USING YOUR BACK-UP CARE BENEFIT

User Guide and FAQ

Last Updated: April 2020



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Introduction

Your *Bright Horizons Back-Up Care*[™] benefit is designed to connect you with vetted, high-quality care providers when and where they're needed, to help you get to work, and ensure that your family members are in good hands. This document addresses common questions about back-up care and guides you through the processes of enrolling in and using the program to find care for your child and adult dependents.

Common Questions

Do I need to register in advance of reserving back-up care?

Yes. Registering helps us create the best experience for your family. Registration is required for *Bright Horizons Back-Up Care* and for Crisis Care reimbursement.

What information do I need to provide during registration?

You will create your personal account, add care recipients and authorized contacts, and specify the locations where care is needed. All of this information can be easily amended over time, as needed.

Where do I sign up?

The fastest approaches to enrolling in this benefit are:

- Online at <u>backup.brighthorizons.com</u>
- Through the mobile app (search "back-up care" in the <u>Google Play</u> or <u>Apple</u> app store)



Registering Online

Visit: backup.brighthorizons.com Click the " First-Time User " button to begin registration.	Connect to your Bright Horizons Services Personal Username Forgot your username? Username Personal Password Forgot your password? International Password Password Forgot your password? International Password Pas
You will be asked to verify your Bright Horizons- supplied company information before entering a personal username and password . Employer Username: UCI Employer Password: care4you	Register to begin using your Bright Horizons Services * Required Field Employer Username* Employer Password* VERIFY EMPLOYER Return to Login Page ►
 Next, create your account by entering the required information, such as: First & last name Work email Mailing address 	Register now to get started, and then create your Bright Horizons profile. *Required Field Employer*
Helpful Hint: After logging in, you will receive a Welcome Email and request to finish completing your registration profile. In order to request care, you need to be fully registered (continue to the next step).	Last Name* Uork/Primary Email Address* Country* Select



You will be logged into the Back-Up Care site. From the home page, click "Care Profile" to complete your registration by adding:	Home Reservations Providers Benefit Care Profile Resources Notifications MESSAGE CENTER
 Care recipients Care locations Authorized users Helpful Hint: You need to complete your profile <u>before</u> you can make a reservation. Additionally, if you do not finish this 	COVID-19 Update: Customers may not use Bright Horizons Back-Up Care for 14 days following the last potential exposure, if any member of your household* has (or has been in close contact** with anyone who has): (a) a suspected or confirmed case of COVID-19 (for example – close contact at school, work, religious service, social gathering); or (b) recently returned from a Level 3 area, as designated by the Centers for Disease Control (ARE RECIPIENTS (2) If, at the end of this 14-day period, no household member has experienced any symptoms, use of back-up care is allowed. If any household member does experience symptoms during that 14-day period, you will need to confirm that there is no continuing risk of exposure before returning to care. Please note, depending on the circumstances we may require you to obtain medical clearance before use of back-up care will be allowed. MeUSEHOLD MEMBERS: include individuals who may not live in the household but may be staying there or are otherwise present in the household on a regular basis (e.g. nannies, caregivers, home health workers, contractors, etc.). Julie Smith Ancu OSE CONTACT: is defined by the CDC as (1) being within approximately 6 feet (2 meters) of a Ancu OSE Ancu OSE
step, you may have issues logging back in under your account.	COMD IS creations a period of time and can occur while carine for living with stifting or thating a
Add Care Recipients by completing all of the required fields, specifying authorized contacts, and clicking the blue "Add Care Recipient" button Helpful Hint: Your care recipients can include any child, adult or elder loved one that you have direct caregiving responsibility for. Your elder loved one does not need to live with you or even in the same state in order to be eligible for care.	New Care Recipient "Required ""Required to complete a reservation request BASIC INFORMATION First Name" Relationship to Employee" Middle Initial Primary Language Last Name" Select a Suffix Suffix Select a Suffix Preferred Name Unspecified Birth Date (mm/dd/yyyy)" Estimated
Add Authorized Contacts by completing the required fields, specifying whether those contacts can request back-up care days on your behalf, and clicking the blue "Add Authorized Contact" button	New Authorized Contact "Required Contact PERSONAL INFORMATION First Name" Middle Initial Last Name" Preferred Name BENEFIT ACCESS Benefit Access allows an authorized contact to manage all aspects of the employee's benefit. It includes the ability to edit the employee's personal information, add/edit/defet funding account, edit profiles and make reservations for care-recipients. Select Yes below if this authorized contact should be able to manage all aspects of the employee's account. Do you want this contact to have Benefit Access?** No



