Employer Account. If a change in administrative permissions or new access is needed, please resubmit this form.

Date	Contact Name	Title	Email Address <small>(This will be the email address used to log in to your Employer Account.)</small>	Phone
	1.)			
	2.)			
	3.)			

Employer Account: Administrative User(s) Access

Using the corresponding (same) names from the chart above, please fill out the chart below with permissions you'd like each administrative user to have access to within your Surency Flex Employer Account. Please reference details for each permission level on Pages 1 and 2 of this document.

For each user, please list all permissions that you wish to grant access to. Users may have access to more than one permission.

(i.e. Listing AP-1 will only grant the user access to the permissions listed under AP-1 on Page 1 of this form.)

Please Note: Recommended best practice selections are underlined below.

Contact Name	Admin. Permission(s) <small>Please check ALL admin. permissions that you'd like to enable for this user.</small>	Plan Management Reporting & Notifications <small>Please check ALL plan management reports and notifications that you'd like to enable for this user.</small>	HSA Reporting & Notifications <small>Please check ALL HSA reports and notifications that you'd like to enable for this user.</small>	Financial Reporting & Notifications <small>Please check ALL financial reports and notifications that you'd like to enable for this user.</small>	Reporting Email Notifications <small>How would you like this user to receive reporting notifications?</small>
1.)	<input type="checkbox"/> AP-1 <input type="checkbox"/> AP-2 <input type="checkbox"/> AP-3 <input type="checkbox"/> AP-4 <input type="checkbox"/> AP-5	<input type="checkbox"/> PM-1 <input type="checkbox"/> PM-2 <input type="checkbox"/> PM-3 <input type="checkbox"/> PM-4	<input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3	<input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> F-3 <input type="checkbox"/> F-4 <input type="checkbox"/> F-5 <input type="checkbox"/> F-6 <input type="checkbox"/> F-7 <input type="checkbox"/> F-8 <input type="checkbox"/> F-9	<input type="checkbox"/> With Email Notification <input type="checkbox"/> Without Email Notification
2.)	<input type="checkbox"/> AP-1 <input type="checkbox"/> AP-2 <input type="checkbox"/> AP-3 <input type="checkbox"/> AP-4 <input type="checkbox"/> AP-5	<input type="checkbox"/> PM-1 <input type="checkbox"/> PM-2 <input type="checkbox"/> PM-3 <input type="checkbox"/> PM-4	<input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3	<input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> F-3 <input type="checkbox"/> F-4 <input type="checkbox"/> F-5 <input type="checkbox"/> F-6 <input type="checkbox"/> F-7 <input type="checkbox"/> F-8 <input type="checkbox"/> F-9	<input type="checkbox"/> With Email Notification <input type="checkbox"/> Without Email Notification
3.)	<input type="checkbox"/> AP-1 <input type="checkbox"/> AP-2 <input type="checkbox"/> AP-3 <input type="checkbox"/> AP-4 <input type="checkbox"/> AP-5	<input type="checkbox"/> PM-1 <input type="checkbox"/> PM-2 <input type="checkbox"/> PM-3 <input type="checkbox"/> PM-4	<input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3	<input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> F-3 <input type="checkbox"/> F-4 <input type="checkbox"/> F-5 <input type="checkbox"/> F-6 <input type="checkbox"/> F-7 <input type="checkbox"/> F-8 <input type="checkbox"/> F-9	<input type="checkbox"/> With Email Notification <input type="checkbox"/> Without Email Notification

If F-8 (Payroll Deduction Notification) is selected, how many days prior to payroll would you like to receive this notification? _____ (7 days is recommended best practice)

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Surency Flex Employer Billing Account Registration Form

(Please retain a copy of this completed form for your records.)



Employer Online Billing (Surency Flex - Bills Employer Account)

Please fill out the information below in order to access your billings online at Surency.com. You will use a different username and password to log in to your Surency Flex - Bills Employer Account, which is separate from your Surency Flex Employer Account. If you don't know your group number(s) or need any assistance filling out this form, please contact Surency at 800-264-9462 or via email at: marketing@surency.com.

GROUP NAME

GROUP NUMBER

(Use all 18 digits of group number; each group and/or subgroup has an individual group number and must be listed)

☐ I am replacing the main billing account

☐ I am an additional user

Create a Temporary Password*:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Password Requirements:

- Minimum of eight (8) and a maximum of 15 characters
- At least one (1) uppercase letter
- At least one (1) lowercase letter
- At least one (1) number

***Following the first successful log in, users will be prompted to change their password and to choose a security question.**

Employer Authorization

Please sign below to authorize that the information listed throughout this form is true and accurate to the best of your knowledge. This authorization covers information listed on all pages of this form. In order to submit this form, an authorized signature must be included.

Authorized Employer Representative Print Name: _____ Phone Number: _____

Email Address: _____ *(this is the email address that will be used to log in to your Employer Account)*

Authorized Employer Representative Signature: _____ Date: _____

Disclaimer: It is the employer's responsibility to notify Surency immediately in writing, via fax 316-462-3329 or email marketing@surency.com, when an employee's access to online services should be terminated. Surency shall not be held liable for any unauthorized access to the group's online services, or online changes made to the group's benefits and eligibility unless the employer has submitted written notification to Surency prior to any unauthorized access.

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Surency Flex Employer Account Registration Form - Broker/Agency Access



(Please retain a copy of this completed form for your records.)

Employer Authorization for Broker/Agency Online Access (if applicable)

- ☐ I choose not to grant broker/agency access to my group's information.
- ☐ I choose to grant broker/agency access to my group's information, based on the permissions granted below.

Broker/Agency Name: _____ Email Address: _____ Phone Number: _____

Authorized Employer Representative Print Name: _____ Date: _____

Authorized Employer Representative Signature: _____

Broker Name	Admin. Permission(s) Please check ALL admin. permissions that you'd like to enable for this user.	Plan Management Reporting & Notifications Please check ALL plan management reports and notifications that you'd like to enable for this user.	HSA Reporting & Notifications Please check ALL HSA reports and notifications that you'd like to enable for this user.	Financial Reporting & Notifications Please check ALL financial reports and notifications that you'd like to enable for this user.	Reporting Email Notifications How would you like this user to receive reporting notifications?
	<input type="checkbox"/> AP-1 <input type="checkbox"/> AP-2 <input type="checkbox"/> AP-3 <input type="checkbox"/> AP-4 <input type="checkbox"/> AP-5	<input type="checkbox"/> PM-1 <input type="checkbox"/> PM-2 <input type="checkbox"/> PM-3 <input type="checkbox"/> PM-4	<input type="checkbox"/> H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3	<input type="checkbox"/> F-1 <input type="checkbox"/> F-2 <input type="checkbox"/> F-3 <input type="checkbox"/> F-4 <input type="checkbox"/> F-5 <input type="checkbox"/> F-6 <input type="checkbox"/> F-7 <input type="checkbox"/> F-8 <input type="checkbox"/> F-9	<input type="checkbox"/> With Email Notification <input type="checkbox"/> Without Email Notification

If F-8 (Payroll Deduction Notification) is selected, how many days prior to payroll would you like to receive this notification? _____ (7 days is recommended best practice)

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- via email at: marketing@surency.com,
- via fax at: 316-462-3329, or
- via mail at: P.O. Box 789773, Wichita, KS 67278-9773.

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If you have questions, please contact us at 800-264-9462.

Surency Internal Use Only:

Set Up By: _____ Date: _____

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