

Barton Staffing Benefits Summary



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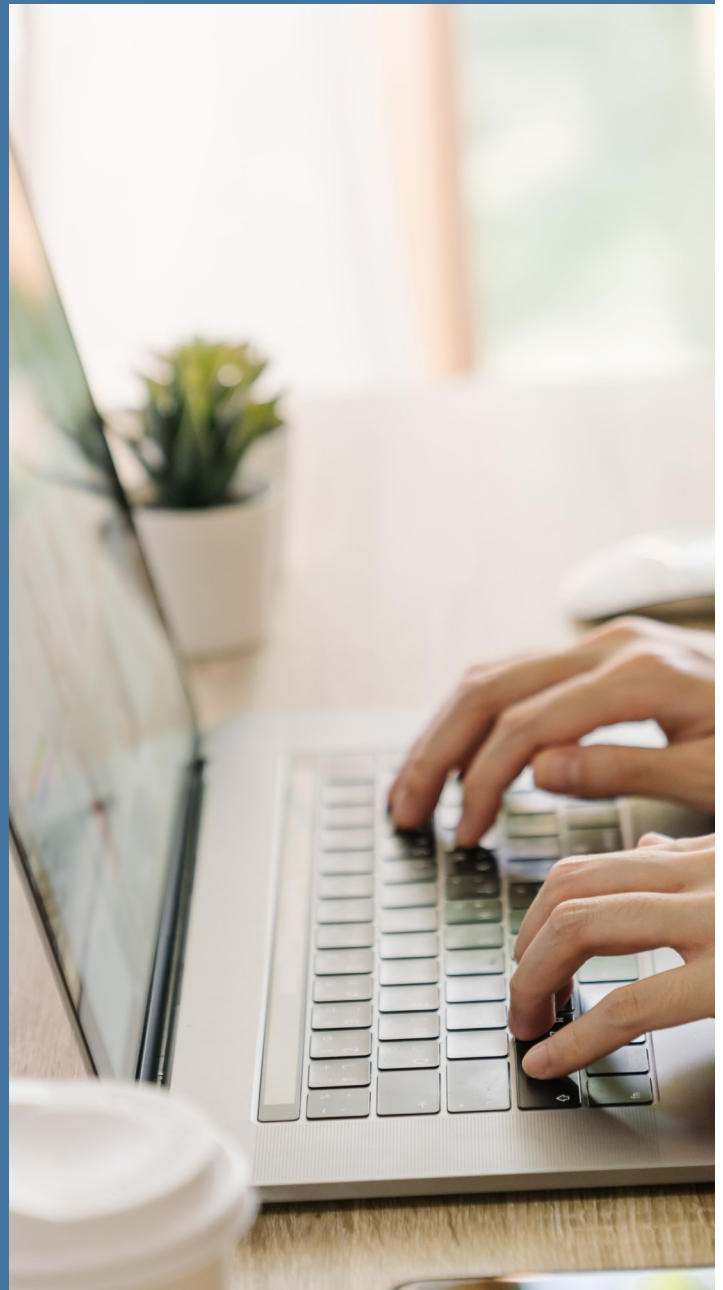
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Eligibility

HR Contact: Allyson Jacobsen
Email: Allyson.Jacobsen@bartonstaffing.com
Phone: (630) 549-6301

Eligibility Requirements

If you are a full-time employee (working 30 or more hours per week), you are eligible to enroll in the benefits described in this summary. Qualified dependents eligible for select benefit coverage include:

- Your legally married husband/wife
- Your child(ren) up to age 26
- Your incapacitated child(ren) of any age who are either incapable of self-support, incapacitated before the age limits of 19 or 25 and claimed as a dependent on your income tax return

Waiting Period

All benefit eligible employees electing coverage will be effective on the 1st of the month following 60 days.

Qualifying Events

Outside of open enrollment you would need to have a qualifying event to add, drop, or make changes to your benefits. Employees are responsible for notifying Human Resources within 30 days of the qualifying life event to make a change to benefit elections. Qualifying event changes are effective on the date in which the event occurred.

Some examples of qualifying events are:

- Losing existing health coverage
- Losing eligibility for Medicare, Medicaid, or Children's Health Insurance Program (CHIP)
- Turning 26 and losing coverage through a parent's plan
- Getting married or divorced
- Having a baby or adopting a child
- Death in the family

Benefits Contact Information	
Contact	Allyson Jacobsen
Phone Number	630-549-6301

2025 Health Plan Information

What benefits are available?

- Medical

What happens if I don't enroll?

If you do not enroll or waive, you will automatically be enrolled into the MEC 2 plan.

How do I make change to my current benefit selections?

