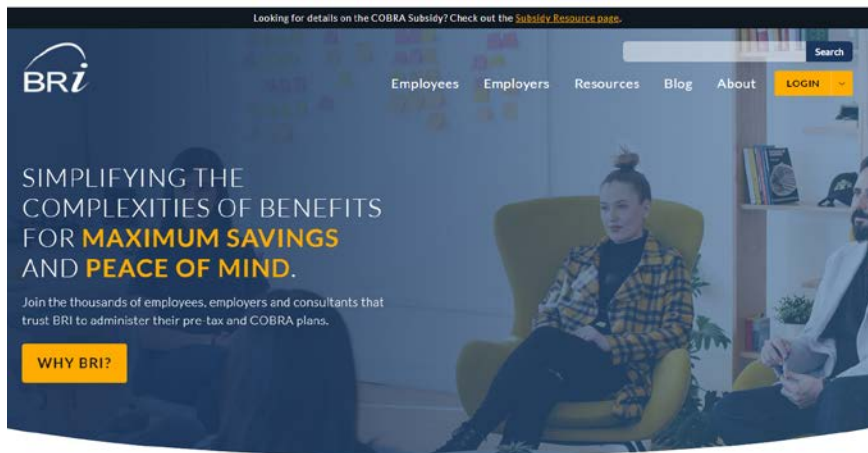


HOW TO REGISTER ONLINE WITH BENEFIT RESOURCE, INC.(V. 6/2021)

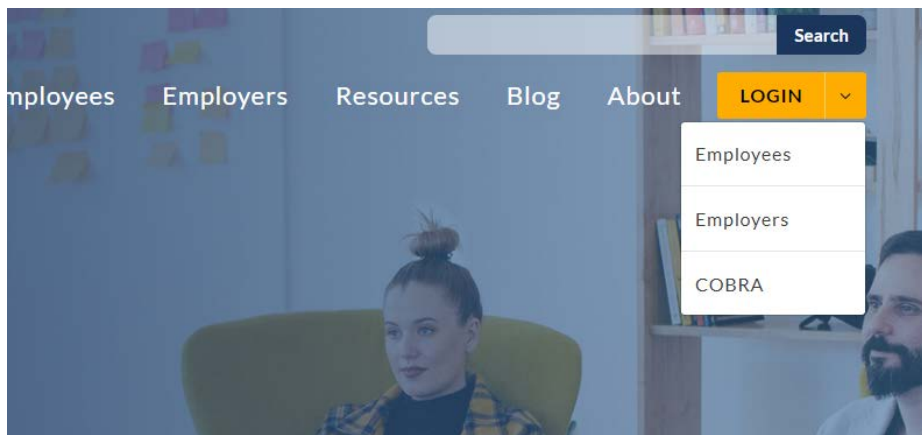
You **MUST** complete **Registration AND Enrollment IF**

- You want Pre-Tax deductions **OR**
- You want the \$20 monthly **SUBSIDY** for Transit or Bicycle!

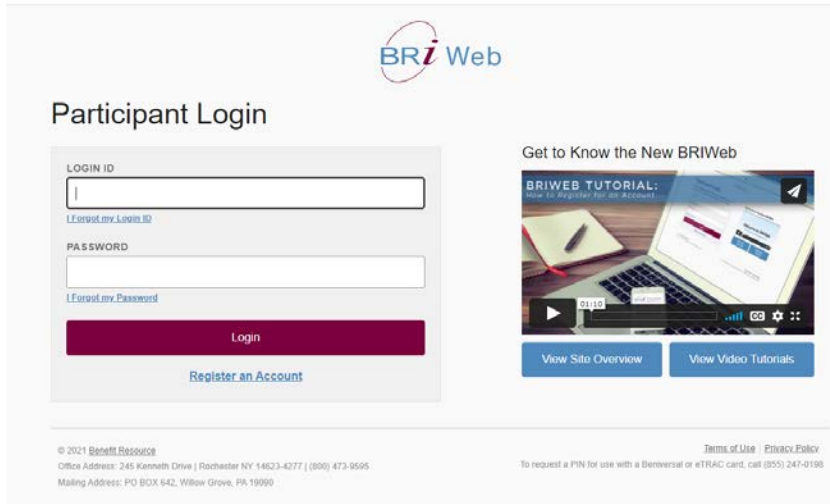
1. Go to <http://www.BenefitResource.com>.
2. Click the yellow **LOGIN** tab. You'll get a Drop-down Menu.



