A Web Contributions Coordinator (WCC) is the person in a PEIA-participating agency who handles premium billing and reconciliation for the agency's employees. All payments and transactions are completed online. To become a Web Contributions Coordinator:

	State Agency Directory Online Services	Change Text Size 🦸 🗾 Search this site 🔍
Ø	West Virginia Public Employees Insura	nce Agency
Members	Health Plans Partners Forms & Downloads	Wellness Tools FAQ Contact PEIA
		Manage My Benefits Make changes without filling out a paper formclick here
Click on th	e green Manage My Benefits buttor	n.
Benefi (BAS)	ts Administration Syste Web Application	
Please logi	n	
Username:	Usernames are not case-sensitive	Password:
1		•••••

Go to PEIA.wv.gov on your internet browser.

If you already have a Manage My Benefits account, enter your Username and password and click on the box to certify that you are the authorized user. Then click on the Login button. Please continue to Section 2 of these instructions.

If you do not have a Manage My Benefits Account, please continue to learn how to add your account.

Benefits Administ (BAS) Web Applic	ration System ation			A CONTRACTOR
Please login				
Username:		Password:	Passwords are case-sensitiv	e
		I		
I hereby certify that I am the authorized Memb spouses and/or dependents and/or Agents, or	er User whose credentials are being use the use of another person's User ID and Solution Forgot your usema Don't have a Username?	ed to access this accound password to gain access	t. I understand that unauthorized ss is a violation of the security pro	access, including access by ovisions for this site.

1.

Chose the box that applies to you and click continue.

	First Name:		Last Name:	
Christopher		Robin		
SSN:				
•••	••		••••	
Verify SSN:				
•••	••		••••	
		Date of Birth:		
10	12		1956	>

Type in your name, Social Security number and birthdate.

Start in the first box to the far left for you birthdate and Social Security number and it will tab over automatically.

Use format MMDDYYYY for your birthdate.

Web Usage Terms of Agreement	
[Printer Friendly]	
 Registration for PEIA Benefit Administration System Web Application Thank you for registering to use the PEIA Benefit Administration System Web Application. Your registration process is your agreement to the terms listed below. Authorization to Conduct Electronic Transactions By completing the registration process, I agree to be bound by the choices I make on the PEIA Online Enrollment System. I further agree that by completing this registration process I am agreeing to use a digital mark in lieu of a written signature to authorize any and/or all additions, deletion corrections and/or changes made by me via this portal. I understand that this portal allows access to and/or may collect personally identifiable information (pii) in an electronic format and that PEIA has put safeguards in place to ensure the privacy, security, and integrity of the information accessed and/or collected via this portal. If you have any questions, comments, and/or concerns about the privacy, security, and integrity of your pii, please feel free to contact the PEIA Privacy Officer at 304-558-7850. To use this digital mark lagree: 1. That I will not share with any other person(s) the password, code or other security key required for use of the mark; 2. That the use of the mark represents confirmation of a record; 3. To notify the PEIA immediately once I become aware that the security key is compromised; and 4. That I understand that the provisions of W. Va. Code §61-3C-10 prescribe the enalthorized disclosure of a password, identifying code, personal and agree to the terms of Agreement for Online Registration. I Agree O Disagree 	s, e 1e
Verification Im not a robot Im not a robot	
Keset Continue →	

Click on the I Agree circle and click on the box to confirm you are not a robot. The green check showed will appear and then click continue.

Information This is what you will use to log into the Benefits Administration Web Application.		
Username:		
WinniethePooh	 At least 4 characters in length, but not longer than 20 characters. We suggest <u>not</u> using your email address. 	
Password Strength		
	Neak	
Password:	Verify Password:	
•••••	•••••	
• Must contain at least 1 letter & 1 number. • Must be 6-15 characters in length. • Case-sensitive.		
Contact Information		
Email addresses <u>can not</u> be shared between accounts (e.g., between a husband an If you do not have an email address, check with your Internet Service Provider (ISF	nd wife who are both PEIA policyholders).) as many provide free email accounts to their subscribers.	
Email Address:	Verify Email:	

Create a username and password for yourself. This account is for the policyholder only.