Go to <https://www2.benefitelect.com/be/barton>

Step 1: To begin self-registration, simply click Register on the login screen and you will be taken to the Registration form, as indicated in the snapshot above. On the registration screen you will enter the information requested. Please remember that first name, last name, birth date, and SSN MUST be the same as the information on your pay stub.

NOTE: Please be certain to save your username and password as you will be required to enter them again at the end of the Registration Authentication sequence.

Step 2: Choose to receive notification via email or text. The email will be sent to the email provided in Step 1. Please see screen shots below for expected views of what you will see when you choose email or text.

Step 3: Click "Register" to receive your registration authentication email or text. If you've chosen to receive your notification via text, you will be prompted to enter a phone number to which a text can be sent.

Step 4: After clicking the 'Register' link, a screen will populate on the enrollment site prompting you to enter the registration code you received in your text message.

Step 5: This will bring you to the login screen where you will enter your username and password

Step 6: Click on "Enrollment" at the top left of the screen, you will be directed to the Self-Enrollment site to bring walking through your benefit options and completing enrollment. You must complete the "Review and Confirm" section on the Enrollment Summary page. By entering your password, you are approving the elections populated on the Enrollment Summary Screen). Once your password is entered, a confirmation statement will populate in a .pdf format. You may print/save the resulting Confirmation Statement for your records.

What if I have questions?

You can reach out to your Benefits Teams at Allyson.jacobsen@bartonstaffing.com

Make sure you have the Social Security Numbers and birth dates of your dependents. You won't be able to enroll your dependents without them!

Eligibility

This brochure provides benefit information available January 1, 2025 through December 31, 2025. Please enroll or waive coverage in the benefit plans.

Enrollment Details for New Hires

Eligibility Timeline

If you choose to enroll, your health care benefits will begin on the first day of the month, following **60 days** of full-time employment. Enrollment into the Barton Staffing insurance plans is due no later than 30 days from the effective date of coverage.

After accepting or declining coverage, changes can only be made during the next open enrollment period or due to a documented qualifying life event.

Coverage Options

You can enroll in any medical plan based on your needs. The only requirement is that you must elect coverage for yourself in order to elect any dependent coverage.

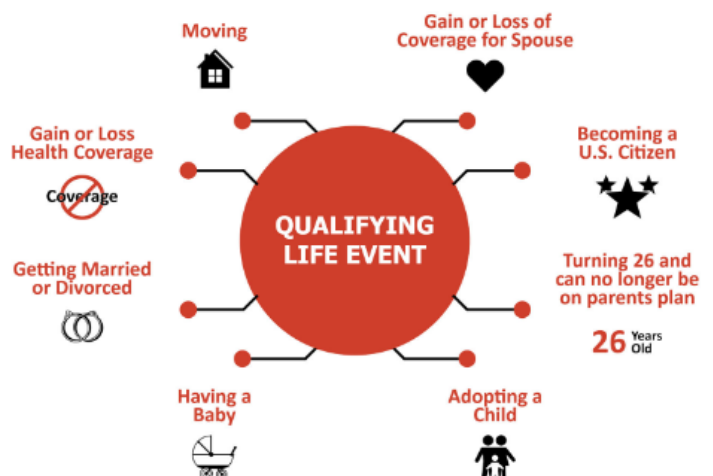
Eligible dependents include:

- Your legal spouse
- Your domestic partner
- You or your spouse's children (including birth children, step-children, legally adopted children, children placed for adoption or children for whom you or your spouse are the legal guardian) as follows:
 - » Up to age 26 regardless of student or marital status
 - » Unmarried children age 26 or over who are incapable of self-support because of a total physical or mental disability

Section 125 defined: Under a cafeteria, or Section 125 plan, you pay for your employer-sponsored benefits with pretax dollars. Your employer deducts your payments from your wages before withholding certain taxes. Your employer doesn't include your pretax payments in your taxable wages on your annual W-2.

Costs for all benefits will be deducted from your paycheck on a **weekly** basis .

Qualified Life Event – After you elect your benefit options, your choices remain in effect for the full plan year. You may change coverage options only when you have a qualified life event and must do so within 30 days from the date of the event.



Eligibility

Preparing for Enrollment

It is important to read over the benefit descriptions for the plans offered. Additionally, make sure you understand all the terms and definitions used in the descriptions—this guide can help.

Which Plans are Right for You?

Do you need healthcare, financial, or ancillary benefits for you or your family? Ask yourself:

- Do you or your dependents have any chronic health conditions?
- Are you saving enough for retirement or college?
- How much healthcare coverage and what type of care do you need this year?
- Do you expect your needs to change in the near future?
- Do you prefer to pay less from your paycheck or less out of your pocket when you need care?
- If something happened to you and you couldn't work – could you still pay your bills?