3. Click **Employees**, the first option on the tab.

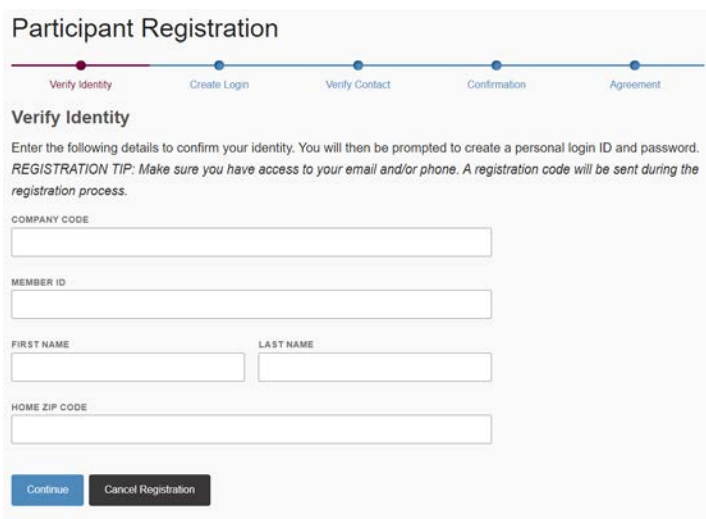


4. **Participant Login** will open in a new window. Below the red **LOGIN** tab, Click [Register an Account](#)



5. **Participant Registration**. – **Verify Identity**: You'll enter the following information:

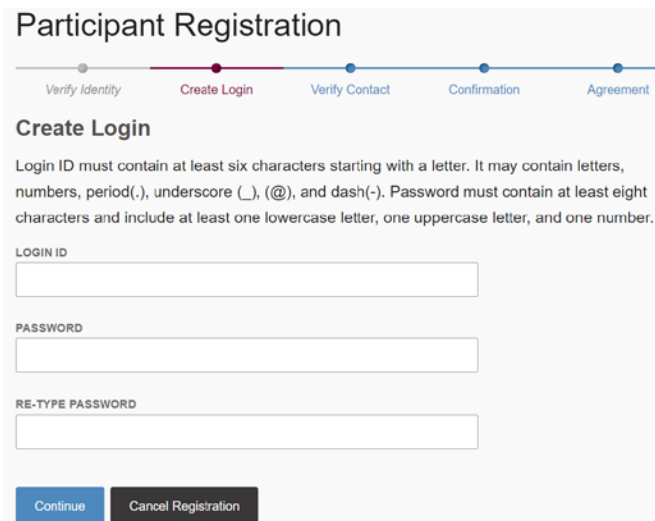
- a. **Company Code**: cityofberkeley (all one word, lowercase, no spaces)
- b. **Member ID**: a 9-digit number. Add zeroes to the **beginning** of your City of Berkeley Employee ID. ***EXAMPLE - If your City of Berkeley ID is 12345, your Member ID is 000012345.***
- c. **Personal Info**: First name, Last name
- d. **Home Zip Code** – **(Must use City of Berkeley Zipcode – 94704)** Then Click **CONTINUE**



6. Create Login ID and Password.

- a. **Login ID** must contain at least six characters starting with a letter. It may contain letters, numbers, period(.), underscore (_), (@), and dash (-). *Suggest using FIRSTNAME_LASTNAME*
- b. **Password** must contain at least eight characters, include at least one lowercase letter, one uppercase letter, and one number. *Example – Berkeley21*

Then Click **CONTINUE**



Participant Registration

Verify Identity **Create Login** Verify Contact Confirmation Agreement

Create Login

Login ID must contain at least six characters starting with a letter. It may contain letters, numbers, period(.), underscore (_), (@), and dash(-). Password must contain at least eight characters and include at least one lowercase letter, one uppercase letter, and one number.

