

Employees Enrolling for the First Time:

Please go to <https://prppt.lh1ondemand.com/Login.aspx> and click on get started, then fill in the requested information under verify user and follow the instructions.



Login

Welcome to your single source for all you need to know about your benefit account(s). File a claim, view account balance and summary information, sign up for FREE direct deposit, get email notifications, and more!

Existing Users

Username [Forgot Username?](#)

Next

New User?

New users can create a new account to get started.

Get Started

Verify User

Complete the information below to verify your identity.

*Required

First Name*

Last Name*

Zip Code* *Please enter your 5 digit zip code*

Identification Number

SSN* - -

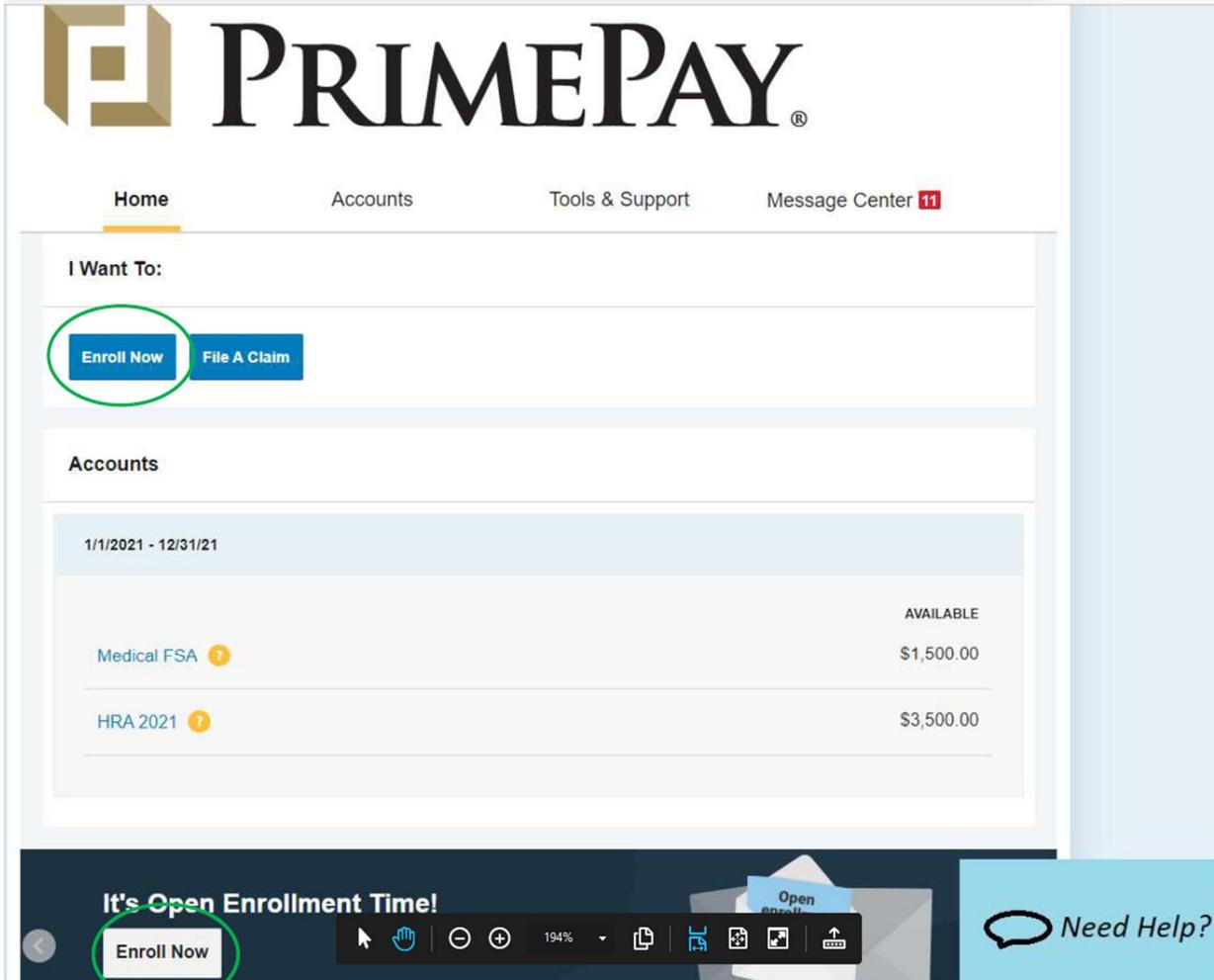
Cancel

Next

Employees currently participating with PrimePay:

Please go to <https://prpppt.lh1ondemand.com/Login.aspx> and log in using your user name/password.

Then click on Enroll Now and follow steps below.



3. Click on Begin Your Enrollment Now

HOME EXPENSES **ACCOUNTS** TOOLS & SUPPORT STATEMENTS & NOTIFICATIONS PROFILE

Test Employee ▾
Last Login: 11/1/2021 - Online | [Logout](#)

Enrollment

Are you ready to enroll? **Begin Your Enrollment Now**

Enrolling in a Pre-Tax Benefit plan allows you to save Federal, State, Social Security and Medicare taxes on dollars you put into the plan. You could save approximately 30% on every plan dollar you spend, depending on your tax bracket.

Review your available plans to find out how to best use these programs. To learn more about the benefits offered, click on the appropriate Plan Description link below.

LPFSA	Plan Description
DCA	Plan Description
TRN	Plan Description

4. Confirm your demographic information and fill in all required fields. Click to move to the next screen.

Profile

steps: 1 2 3 4 5 6

* = required field

First Name: * Test

Middle Initial: *

Last Name: * Employee

Participant Account ID: 0000427494