Enter an email address that you have access to. You will have to confirm your identity by a validation email at that address. This account is for the policyholder only.

 Security Questions

 If you forget your password, we will ask for the answer to your security questions.

 • Enter an answer that is memorable, but not easy to guess.

 • Answers should be a minimum of 4 characters long but not more than 30 characters.

 • Enter answers that are not likely to change over time.

 What was your childhood nickname?

 Christopher
 thinking log
 What was the name of your first stuffed animal?
 Pooh

Answer the security questions. You can click on the drop-down arrows to change the questions.

Be sure to choose questions you know the answers to and will remember the answers.

Click Continue.



At this point, you will need to log into your email address and click on the link to verify your identity.

Benefits Administration System (BAS) Web Application	
Please login	
Username:	Password:
winniethepooh	••••••
 I hereby certify that I am the authorized Member User whose credentials are being u spouses and/or dependents and/or Agents, or the use of another person's User ID an Forgot your user 	sed to access this account. I understand that unauthorized access, including access by nd password to gain access is a violation of the security provisions for this site.
Don't nave a Usernam	er kegister to get startedi

The system will then require you to log back into the Manage my Benefits system with the username and password you just created. You will need to check the box that certifies that you are the Policyholder before you click Login.



If your employer does not automatically show up, click on Select my Employer.

Instructions You can search by Agency Name Once you find the correct agency	e using the search box, or by clicking the starting letter to view the alpha , click the agency name.	betical list of Agencies.
	Search Names:	
-OR- Name Begins With: A B C D E F G H I J K	L M N O P Q R S T U V W X Y Z 0 1 2 3 4 5	6789
Search Results:		
Search Results: ABC COMMISSION Search for the first sure to choose the	ACCOUNTANCY, BOARD OF word in your new employer's name correct agency.	ADDISON (WEBSTER SPRINGS), TOV
Search Results: ABC COMMISSION Search for the first sure to choose the Benefits Adm (BAS) Web Ap	ACCOUNTANCY, BOARD OF word in your new employer's name correct agency.	ADDISON (WEBSTER SPRINGS), TOW
Search Results: ABC COMMISSION Search for the first sure to choose the Benefits Adm (BAS) Web Ag Policyholder: Your Emplo	ACCOUNTANCY, BOARD OF word in your new employer's name correct agency.	ADDISON (WEBSTER SPRINGS), TOW e or choose a letter. Be
Search Results: ABC COMMISSION Search for the first sure to choose the Benefits Adm (BAS) Web Ap Policyholder: Your Emplo	ACCOUNTANCY, BOARD OF Tword in your new employer's name correct agency. INSTRATON SYSTEM plication	ADDISON (WEBSTER SPRINGS), TOW e or choose a letter. Be
Search Results: ABC COMMISSION Search for the first sure to choose the Benefits Adm (BAS) Web Af Policyholder: Your Emplo AGRICULTURE Benefit Coordinator(s) for this area	ACCOUNTANCY, BOARD OF Tword in your new employer's name correct agency. Instration System plication yer f you are unable to locate your Agency's name, please contact your Bence nor:	ADDISON (WEBSTER SPRINGS), TOW e or choose a letter. Be
Search Results: ABC COMMISSION Search for the first sure to choose the Benefits Adm (BAS) Web Ap Policyholder: Your Emplo AGRICULTURE Benefit Coordinator(s) for this ager	ACCOUNTANCY, BOARD OF Tword in your new employer's name correct agency. INSTRATON SYSTEM plication yer f you are unable to locate your Agency's name, please contact your Bence rec:	ADDISON (WEBSTER SPRINGS), TOW e or choose a letter. Be



Register on the website as a Web Contributions Coordinator and submit the signed Web Contributions Coordinator Designation Form to PEIA.

If you're already registered as a policyholder, you can add the role of Web Contributions Coordinator from the Role Management screen to get registered.

