



## Extranet Registration Form

Broker ID (or) Group Number \_\_\_\_\_

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Primary Contact \_\_\_\_\_

Monthly Statement Delivery  Online Only  Mailed (this is not an option for those enrolled in ACH)

Once you have completed this form please sign and return it to FBP; attention Systems Development:

- **Email:** [support@flexiben.com](mailto:support@flexiben.com)
- **Fax:** (610) 482-1803
- **Return with your premium payment**

Once we have received your request and process your information we will contact you with your user name and password.

I have read and fully understand the Terms & Conditions of access to the Flexible Benefits Plans, Inc, Extranet.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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P.O. Box 873  
Valley Forge, PA 19482-0873