Home Address:

Country: * United States

Address Line 1: * 78 west rd

Address Line 2: *

City: * north wales

State: * Alabama

Zip Code: * 12654

Mailing Address: Same as Home Address

Home Phone: * (000) 000-0000

Birth Date: 1/1/1970

Gender: Select a gender... ▾

Marital Status: * Married Single

Email Address: * email@example.com

By providing an email address, you will receive communications electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

Do you have any dependents? Yes No

Continue

5. If applicable, add or edit any Dependent information. Click Continue to move to the next screen.

Dependents

steps: 1 2 3 4 5 6

* = required field

First Name: *

Middle Initial:

Last Name: *

Social Security Number: - -

Birth Date: * (mm/dd/yyyy)

Gender:

Full Time Student: * Yes No

Relationship:

Eligible Dependents

Name	SSN	Relationship	
Test Spouse	xxx-xx-xxxx	Spouse	Update Remove

6. Read and agree to each of benefit plan rules . Click continue to move to the next screen.
- a. All plans must be checked before continuing

Plan Rules

steps: 1 2 3 4 5 6

It is important to be aware of some of the basic rules of these accounts before you enroll. Make sure you keep these in mind when you are making your elections. We also encourage you to review the Summary Plan Description for more detailed rules regarding these Pre-tax Accounts.

You must check that you have read and understand each of the plan rules sections.

LPFSA

I have read and understand the [LPFSA rules](#)

DCA

I have read and understand the [DCA rules](#)

TRN

I have read and understand the [TRN rules](#)

7. Add a dollar amount for every benefit you wish to be enrolled in for the new plan year. Click Continue to move to the next screen.

Elections

steps: 1 2 3 4 5 6

Enter your actual elections in the field provided. To calculate the total elections, tax savings, and estimated per pay period deduction select the calculate button. If you choose to not enroll in a plan leave the field blank.