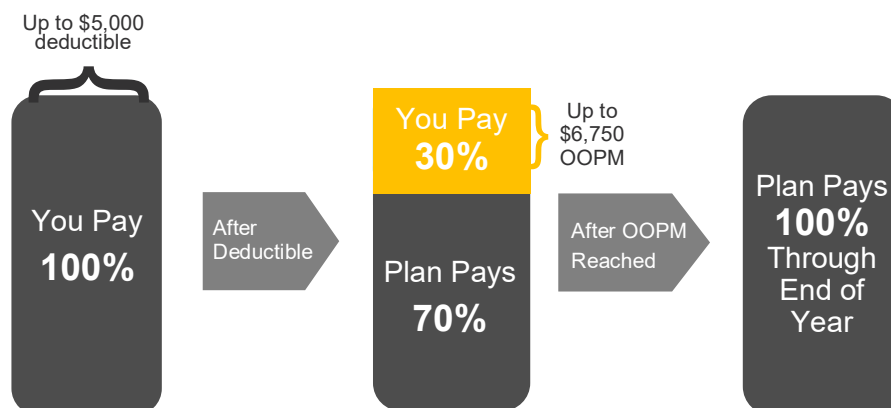
Answering these questions will help you determine what coverage you need.

If you have questions about your benefits or how to enroll, please feel free to contact the Allyson Jacobsen at 630-549-6301.

Health Insurance Basics

How Deductible and Coinsurance Works

The example below illustrates how deductible and coinsurance works on an insurance plan. The example shows a plan with a \$5,000 deductible, 30% coinsurance, and a \$6,750 out-of-pocket maximum (OOPM).



Insurance Terms to Know

Copayment: A fixed dollar amount you pay for healthcare services, such as doctor's visits, urgent care or emergency room services. Copayments track towards your Out-of-Pocket Maximum, but do not apply towards the deductible.

Coinsurance: The percentage of costs of a covered health care service you pay (20%, for example) after you've paid your deductible. The remainder percentage of costs is covered by the insurance company (80%, for example).

Deductible: A set dollar amount that a person must pay before insurance coverage for medical expenses can begin. If it is embedded as in the Silver and Bronze plans no one family member will pay more than the single out of pocket maximum.

Out-of-Pocket Maximum (OOPM): An OOPM is the most you should have to pay for your health care during a year, excluding the monthly premium.

High-Deductible Health Plan (HDHP): High Deductible Health plans (HDHP) may behave like an HMO or PPO, but have higher deductibles to meet in exchange for a lower monthly cost.

Health Savings Account (HSA): A bank account that lets you put money aside, tax-free, to save and pay for health care expenses. Any remaining money at the end of the calendar year rolls over to the next year. Taxes are never paid on the funds used for qualified health care services and funds can be invested to grow on a pre-tax basis.

In-network: Typically refers to physicians, hospitals or other health care providers who contract with an insurance plan to provide services to its members. Coverage for services received from in-network providers will typically be greater than for services received from out-of-network providers, depending on the plan.

Out-of-network: Typically refers to physicians, hospitals or other health care providers who do not contract with an insurance plan to provide services to its members. Depending on the insurance plan, expenses incurred for services provided by out-of-network providers might not be covered, or coverage may be less than for in-network providers.

Premium: The amount of money charged by an insurance company for coverage.

Preventive Care: Routine healthcare services like check-ups, immunizations, and screenings for adults, women and children.

Qualifying Life Event (QLE): A status of life change that allows you to make changes to your benefits mid-year.

Insurance Benefits

Preventative Services (Basic MEC)

All preventative services as specified by the Affordable Care Act such as annual physicals, mammograms, pap smears, preventative cancer screenings, routine lab and x-rays, and immunizations. Only covered at 100% in-network providers. Utilizes the First Health & Multiplan Limited Benefit Network. Please refer to schedule of benefits for a list of benefits coverage, limitations, and exclusions. To learn more visit www.healthcare.gov.

Basic MEC

Covers all preventative services as specified by the Affordable Care Act (see MEC above), plus additional coverages such as office visits, labs, urgent care and x-ray with limited visits for a copay. This plan has a \$0 deductible and utilizes the First Health & Multiplan Limited Benefit Network. Please refer to schedule of benefits for a list of benefits coverage, limitations, and exclusions.

MEC Visit

Covers all preventative services as specified by the Affordable Care Act (see MEC above), plus additional coverages such as office visits, labs, and x-ray for a copay. This plan has a \$0 deductible and utilizes the First Health & Multiplan Limited Benefit Network. Please refer to schedule of benefits for a list of benefits coverage, limitations, and exclusions.