Add locations, including your home and workplace, and specify whether in-home care can be provided at each address.	
To save each one, click the blue "Add Location" button	New Location "Required "*Required to complete an in-home reservation request Location Type Other Zip Code * Location Name* City*
Helpful Hint: If you plan to use in-home care or Crisis Care reimbursement, you can stop here in the care recipient profile and add	Address Line 1* County* Address Line 2 Address Line 3 Country* Select a Country Will there be in-home care provided at this location? No
another care recipient, if needed. If you plan to use center based care, you will need to complete the remaining information (Care forms, medical, dental, etc)	

Registering Through the Mobile App

The mobile app is the fastest, most convenient way to enroll in your back-up care benefit. Find the app by searching "back-up care" in the <u>Google Play</u> or <u>Apple</u> app store, download it, and register using the following steps.

Step 1 Enter your employer credentials then click "Verify."	ADD PM TO ADD PM	Step 2 Create your user profile by completing the required fields, such as:	Bright Horizons. Register
Employer Username: UCI Employer Password: care4you	Verity Cancel	 First & last name Work/primary email Mailing address 	First Name Last Name Work/Primary Email Address Unique ID



	nei Venzoni 👻 2.40 PM 🔍 🖬 🔿 Profile 🗳	Step 4	Back-Up Care Sessions
	Employee Profile Jonathan 10 Plimpton Road	You're ready to begin reserving back-up care!	Compared Compared
Step 3 Complete your profile by	Care Recipients ② Evalyn G years 11 months old G years 12 months old Care Care Care Care Care Care Care Care	Reserve through the mobile app for care from Bright Horizons' network.	Request back-up care using
Authorized Contacts, and Locations.	Anna 4 years 3 months old > Updated: 03/03/20 Elizabeth 92 years 9 months old yupdated: 10/24/19	For Crisis Care, find your own care providers and apply for reimbursement	the button below.
	Add Care Recipient Authorized Contacts @	using the instructions in the Crisis Care section below.	Request Care

Reserving In-Home Care

	WHO NEEDS CARE AND WHY?
The first step is identifying who needs care. Select the dependent for whom you need to request care.	Please select all recipients that require care. If you have multiple recipients who need different types of care or different days and locations, please complete them as separate reservations. I. Select a Reason For Care Care Recipient Recovering from illness or surgery ▼ C. Select Who Needs Care Julie Smith (3yrs 6mths - 8/26/2016) HEALTH STATUS: ● Healthy Jacob Smith (86yrs - 1/26/1934) HEALTH STATUS: ● Healthy
Next, you will select the dates, times, and location where care is needed.	WHEN AND WHERE DO YOU NEED CARE? I. Select The Date And Time For Care You can select a single date or multiple dates and the start and end time. Dates with different times should be added separately. CARE RECIPIENT(S) DATE(S) OF CARE (MM/DD/YYYY) START TIME END TIME Jacob 3/31/2020 ADD ANOTHER DATE 2. Select The Location For Care Rease tell us where you would like care to take place. You can choose to search at or near a location, or you can search for care along a route between two locations. SEARCH TYPE DISTANCE IDCATION ADD NEW LOCATION ADD NEW LOCATION ADD NEW LOCATION Along a Route 10 Miles