	Your Election	Max Employee Election
LPFSA	<input type="text" value="2500"/>	\$2,750.00
DCA	<input type="text" value="0"/>	\$5,000.00
TRN	<input type="text" value="200"/> /mo	\$270.00 /mo
Total election for the year:		\$4,900.00
Total tax savings for the year *:		\$1,470.00
Estimated per pay period deduction:		\$196.15

* Tax savings estimate is based on a 30% tax rate. True tax savings will be based on your individual circumstances.

8. Select the reimbursement methods. If your selected benefit plan offers the PrimePay FLEX card, then it will be your default reimbursement method. Set up an alternative reimbursement method for manual claims.

Please note, each manual check reimbursement is an additional fee.

Payment Method

steps: 1 2 3 4 5 6

Select the method in which you would like to be reimbursed.

Debit Card

Your Debit Card provides convenient access to your benefit dollars. Use the card to pay qualified medical expenses for you and your qualified dependents.



If you choose to be reimbursed using the Debit Card, please answer the questions below.

1) What alternate reimbursement method would you like to use for the reimbursement of claims that are filed online?

Check

Direct Deposit

Opt for Direct Deposit for faster reimbursements.

9. Click on Submit once the information has been reviewed and is correct

Enrollment Verification

steps: 1 2 3 4 5 6

You must click submit at the bottom of this page to complete your enrollment.

Profile [Edit Information](#)

Name: Test Employee
Home Address: 78 west rd
north wales, AL 12654
United States
Mailing Address: 78 west rd
north wales, AL 12654
United States
Home Phone: (000) 000-0000
Birth Date: 1/1/1970
Gender:
Marital Status: Married
Email Address: email@example.com
Do you have any dependents? Yes

Dependents [Edit Information](#)

Full Name	SSN	Birth Date	Gender	Full Time Student	Relationship
Test Spouse	xxx-xx-xxxx	10/1/1987		No	Spouse

Enrollment Elections [Edit Information](#)

	Employee Contribution	Company Contribution
LPFSA	\$2,500.00	
DCA	50.00	
TRN	\$200.00 /mo	
Total Election for the year:	\$4,900.00	
Estimated per pay period reduction : *	\$196.15	

* Begins on the first pay date of the Plan Year.

Method of Reimbursement [Edit Information](#)

You have chosen Debit Card as your method of payment.
Your alternate reimbursement method is Direct Deposit.
Separate debit cards will be issued to the following dependents:
No dependent debit cards issued

[Submit](#) [Cancel](#)

10. Optional: print out the submitted open enrolment confirmation



HOME EXPENSES **ACCOUNTS** TOOLS & SUPPORT STATEMENTS & NOTIFICATIONS PROFILE

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Enrollment Confirmation

Please print this page for your records.
Congratulations, you have successfully enrolled in the following Pre-tax Benefit Plans.

Plan	Company Contribution	Employee Contribution	Estimated Per Paycheck Reduction
LPFSA		\$2,500.00	\$96.15
DCA		\$0.00	\$0.00
TRN		\$2,400.00	\$100.00
Total Estimated Reductions Per Paycheck :*			\$196.15

* Pay check reductions are based on your election and the number of scheduled pay periods within the plan year. True reductions will be determined by your employer.
You have elected Debit Card as your reimbursement option. Your alternate reimbursement method is Direct Deposit.
The payroll deduction to fund your spending accounts will begin on 1/14/2022 and end on your last paycheck of the plan year. You may begin filing claims for eligible expenses on 1/1/2022. All claims must be filed for expenses incurred while you are a participant, within the plan year 1/1/2022 - 12/31/2022

[Print](#)

Questions?
Contact Participant Success at: (855) 892-6272 or primeflex@primepay.com

[Accounts](#) [Profile](#) [Statements & Notifications](#) [Tools & Support](#) [Expenses](#)

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THANK YOU FOR CHOOSING PRIMEPAY.

We value your partnership and look forward to continuing to serve you. If you have any questions, please contact Participant Success at (855) 892-6272 or email primeflex@primepay.com for assistance.