To get to the Role Management screen, log in as a policyholder, then go to the upper left corner of your screen and click on Logged in as: **Policyholder.** At the bottom of the next screen you will see Add Roles. Choose Web Contributions Coordinator.

Choose Additional Agency for Web Contributions Coordinator and then click Add Roles.

Add a New Role / Add an Agency or Employer to an Existing Role		
Information You can add a new role to your existing roles at any time, but all changes are subject to PEIA approval before they can be activated.		
Select Role(s) to Add: Additional Agency for Benefit Coordinator Additional Agency for Web Contributions Coordinator		
Add Roles		

If the agency you want to add is listed, Choose Skip. Otherwise click on Search.

Web Contributions Coordinator: Agency Access		
As a Web Contributions Coordinator, you will be responsible for reviewing and submitting payments for monthly premiums. For every agency you add below, you must:		
1. Complete an Authorization Form (you will have an opportunity to print the form) 2. Have the form signed by the head of your agency 3. Mail the completed form to PEIA		
Once we receive the signed form and verify its authenticity, your account will be activated for that agency.		
Q Search	→ Skip	

On the next page, you can click on the agency that shows as a suggested agency or you can type in part of your agency name or you can click on a letter of the alphabet that your agency name starts with.

Suggested Agency			
Click the agency name to add it or use the search options below to select a different agency/employer.			
MILITARY AFFAIRS & PUBLIC SAFETY			
All Agencies/Employers			
Instructions You can search by Agency Name using the search box, or by clicking the starting letter to view the alphabetical list of Agencies. Once you find the correct agency, click the agency name.			
	Search Names:		
-OR- Name Begins With: A B C D E F G H I J K L M N O P Q	R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9		
-OR- Name Begins With: A B C D E F G H I J K L M N O P Q Search Results:	R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9		
-OR- Name Begins With: A B C D E F G H I J K L M N O P Q Search Results: ABC COMMISSION	R S T U V W X Y Z 0 1 2 3 4 5 6 7 8 9 ACCOUNTANCY, BOARD OF	ADDISON (WEBSTER SPRINGS), TOWN OF	

After choosing the agency, the below screen will appear. If that is the correct agency, then click Save.



On the next page, you will see a Print button. Once you print the Designation form, you will need to sign and date it as the Authorized WCC. Your supervisor needs to sign and date it to confirm your role for the agency. The forms will need to be sent to PEIA.

Active Roles	
Your Current Roles Click the Log In button to log in as that role.	
Policyholder Policyholder Senefit Coordinator O	Web Contributions PEIA Admin
Inactive Roles	
Mail signed forms to: PEIA 601 57th St., SE Suite 2	Before your applications can be reviewed, you must submit a signed Authorization form to PEIA. Click the Print link to print the individual form or use Print All to print every available form.
Charleston, WV 25304-2345 Or fax: 1-877-233-4295 (1-304-558-2470)	All Print All

When we receive the designation form, we will verify it, and then activate you as a Web Contributions Coordinator.

If you are replacing a Web Contributions Coordinator or Benefit Coordinator who is no longer with the agency or doing that job, please be sure to fill out the <u>Authorization to Remove</u> form to remove their access from your agency's records.

- a. If you're not registered as a policyholder
 - i. go to <u>http://wvpeia.gov</u>,
 - ii. Click on the green Manage My Benefits button at the top right of the page, and
 - iii. use the **Register to Get Started** link on the log-in page

Once you have registered, Manage My Benefits will give you the option of adding the role Web Contributions Coordinator. If you have problems, please follow the above instructions.

Once you print the Designation form, you will need to sign and date it as the Authorized WCC. Your supervisor needs to sign and date it to confirm your role for the agency. The forms will need to be sent to PEIA.

When we receive the designation form, we will verify it, and then activate you as a Web Contributions Coordinator.

If you are replacing a Web Contributions Coordinator or Benefit Coordinator who is no longer with the agency or doing that job, please be sure to fill out the <u>Authorization to Remove</u> form to remove their access from your agency's records.