



## Online Enrollment

Employer Name: City of De Pere  
Open Enrollment Period: 11/01/2023- 11/23/2023 (Thanksgiving)  
Plan Year Dates: 01/01/2024- 12/31/2024  
Program Code: 231262

### You will need:

- **A valid email address**
- **Your bank account and routing numbers** (To add Direct Deposit)

### Create an Account

If you already have an account with Employee Benefits Corporation, please skip to “Enroll”.

1. Visit [www.ebcflex.com](http://www.ebcflex.com).
2. Click “Log In” in the upper right and choose “Participants.”
3. Click the “Register” button.
4. Enter your **Program Code** (listed above). Click “Next.”
5. Fill out the form. Click “Save.”
6. You will receive an email with a link to create your Security Question and Answer.
7. Create a Security Question and Answer. Click “Next.”
8. Log in with your Username and Password.

### Enroll

1. During your Open Enrollment Period, visit [www.ebcflex.com](http://www.ebcflex.com).
2. Click “Log In” in the upper right and choose “Participants.” Log in to your account.
3. Open the menu and click “**Enroll in The BESTflex<sup>SM</sup> Plan**”. Click “Begin Enrollment.”
4. Enter your elections for the upcoming plan year. Agree to the rounding verification and/or confirm an election for the Benefits Card, if applicable. Click “Next.”
5. Agree to the Conditions of Participation. Click “Next.”
6. Activate Direct Deposit if you would like to have your reimbursements deposited directly into your bank account. Agree to the conditions.
7. View your Enrollment Summary. Click “Edit” to make any changes, or “Submit” to finish.

### Confirmation

Before your plan year begins, you’ll receive an email confirming your elections once your employer has reviewed them; if you do not see this email in your inbox, it could be in your spam mailbox, so be sure to check there. When you enroll over the Internet, a record of your election is created, indicating your acceptance of the terms of enrollment. Your elections are binding subject to your right to make changes according to the provisions of the plan and current laws.



1350 Deming Way, Suite 300  
Middleton, WI 53562-4640  
P: 800 346 2126 | 608 831 8445  
F: 608 831 4790  
An employee-owned company  
[www.ebcflex.com](http://www.ebcflex.com)

### Questions?

Contact Participant Services at  
**800 346 2126** or email us at  
[participantservices@ebcflex.com](mailto:participantservices@ebcflex.com).