Bronze MVP

Covers all preventative services as specified by the Affordable Care Act (see MEC above), plus additional coverages such as office visits, labs, urgent care, x-ray, ER, hospitalizations, and maternity with limited visits for a copay. This plan has a \$0 deductible and a \$5,000 out of pocket max for an individual, and \$10,000 out of pocket max for a family. This plan utilizes the PHCS practitioner & ancillary network for providers. Please refer to schedule of benefits for a list of benefits coverage, limitations, and exclusions.

Medical Insurance

Carrier: Vault Benefits
Website: myvaultbenefits.com
Phone: 888-220-7369

	Basic MEC	MEC Visit	Bronze MVP
Network	First Health/ Multiplan	First Health/ Multiplan	PHCS Practitioner & Ancillary
Deductible			
Individual	\$0	\$0	\$0
Family	\$0	\$0	\$0
Coinsurance	100%	100%	100%
Out-of-Pocket Max			
Individual	\$0	\$0	\$8,550
Family	\$0	\$0	\$17,100
Physician Services			
Well Adult / Well Child	100% covered	100% covered	100% covered
Telemedicine	100% covered	100% covered	100% covered
Physician Office Specialist Visit	Not Covered Not Covered	\$25 copay (2 combined visits/year) \$75 copay (2 combined visits/year)	\$25 copay (8 per year) \$50 copay (8 per year)
X-Rays / Lab Diagnostics	Not Covered	X-Ray: \$65 copay Lab: \$150 copay (1 combined visit/year)	\$50 copay (3 visits per year)
Advanced Imaging	Not Covered	Not Covered	\$350 copay (1 per year)
Emergency Room	Not Covered	Not Covered	\$350 copay (1 per year)
Urgent Care	Not Covered	Not Covered	\$35 copay (2 per year)
In-patient Hospital	Not Covered	Not Covered	\$350 copay per admissions (limited to 5 days per year)
Prescription Drugs*			
Retail Copays	Preventative Only (Generic) \$0 copay	Preventative (Generic) \$0 Tier 1: Under \$10; Tier 2: Under \$25; Tier 3: Under \$50; Tier 4: Over \$50	Preventative (Generic) \$0 Tier 1: Under \$10; Tier 2: Under \$25; Tier 3: Under \$50; Tier 4: Over \$50 <u>Additional Covered</u> Formulary Generic: \$15 Formulary Brand: \$30 Monthly Max: Individual: \$250 Family: \$500

See your plan documents for benefit details and exclusions.

Medical Insurance	
Carrier	Vault
Website	1enrollment.com/yourmemberportal
Phone Number	888.208.6928
Email	support@allthingsvault.com

Medical Insurance

Carrier: Vault Benefits
 Website: myvaultbenefits.com
 Phone: 888-220-7369

Monthly /Weekly	Basic MEC
Employee	\$73.65 / \$17.00
Employee + Spouse	\$100.78 / \$23.26
Employee + Child(ren)	\$97.21 / \$22.43
Family	\$112.00 / \$25.85

MEC Visit

Monthly/ Weekly Contributions MEC Visit	Tier 1 - \$15.00 - \$16.99	Tier 2 - \$17.00 - \$18.99	Tier 3 - \$19.00+
Employee Only	\$117.66 / \$27.15	\$132.66 / \$30.61	\$147.66 / \$34.08
Employee & Spouse	\$204.98 / \$47.30	\$219.98 / \$50.76	\$234.98 / \$54.23
Employee & Child(ren)	\$181.01 / \$41.77	\$196.01 / \$45.23	\$211.01 / \$48.69
Family	\$268.24 / \$61.90	\$283.24 / \$65.36	\$298.24 / \$68.82

MVP Bronze

Monthly/ Weekly Contributions MVP Bronze	Tier 1 - \$15.00 - \$16.99	Tier 2 - \$17.00 - \$18.99	Tier 3 - \$19.00+
Employee Only	\$175.89 / \$40.59	\$199.34 / \$46.00	\$222.79 / \$51.41
Employee & Spouse	\$535.77 / \$123.64	\$559.22 / \$129.05	\$582.67 / \$134.46
Employee & Child(ren)	\$551.39 / \$127.24	\$574.84 / \$132.66	\$598.29 / \$138.07
Family	\$985.61 / \$227.45	\$1,009.06 / \$232.86	\$1,032.51 / \$238.27

Prescription Benefits

MEC PREVENTATIVE FORMULARY

Plans: Included in All Plans

The health reform law (Affordable Care Act) makes certain preventive medications and supplements available to you at no cost—both prescription and over-the-counter (OTC). The following preventive medications are covered at 100% with \$0 copay when prescribed by a health care professional, age and/or condition appropriate, and filled at a network pharmacy. Visit <https://www.vaultmecs.com/preventative-formulary> to view a list of the most commonly prescribed drugs. It represents an abbreviated version of the drug list (formulary) that is at the core of your prescription drug benefit plan. The list is not all-inclusive and does not guarantee coverage. In addition to using this list, you are encouraged to ask your doctor to prescribe generic drugs whenever appropriate.

