



# ELECTRONIC FILE INSTRUCTIONS

**EMPLOYER CODE:**  
**5A9EEF4**

## NEED ASSISTANCE:

Call the American Business Solutions CARE Center at (800)724-8802.

## NEED TO TRANSFER AN EXISTING ACCOUNT?

- Visit [formfire.com](http://formfire.com)
- Log into your existing account through the "Employee Login" icon
- Click on "Account Settings" in the top right corner
- Click "Employee Transfer" on the top bar
- Enter your Employer Code and click "Transfer"

## NEW TO FORMFIRE:

- Visit [formfire.com](http://formfire.com)
- Click "Sign Up" in the top right-hand corner
- Walk through the steps to create an account
- **FormFire Profile Tab**
  - The tab requesting family information only needs to be completed with information relevant to dependents (spouse or children) that you intend to carry on your plan
  - If it is just you on the plan, you do not need to include family info
- **Coverage Tab**
  - Choose if you are waiving or electing coverage
  - If you are waiving, the medical questions will be removed from the form
- If you are electing, continue through the **Health Questions Tab**
  - Keep in mind, these questions apply to you and any dependents on your plan
  - Be sure to include all current and relevant health information
  - The question titled "Other Conditions" is where you will list any conditions and prescriptions you haven't yet listed
- **Review & Sign Tab**
  - Review the information you have input
  - Once you have reviewed and confirmed all information is included and correct, click to confirm
  - Navigate to the end of the form where you can electronically sign the document
- Please note, your form will not be complete without a signature
  - **If you make any changes after signing, your signature will be invalid and you will need to resign**

## RETURNING TO FORMFIRE:

- Visit [formfire.com](http://formfire.com)
- Log into your existing account through the "Employee Login" icon in the top right corner of the homepage
  - If you don't remember your password, reset it with your personal information (last name, date of birth, last 4 of your social)
- Please be sure to review your information in FormFire
- If you have any new conditions or prescriptions since the last time you logged in, be sure to add them to your account
- Navigate through the entire form until you can sign the document
  - **If you make any changes after signing, your signature will be invalid and you will need to resign**