LOGIN ID

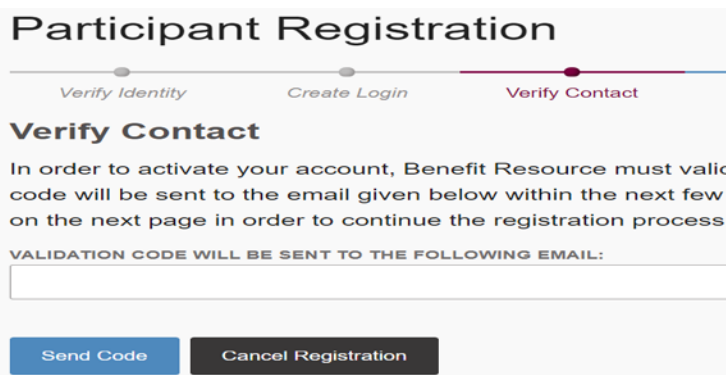
PASSWORD

RE-TYPE PASSWORD

[Continue](#) [Cancel Registration](#)

7. Verify Contact

- a. Enter your preferred email address.
- b. Click **Send Code**. BRI will within 5 minutes EMAIL you a code to Verify your registration.



Participant Registration

Verify Identity Create Login **Verify Contact**

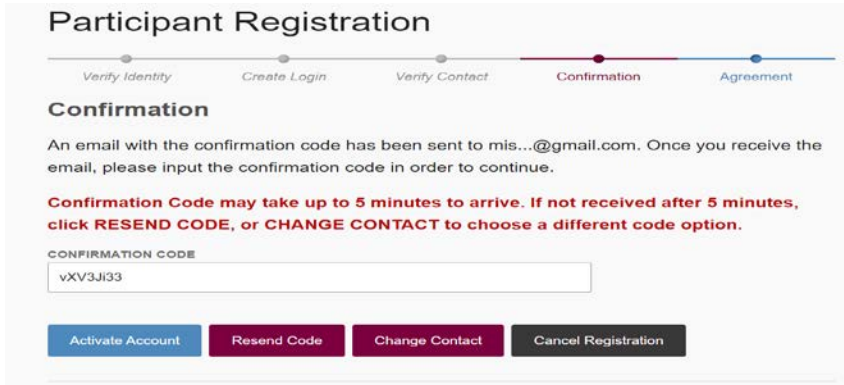
Verify Contact

In order to activate your account, Benefit Resource must valid code will be sent to the email given below within the next few on the next page in order to continue the registration process.

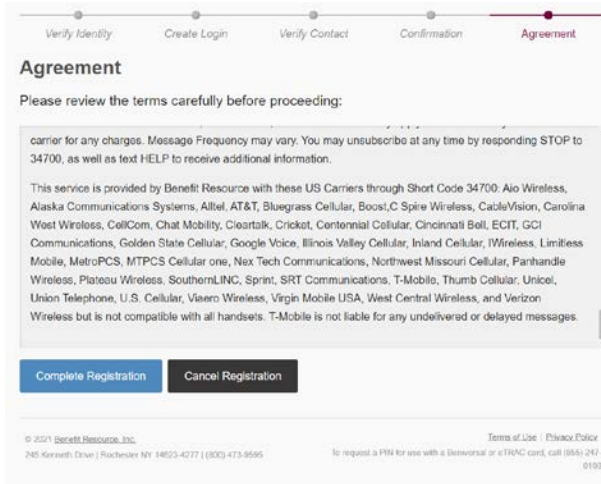
VALIDATION CODE WILL BE SENT TO THE FOLLOWING EMAIL:

[Send Code](#) [Cancel Registration](#)

- c. If you do not receive the code within five minutes, Click **Resend Code**, or **Change Contact** to choose a different send code option. *Suggestion – Check your spam folder.*
- d. After you've Verified Contact with the **Confirmation Code** received by email, Click **Activate Account**.

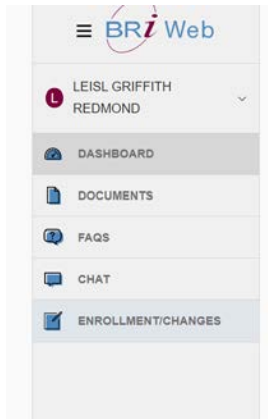


8. **Agreement** – Read and acknowledge the Terms & Click **Complete Registration**.