VAULTRx

Plans: Bronze MVP

The VaultRx Preferred Drug List is an abbreviated version of commonly prescribed medications. This list is intended to be a guide, and prescribers should still use generics when possible. The pricing and inclusion of any prescription drug within this preferred drug list is subject to change and is not guaranteed. While we strive to maintain up to date pricing, drug manufacturers and pharmacies may alter pricing at any time creating the opportunity for an outdated price to be displayed on this preferred drug list before price changes can be updated on this preferred drug list. Visit <https://www.vaultmecs.com/vault-rx> to view a list of the most commonly prescribed drugs.

VAULTRx Plus

Plans: Bronze MVP and MEC Visit

VaultRx contains both brand and generic drugs that are available to members. The BRAND name drugs (listed in all CAPS) and generic drugs (listed in lower case) are available at a copay up to the monthly maximum benefit of the plan. All drugs not contained on the list are not eligible for the copay benefit, however, are eligible at RxEDO's discounted rate. Please refer to your benefit materials for Limitations and Exclusions; Quantity Limits per copay may apply to certain medications. The formulary list is continually evaluated, and changes can occur at any time. Please contact RxEDO to confirm the most current drug list. We encourage you to share the list with your physician at the time of your treatment. Visit <https://www.vaultmecs.com/vault-rx-plus> to view a list of the most commonly prescribed drugs.

The pricing and inclusion of any prescription drug within this preferred drug list is subject to change and is not guaranteed. While we strive to maintain up to date pricing, drug manufacturers and pharmacies may alter pricing at any time creating the opportunity for an outdated price to be displayed on this preferred drug list before price changes can be updated on this preferred drug list. The Preferred Drug List is an abbreviated version of commonly prescribed medications. This list is intended to be a guide and prescribers should still use generics when possible.

Find a Provider- FIRST HEALTH/MULTIPLAN DUAL NETWORK

Plans: Basic MEC and MEC Visit

STEP 1:

Go to www.FindVaultProviders.com

STEP 2:

Read the information within the box. Then check the box next to “I acknowledge that I have received and read the above disclaimer” and click **CONTINUE**.

IMPORTANT NOTICE:

The online provider directory is provided for reference purposes only. While every effort is made to ensure that we provide current, accurate data, provider information changes frequently. As a result, recent changes may not be reflected in the data presented here. We recommend that you contact your health care provider directly for the most accurate and up-to-date demographic and participation information.

By clicking "ok" below, you acknowledge that utilization of a provider found on this site is not a guarantee of benefits, and that providers listed in this directory may not be available to all clients due to group-specific network restrictions and/or individual plan requirements. It is your responsibility to contact the provider prior to accessing services to verify your new patient status, location and participation in our network.

Contact your plan administrator to verify your eligibility information.

California Required Notice: Some hospitals and other providers do not provide one or more of the following services: family planning; contraceptive services, including emergency contraception; sterilization, including tubal ligation at the time of labor and delivery; infertility treatments; or abortion. To confirm provider participation or available providers for a specific location, call the toll-free provider information number on the back of your member ID card. To verify benefit and eligibility information, call your health plan's telephone number listed on your member ID card or speak with your

I acknowledge that I have received and read the above disclaimer

CONTINUE

STEP 3:

Click on **Select a Provider Type**, choose **Physicians**, and **select category**.

STEP 4:

Select **Zip Code** and **Radius**.

STEP 5:

Click **SEARCH PROVIDERS**.

Locate a Provider

[Nominate a Provider](#)

TYPE (required)

Physicians

- Family practice
- General practice
- Pediatrician
- Obstetrics/Gynecology (Ob/Gyn)
- Internal Medicine
- Allergy
- Otolaryngology (Ear, Nose, & Throat)
- Cardiology
- Psychiatry
- Imaging
-
- ACCUPUNCTURE
- ACUPUNCTURE
- ACUTE CARE
- ADDICTION MEDICINE
- AEROSPACE MEDICINE
- ALLERGY & IMMUNOLOGY
- ALLIED HEALTH CARE
- ALTERNATIVE & INTEGRATIVE MEDICINE
- AMBULANCE & TRANSPORTATION

NAME

First Name

Last Name

Facility Name

Tax ID

LOCATION (required)

City

- Select a State -

Or

Zip

SEARCH PROVIDERS

Provider	Location	Savings
Providers will display here.	Location will display here	General Savings Discount