If you have used in- home care in the past, you can request the same caregiver or another person from the same agency. You can also provide more details about the care environment to help ensure a successful day of care.	PROVIDER PREFERENCES If you have a preferred in-home care agency, indicate to the right. If the in-home care agency is not available we will continue to search with other in-home agencies. If you have a preferred caregiver, indicate to the right. Otherwise please leave blank. If there is an in-home care agency you do not wish to use, indicate to the right. Otherwise please leave it blank. Special Instructions (i.e. speaks Spanish) TELL US ABOUT THE CARE ENVIRONMENT Helpful instructions to find this location: Does anyone smoke in the care location?* No Yes Are there any pets in the care location?* Is anyone other than the care recipient(s) Is anyone other than the care recipient(s) Is anyone other than the care location?*
You will be able to enter any special care instructions and review your care details before finalizing the care request.	CARE INSTRUCTIONS & INFORMATION VERIFICATION Presse list any special care instructions and verify that the information is up to date and there haven't been any changes to medical information, allergies, or custody/visitation rights. Any changes that you make will be updated in the profile for future reservations. JACOB SMITH (Last Updated: 3/17/2020) Care / Special Instructions
You're all set! Our team will get to work on your request.	Meservation: CAS-5689077-Z0V1B4 (In Progress) Home // Reservation: // Reservation: CAS-5689077-Z0V1B4 NEXT STEPS Thank you for requesting a back-up care reservation. If at any time you choose to change providers, please contact us at 877-BH-CARES and your Care Consultant will instruct you on the proper enrollment requirements and assist you with accessing any forms that may be required. A care confirmation will be sent electronically once all care arrangements have been confirmed. Please note that while our call center operates 247, some of our providers do not. As such, requests made during non-business hours for next-day care will be researched promptib, but care may not be confirmed until the provider opens for business. Based on your care request, you can expect to receive your reservation update or confirmation no later than 06411 pm on 3/21. What you need for care: you must have up-to-date immunization records and other documents needed for care. Cancel Entire Reservation Edit/Cancel Care Sessions



Reserving Center-Based Care

If this is your first time using back-up care, click "Make My First Reservation" from the home screen. You will be guided through a few simple steps to find the best care providers for your family.	<section-header></section-header>	VFEE PROFILE VIEW BENEFITS Justin Fisher 12.00 Days* Back-Up Care Advantage 12.00 Days* Remaining Utilization* Remaining Utilization* RECIPIENTS (2) ADD ◆ Isennox Fisher
The first step is identifying who needs care.	WHO NEEDS CARE AND WHY? REMAIN Prease select all recipients that require care. If you have multiple recipients who need different types of care or distributions, please complete them as separate reservations. Justin I. Select a Reason For Care Select a Reason For Care Current Select Who Needs Care Select Who Needs Care Select A Reason Fisher (2yrs 3mths - 9/9/2016) HEALTH STATUS: O Healthy Select Who Needs Care Select AReason Fisher (2yrs 7mths - 5/5/2014) HEALTH STATUS: O Healthy Select CVENEW For Care Fisher (2yrs 7mths - 5/5/2014) HEALTH STATUS: O Healthy Select to state selects of the provide you with a means to get to work and be productive when there is a breakdown in the ne no your regular care, or for ongoing care.	ING UTILIZATION* Fisher p Care Advantage 12.00 Days* rt Program 1/1/2018-12/31/2018 semal care arrangements for your loved ones. n-work related purposes, to subsidize cost
Next, you will select the dates, times, and location where care is needed. The location could be near your home, your place of work, a relative's home, etc.	WHEN AND WHERE DO YOU NEED CARE? I. Select The Date And Time For Care You can select a single date or multiple dates and the start and end time. Dates with different times should be added separated CARE RECIPIENT(S) DATE(S) OF CARE (MM/DD/YYYY) START TIME Julie 3/23/2020 ADD ANOTHER DATE 2. Select The Location For Care Please tell us where you would like care to take place. You can choose to search at or near a location, or you can search for care SEARCH TYPE DISTANCE ID Miles Select a Location Along a Route Select a Location	FIND TIME A:00 PM 4:00 PM re along a route between two locations. ADD NEW LOCATION



Once you've provided those details, the system will provide any available centers that meet your criteria. Explore the options, then confirm your selection.	Search Criteria Image: Search Criteria
You will be able to enter any special care instructions and review your care details before finalizing the care request.	CARE INSTRUCTIONS & INFORMATION VERIFICATION Please list any special care instructions and verify that the information is up to date and there haven't been any changes to medical information, allergies, or custody/visitation rights. Any changes that you make will be updated in the profile for future reservations. JULIE SMITH (Last Updated: 3/17/2020) Care / Special Instructions Any changes to profile details like allergies, etc.? Image: No Yes
You're all set! Our team will get to work on your request.	RESERVATION: CAS-5689075-J9P8T2 (Confirmed) Lone // Reservation CAS-5689075-J9P8T2 Cancel Entire Reservation Edit/Cancel Care Sessions What You Need For Care 0646 - BRIGHT HORIZONS MONTESSORIAT INTERLOCKEN Phone: 303 466 4111 Address 575 Eldorado Bird Broomfield, CO 80021