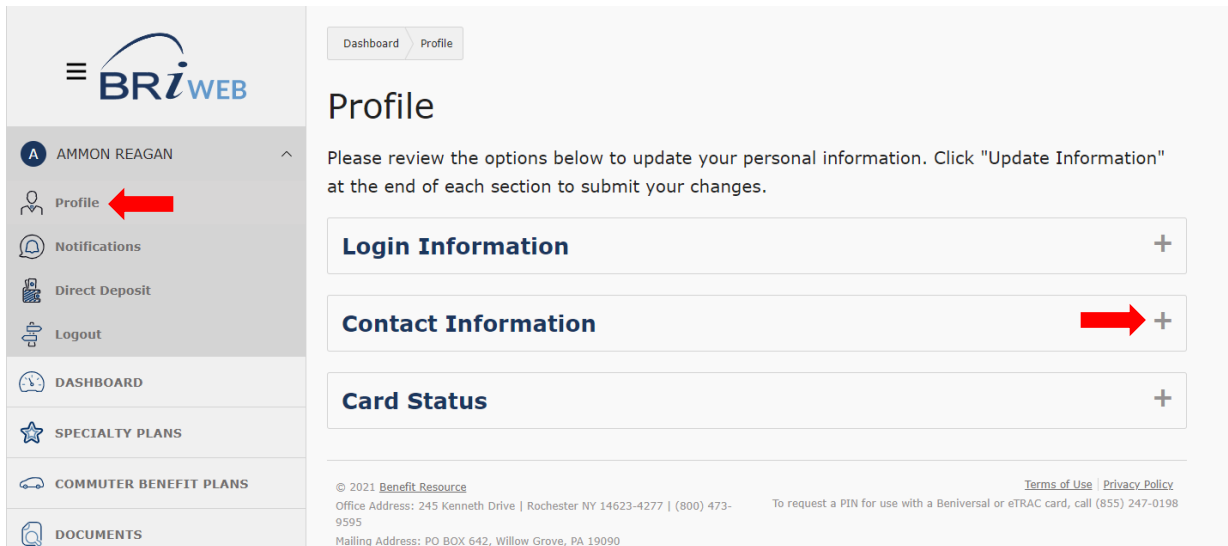
9. **Success! Registration Complete!** 

10. **Log in to the website** using your new Login ID and Password. You will then see this page with your **Dashboard Menu** on the upper left with your name at the top.



11. **Update Contact Information**

a. Click on **Your Account Name** and Select **Profile**



Dashboard Profile

Profile

Please review the options below to update your personal information. Click "Update Information" at the end of each section to submit your changes.

Login Information +

Contact Information +

Card Status +

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Office Address: 245 Kenneth Drive | Rochester NY 14623-4277 | (800) 473-9595
Mailing Address: PO BOX 642, Willow Grove, PA 19090

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To request a PIN for use with a Beniversal or eTRAC card, call (855) 247-0198

12. Follow the prompts and update your contact information to complete your enrollment.

****Your sensitive personal information is secure on the BRI encrypted website****

FIRST NAME	LAST NAME	
LEISL	GRIFFITH REDMOND	
EMAIL	<i>Your email address will only be used by Benefit Resource to communicate with you regarding your employer sponsored benefit plan.</i>	
<input type="text"/>		
STREET ADDRESS *	<i>Address 1 cannot be empty.</i>	
<input type="text"/>		
STREET ADDRESS (LINE 2)		
<input type="text"/>		
CITY *	STATE *	ZIP *
<input type="text"/>	--- ▾	<input type="text"/>
<i>City cannot be empty. State cannot be empty.</i>		
PHONE		

Click **Submit** to save your personal information.

13. **What if I Can't Register?** If you're having trouble completing registration, or you've made an error, you can just click **Cancel Registration**, and start over from the beginning (Step #3 in this document).



Remember – you can click **Cancel Registration** and start over at any point before **Confirmation**.



Got questions? Need help?

Call Benefit Resource Participant Services (800) 473-9595.

Representatives are available to assist you

Monday-Friday 5am-5pm (Pacific Time)