Find a Provider- PHCS NETWORK

Plans: Bronze MVP

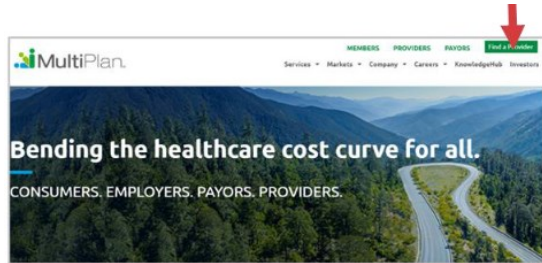
Multiplan's PHCS Network is the largest independent, nationwide primary preferred provider organization (PPO). It is the preferred choice for health plans wanting a provider network with flexibility to meet their unique needs. Plans get administrative ease without sacrificing provider access, savings, and quality for health plan members.



Provider Lookup Tool: <https://www.multiplan.com/webcenter/portal/ProviderSearch>

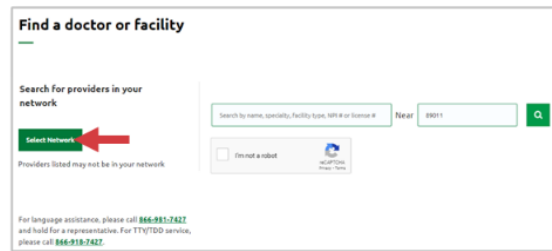
STEP 1:

Go to www.multiplan.com/. Click on "Find a Provider" in the upper right-hand corner



STEP 2:

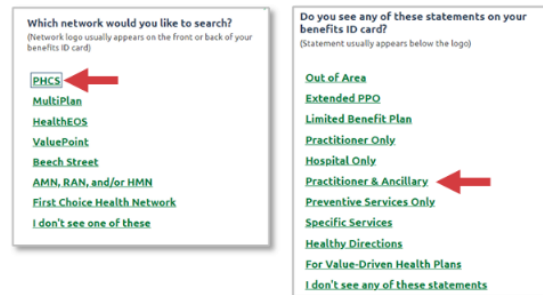
On the next screen, select the green "Select Network" button.



STEP 3:

Then a pop-up will appear and will ask you which network. You will select "PHCS."

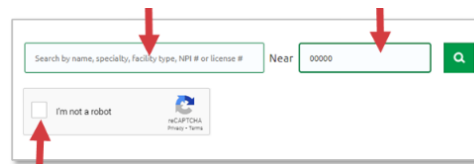
Another pop-up will then appear. From this one, you will look for and select "Practitioner and Ancillary".



Step #4:

Enter your zip code in the field shown to find providers located near you, and enter the Provider name, specialty, facility type, NPI # or License # of the type of provider you would like to find.

Make sure to check the "I'm not a robot" reCAPTCHA box.

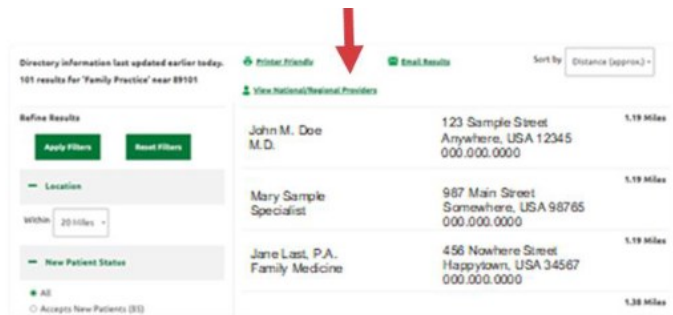


Step #5:

Scroll down to view all providers that have populated from your search.

Step #6:

Call the Provider to set up an appointment, and to verify insurance using the contact information provided.



Insurance Benefits - Bronze MVP Plan only



Making the Most of Your Medical Benefits

Employees enrolled in the Vault medical plan have access to the following services:

Benefits Hero Mobile App

With Benefits Hero™, you have a powerful ally that transforms the often complex world of benefits into a personalized, user-friendly experience. It goes beyond mere guidance; it's your partner in navigating the intricacies of your health plan, benefits, prescriptions, claims, telemedicine, ID cards, and more! So, buckle up and let Benefits Hero lead the way to a world where your benefits work harder for you, elevating your overall well-being. Just see for yourself! **Download the Benefits Hero app for a full view into your VAULT Health Plan!**

Rewards

Earn rewards for activating your account and making smart health choices.

Centralized Benefits Access

View ID cards, deductibles, claims, plan guidance, access your virtual care benefits, and more.