Reserving Crisis Care

NEW RESERVATIONS

Crisis Care is a component of Bright Horizons Back-Up Care that is activated by Bright Horizons during extreme circumstances, such as hurricanes, wildfires, and during the COVID-19 pandemic. When Crisis Care is activated, employees can find and select their own caregivers and receive a \$100 reimbursement per day of care through their back-up care benefit.

Requesting Crisis Care Online







Requesting Crisis Care by Mobile App

- You can now initiate Crisis Care reservations on the back-up care mobile app
- Once you have submitted the reservation request, you will need to visit backup.brighthorizons.com to finalize the request and initiate the reimbursement process



 To finalize the Crisis Care reimbursement process, log in to your account at backup.brighthorizons.com and follow the instructions below





RESERVATIONS			Request a	New Reservation		 Navigate to the Crisis Ca
iewing 4 of 4		Reservation Type All Active	▼ EMPLOYEE PROFILE	VIEW BENEFITS		reservation submittedfrom
IN PROGRESS April 2 Reservation : CAS-5691729-B0G	22nd, 2020 8K1	VIEW RESERVATIO	N Bright Horizons Back-Up Care™	116.25 Hours"		Select View Reservat
are case		CARE DECIDENTS	"Remai	ning Utilization		
risis Care		Suzie Williams, Andy Williams	CARE RECIPIENTS (2)	ADD • •		
N PROGRESS April	20th, 21st, 2020	VIEW RESERVATIO	Andy Williams			
Reservation : CAS-5691239-H7Q	24V7					
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risis Care		Suzie Williams, Andy Williams	MY LOCATIONS (1)	ADD >		
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- Once you complete these steps, your reimbursement will automatically process after the last date of care in that reservation.
- Please allow up to 10 business days to receive an email with instructions on accepting your reimbursement payment

Helpful Hint: Crisis Care reimbursement requests can only be finalized online at this point. A future release of the mobile app will enable you to complete the process from your smartphone.



Canceling a Crisis Care Reservation

• If you no longer require Crisis Care, you can cancel your request through the following steps



Home Reservations	Providers Benefit	Care Profile Resources Notif	fications 🕕	My Account Help
RESERVATIONS			Request a	New Reservation
Viewing 4 of 4		Reservation Type All Active 🔻	EMPLOYEE PROFILE	VIEW BENEFITS
	And 22nd 2020		Terry	
Reservation : CAS-5691	1729-B0G8K1	VIEVY RESERVATION	Bright Horizons Back-Up Care™	116.25 Hours*
CRISIS CARE		CARE RECIPIENTS	"Remain	ing Utilization
Crisis Care		Suzie Williams, Andy Williams	CARE RECIPIENTS (2)	ADD
SIN PROGRESS	April 20th, 21st, 2020	VIEW RESERVATION	And Minimums	
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CRISIS CARE		CARE RECIPIENTS	AUTHORIZED CONTACTS (1)	ADD 🗲
Crisis Care		Suzie Williams, Andy Williams	MY LOCATIONS (1)	400
	April 20th. 2020	VIEW DESERVATION		
Reservation : CAS-5691	1730-D8C8R1			