Personalized and Proactive Engagement

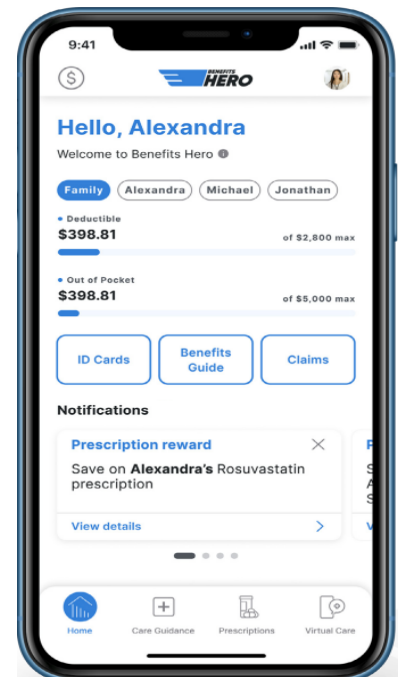
Save on healthcare costs and ensure high quality care with automated guidance from your health plan.

Integrated Guidance

Easily access valuable plan components like medical carve-outs, specialty solutions, and preferred pharmacies.



If you have questions about Benefits Hero or need help registering, please contact Care@BenefitsHero.io.



Download the Benefits Hero app for a full view into your VAULT Health Plan!



Insurance Benefits- Virtual Care - Telemedicine

introducing **clever health**
smart virtual caretm
better, faster, easier!



board certified **doctors**, licensed **therapists**, even licensed **veterinarians!**

virtual urgent care

- **async** start to finish avg 5 min 46 sec
- **synchronous** phone or video
- **8 out of 10** prefer async vs. synchronous
- available **24/7**

\$0 per visit

- cold, flu, sinus infections
- fever, cough, allergies, asthma
- skin conditions, pink eye
- UTI's, fatigue, migraines, and more!

virtual primary care

- **schedule appts**
- **care coordination team**
- **specialist referrals**
- **order labs**
- initial visit: **\$0**
- follow up visits: **\$0**

quality care

- screenings and labs
- diabetes, high blood pressure
- routine health maintenance
- high cholesterol and more!

DOWNLOAD NOW!

Enter Last Name, Date of Birth & Zip Code.



mental health support + virtual veterinary



1

download the clever health app by scanning the qr code below:



2

enter last name, date of birth and zip code. onboard and create your story.

3

receive support from your care team... better days are on the way!

GET THE APP NOW!

bella chatbot

- **interactive chatbot**
- **on demand 24/7**
- **ai technology** built by psychologists specializing in **anxiety and depression**

\$0 per visit

- 18% reduction of depression symptoms
- 28% reduction of anxiety symptoms
- as simple as a text
- anywhere, anytime

mental wellness

- **licensed mental health professionals**
- **7 days a week, 7am-10pm**
- **scheduled appointments**

\$0 per visit

- family counseling, PTSD, trauma
- anger, feeling overwhelmed
- depression anxiety
- and more!

virtual vet

- **licensed veterinary professionals**
- **for cats and dogs**
- **advice and guidance every day of the year**

\$0 per visit

- guidance emergent situations
- preventive medicine guidance
- ongoing illness
- behavioral questions and more!

If you are in a crisis situation, please **call or text the 988 Suicide & Crisis Lifeline** or **chat 988lifeline.org** for help.

Vault Portal User Guide

STEP 1:

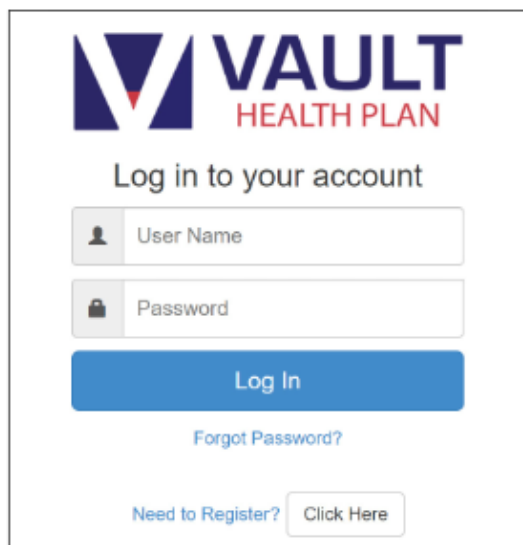
When you sign up for a plan, you will receive the Welcome email shown. Please take the necessary steps to set up your member portal, so that you can:

- Review the resources available on how to use your health care plan
- Locate a provider.
- Print your digital ID cards.
- Review your plan documents.