Home	Reservations	Providers	Benefit	Care Profile	Resources	Notifications 13	My Account	Help			
REQUEST	T CRISIS CARE REI	MBURSEMENT	i			RESERVATION # C	AS-5691738-J3X8	865			
For a limiter	ed time, your employer h	as authorized Brigh	t Horizons to	offer Crisis Care.		Cancel Reservati	on				
We are acti	ivating Crisis Care Assist	due to disruptions	caused by CC	VID-19. CCA is activ	vated for the United	States and Canada through 4/30/2020					
Bright Hori: through Cri	izons will reimburse you risis Care will be counted	\$100 for each day as back-up care ut	of care you ari ilization and si	range on your own.Yo ubtracted from your ;	bu are responsible fo yearly allotment.	or all other costs of the care you arran	ge. Care dates reimburse	d			
Please note:	:Your reimbursement w	Il not be processed	until after the	last date requested."	You may break your	request into shorter periods if you ne	ad reimbursement soone	r.			
* USI	E CHECKBOXES TO	CANCEL CARE									
-	CARE RECIPIENT(\$)	DA	TE(S)			CARE DURATION					
	Andy Williams	4/2	29/2020			4 Hrs ▼ : 0 Mins ▼					
ADD AN	OTHER ENTRY CANCI	L SELECTED									
I confirm th	hat I plan to use the care	eiver or child care o	center identifie	ed and selected solely	v by me for back-up	care for the care recipient(s) identified	above on the date(s)				
indicated an	nd request that Bright H	prizons reimburse r	me at the follo	wing rate:	y by the for back op	care for the care recipiency facilities	abore on the date(s)				
Reimburse	ement Total : 100			Can	egiver or Child Ca	re Center Name: Early Care Cente	r				
(Reimburse	ement Rate of \$100.00 p	er day)				D. Lucence					
Employee f	Full Name : Terry					Date: 4/19/2020	(MM/DD/Y)				
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 Once a request is canceled, you will no longer see it listed on among your Reservations on the back-up care site or mobile app

Helpful Hint: You can only edit or cancel Crisis Care reservations at backup.brighthorizons.com at this time. A future release of the mobile app will allow you to change all reservations on the go.



Modifying a Crisis Care Reservation

- If several aspects of a Crisis Care request have changed, you may find it easier to cancel the existing reservation and create a new account
- However, you can quickly adjust certain aspects of a Crisis Care request from the reservations page of the back-up care site

CRISIS CARE REIMBURSEMENT IS AVAILABLE					
If appropriate care is not available through the back-up care netv	work, you have the option to secure care within your (own personal network —			
pabysitter — and receive a Crisis Care reimbursement of \$100 Please note, reimbursement requests will be reviewed to confirm Any suspected inappropriate reimbursement requests may be de	per day. n they meet your employer's policies. enied and, reported to your employer.				 Click Reservations for the top menu
Request Crisis Care Reimbursement					
NESSAGE CENTER		EMPLOYEE PROFILE	VIEW BENEFITS		
COVID-19 POLICY Dur COVID-19 Policy has been updated as of April 3rd, 3	2020.	Terry Shipman Bright Horizons Back-Up	114.25 Hours*		
lease review the updated Back-Up Care Policy, Health Check Policy, Healt	olicy, and Illness Policy by visiting	Remaininį	g Utilization*		
Ve appreciate your attention to these important guidelines.		CARE RECIPIENTS (2)	ADD 💙		
		Andy Williams			
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To remove a day of day of care from a multi-day Crisis Care request, select each day of care that you no longer require and then click Cancel Care





To add a care date to the reservation, or an additional care recipient to a care date, select Add Another Entry, enter the required details, and click Submit



Home Reservations P	oviders Benefit (Care Profile Resource	s Notifications 🕕	My Account Help		
REQUEST CRISIS CARE REIMB	URSEMENT		RESERVATION #	CAS-5691779-X5C3V6	\frown	
For a limited time, your employer has au We are activating Crisis Care Assist due Bright Horizons will reimburse you \$100 through Crisis Care will be counted as 1 Please note. Your reimbursement will no	thorized Bright Horizons to offe to disruptions caused by COVIE for each day of care you arrang ccl-up care utilization and subtr cle processed until after the las	ir Crisis Care. D-19. CCA is activated for the U ge on your own. You are respons acted from your yearly allotmen t date requested. You may break	Cancel Reserve nited States and Canada through 4/30/20 ble for all other costs of the care you arr to your request into shorter periods if you	ation 20. ange.Care dates reimbursed need reimbursement sooner.	$(\vec{0})$	Click Add Another Entry
* USE CHECKBOXES TO CA	NCEL CARE					
CARE RECIPIENT(S)	DATE(S)		CARE DURATION	_		
Andy Williams	4/23/2020		9 Hrs 🔻 : 30 Mins 🔻			
Suzie Williams	4/23/2020					
Andy Williams	4/24/22		9 Hrs ▼ : 30 Mins ▼			
ADD ANOTHER ENTRY CANCEL SE	ECTED					
I confirm that I plan to use the caregiver indicated and request that Bright Horizo	or child care center identified a ns reimburse me at the followin	nd selected solely by me for bac g rate:	k-up care for the care recipient(s) identif	ied above on the date(s)		
Reimbursement Total : 200		Caregiver or Chil	d Care Center Name:			
(Reimbursement Rate of \$100.00 per da	0					
Employee Full Name :			Date:	(MP1/DD/YYYY)		
I am electing to use Crisis Care and	have read the Confirmation and	Release.				
Back				Submit		