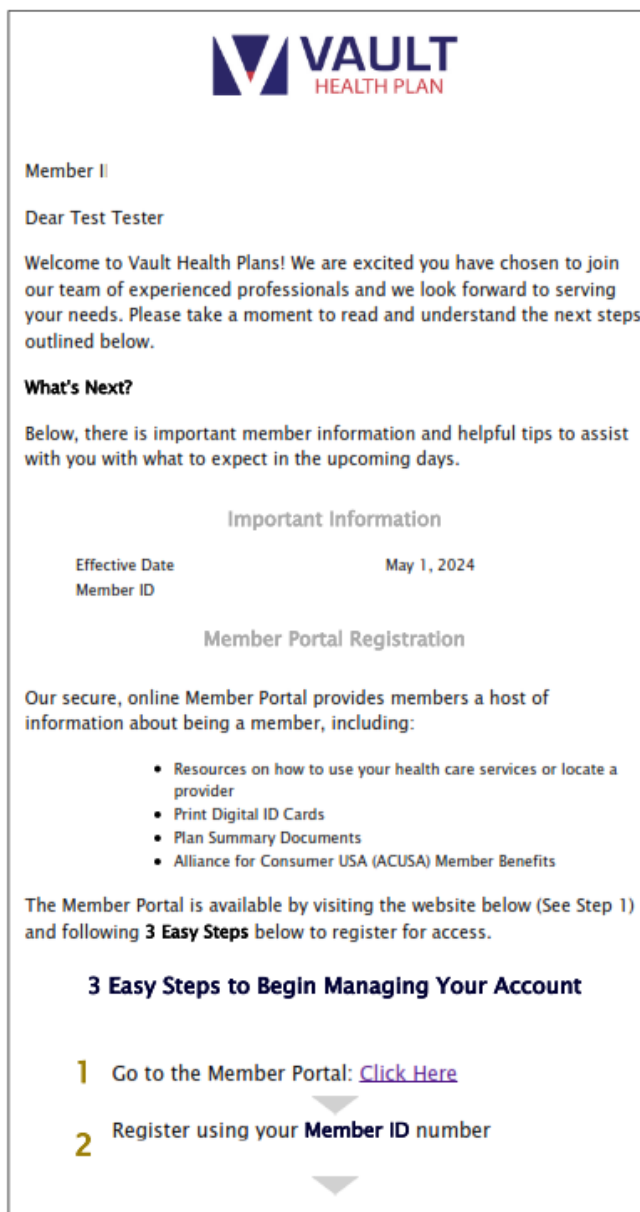
STEP 2:

To setup your member portal, select the “**CLICK HERE**” link within the Welcome email. You should be taken to the following screen.

To register, select the button next to “**Need to Register?**”



The screenshot shows the Vault Health Plan login interface. At the top is the Vault Health Plan logo. Below it is the heading "Log in to your account". There are two input fields: "User Name" and "Password". A blue "Log In" button is positioned below the fields. Underneath the button is a link for "Forgot Password?". At the bottom, there is a link for "Need to Register?" with a "Click Here" button next to it.



The screenshot shows a welcome email from Vault Health Plan. At the top right is the Vault Health Plan logo. The email is addressed to "Member ID" and "Dear Test Tester". The main body of the email says: "Welcome to Vault Health Plans! We are excited you have chosen to join our team of experienced professionals and we look forward to serving your needs. Please take a moment to read and understand the next steps outlined below." Below this is a section titled "What's Next?" which states: "Below, there is important member information and helpful tips to assist with you with what to expect in the upcoming days." This is followed by a section titled "Important Information" which lists "Effective Date" as "May 1, 2024" and "Member ID". Below that is a section titled "Member Portal Registration" which says: "Our secure, online Member Portal provides members a host of information about being a member, including:" followed by a bulleted list: "Resources on how to use your health care services or locate a provider", "Print Digital ID Cards", "Plan Summary Documents", and "Alliance for Consumer USA (ACUSA) Member Benefits". At the bottom, it says: "The Member Portal is available by visiting the website below (See Step 1) and following 3 Easy Steps below to register for access." Below this is a section titled "3 Easy Steps to Begin Managing Your Account" with two numbered steps: "1 Go to the Member Portal: [Click Here](#)" and "2 Register using your Member ID number".

Vault Portal User Guide (continued...)

STEP 3:

You will be taken to this screen to setup your login. Enter your ID number provided within the Welcome email and fill out the rest of the information shown. Once completed, click **“Register.”**

STEP 4:



Once completed, you should be able to log into the portal.

Should you have any issues, please contact our **Customer Support Team** at support@allthingsvault.com or by calling **888.208.6928**.

Once logged in, you will be taken to the following screen.



Setup Your Login

<input type="text"/>	Your ID Number
<input type="text"/>	Your Last Name
<input type="text"/>	Your Zip Code
<input type="text"/>	 Pick User Name
<input type="text"/>	 Pick Password
<input type="button" value="Register"/>	
<input type="button" value="Cancel"/>	



Member Portal

View Your Documents

View and download your documents.

Product Documents

View documents related to your products.