Iome Reservations Provide	ers Benefit Care i	Profile Resources N	lotifications 🕕	My Account Help		
EQUEST CRISIS CARE REIMBURSE a limited time, your employer has authorize a are activating Crisis Care Assist due to dis git Horizons will reimburse you 3100 for er ough Crisis Care will be counted as back-up	MENT ad Bright Horizons to offer Crisis uptions caused by COVID-19. C ach day of care you arrange on yo care utilization and subtracted f	s Care. CA is activated for the United State our own.You are responsible for all rom your yearly allocment.	RESERVATION # Cancel Reserv es and Canada through 4/30/20 other costs of the care you ar	E (AS-5691779-XSC3V6 allion 20. range. Care dates reimbursed	7	 Select the Care Recipients Enter the dates of ca Enter the hours of ca
	CARE	equested, fou may break your requ	resc into shorter periods il you	need reinbursement sooner.		
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Andy Williams	4/23/2020		9 Hrs 🔻 : 30 Mins 🔻			
Suzie Williams Andy Williams Andy Williams Suzie Williams Suzie Williams	4/23/2020 4/24/2020		9 Hr; V 90 Mint: V 4 Hr; V 0 Mint: V	REMOVE	(0)	 Re-enter your name, caregiver name, and date Enter the dates of ca Enter the hours of ca
firm that I plan to use the caregiver or chi ated and request that Bright Horizons reir rbursement Total : [200] nbursement Rate of \$100.00 per day) Ioyee Full Name :	ld care center identified and sele nburse me at the following rate:	cted solely by me for back-up care Caregiver or Child Care C	for the care recipient(s) identi enter Name: Date:	(MM/DD/YYYY)	\bigcirc	
I am electing to use Crisis Care and have r	ead the Confirmation and Releas	e.				
		_				Agree to the confirm and release

Click Submit



QUES	T CRISIS CARE REIMBU	RSEMENT			# (AS-5691779-X5tov6 ation	A pop-up message wi
a limite	ed time, your employer has auth	norized Bright Horizons to offer Crisis	Care.			display confirming the
are act	ivating Crisis Care Assist due to	o disruptions caused by COVID-19. CC	A is activated for the United St	ates and Canada through 4/30/20	020.	successful update
ht Hor	izons will reimburse you \$100 f risis Care will be counted as bac	for each day of care you arrange on you rk-up care utilization and subtracted fro	ur own.You are responsible for	all other costs of the care you an	range. Care dates reimbursed	
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	CARE RECIPIENT(\$)			Ok		
	Andy Williams			tins 🔻		
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	 Suzie Williams 	712712020				
DDAN	OTHER ENTRY CANCEL SELE					

Adding a Funding Account

While logged into your account, click on Care Profile	Home Reservations Providers Benefit Care Profile Resources Notific MESSAGE (ENTER
Next, click on your name under Employee Profile	Home Reservations Providers Benefit Care Profile CARE PROFILE Home: // Care Profile Employee Profile Last Updated: 3/11/2020 By (Client Employee) Updated: 3/11/2020
Next, scroll to the bottom of the screen to Payment Method section, and click Add a Payment Method	PAYMENT METHOD Set up a funding account by adding a credit card or other payment method. View Payment Policies. This link will open a dialog. Current Payment Method (EDIT) ADD A PAYMENT METHOD Please Note You may not remove a payment method currently associated with an active reservation. You must change the payment method or add a new payment method on the active reservation(s) before your payment method can be removed.



	CURRENT PAYMENT METHOD
	Account Information
	Name on Account/Card®
Select the type of account	Address line I*
(Checking, Savings,	Address Line 2
Credit/Debit Card) and enter	City ⁸
funding account name,	State [®] New York Y
name on account/card, and	7in Code [#] 10036
address	Payment Information
	Account Type.*
	Crecking Savings Creat/Debit Card
	Save Close
	Payment Information
	Account Type.* Credit/Debit: Card Credit/Debit: Card
For credit/debit card, enter	Card Number ^s
card number and expiration	Expiration Date*
date	Month* Select v Year* Select v
Gate	Save Close
For checking/savings	
account enter routing	Payment Information
number/account number	Account 1/pe." Checking O Savings O Credit/Debit Card
Humbel/account humber	Bank Routing Number*
	Bank Account Number*
Click Cove to cove povement	
Click Save to save payment	Save Close
information	
	rayment information
	Co-payments are payable by credit card, debit card or Electronic Fund Transfer (EFT). Co-payment information is
Each time you place a	collected on the day care is reserved; co-payments are processed on the day following the utilization. You will need to provide payment information in order to place a reservation request. The applicable charges for services provided will
reservation, you will be	be processed after the services are rendered.
prompted to select a	Estimated Summary of Charges * Payment Method
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be saved in a dron-down on	* This is an estimate based on current reservation details. Please Note: You may not remove a payment method
Stop 5 of the recordation	Charges are subject to change if any reservation details that affect charges are later changed.
Step 5 of the reservation	payment method on the active reservation(s) before your payment method can be removed.



Additional Common Questions:

I have not registered before, what do I do when I get an error message when I enter in the Employer Username and Employer Password?

Click on the "Contact the Help Desk" link under "NEED HELP LOGGING IN?" and complete the form. Be sure to click on the "SEND" button once the fields have all been filled. A Bright Horizons Back-Up Care team member will contact you to assist.

> NEED HELP LOGGING IN? Contact the Help Desk

What do I do when I get an error message when I submit my Bright Horizons Profile?

Click on the "Contact the Help Desk" link under "NEED HELP LOGGING IN?" and complete the form. Be sure to click on the "SEND" button once the fields have all been filled. A Bright Horizons Back-Up Care team member will contact you to assist.

> NEED HELP LOGGING IN? Contact the Help Desk

I have registered before, what do I do when I get an error message when I enter my username and password in the Employer Username and Employer Password?

Click on the "Return to Login Page" link under "ALREADY REGISTERED?" to return to the "Connect to your Bright Horizons Services" page.

ALREADY REGISTERED? Return to Login Page



Here you can enter your Personal Username and Personal Password. Then click the "LOGIN" button.



What do I do if I have forgotten my Personal Username and/or Personal Password or if I get an error message when I enter my Personal Username and Personal Password

If you have forgotten your Personal Username, please click on "Forgot your username?" and enter your email address associated with your Bright Horizons profile and click Submit. Please check your email for next steps to reset. Please also check your spam or junk folder for the email if you do not see it in your in box.

If you have forgotten your Personal Password, please click on "Forgot your password?" and enter your email address associated with your Bright Horizons profile and click Submit. Please check your email for next steps to reset. Please also check your spam or junk folder for the email if you do not see it in your in box.

At any time, you may click on the "Contact the Help Desk" link under "NEED HELP LOGGING IN?" and complete the form. Be sure to click on the "SEND" button once the fields have all been filled. A Bright Horizons Back-Up Care team member will contact you to assist.



Connect to your Bright Horizons Services
We can't find that Personal Username and/or Password. Not signed up yet? Click the button below to sign up by entering the Employer Username and Employer Password found on your Bright Horizons benefit materials.
Personal Username Forgot your username?
Username
Personal Password Forgot your password?
Password
LOGIN
FIRST-TIME USER
Click here to register with your Employer Username and Employer Password (provided on your benefit materials).
NEED HELP LOGGING IN? Contact the Help Desk >

How do I submit for reimbursement for Crisis Care?

Once you have registered and created profiles for your care recipients, please see pages 9-11 of this guide for the step by step process.

