



Administrator Portal Guide

Initial Log In to New Portal	2	Manage Monthly Payments	6
Plan Administrator Dashboard	3	Request a Refund	7
Managing Cardholders	4	Generating Reports	8
Cardholder Change Requests	5		

QUIKCARD™

**Easy
Affordable
Flexible**

Administrator Portal Guide

INITIAL LOG IN TO NEW PORTAL

The new Quikcard portal can be accessed at quikcard.com by clicking the “Log In” link at the top of the page.

You will need to enter your current **User ID** and **Password**, then click the **Sign In** button.

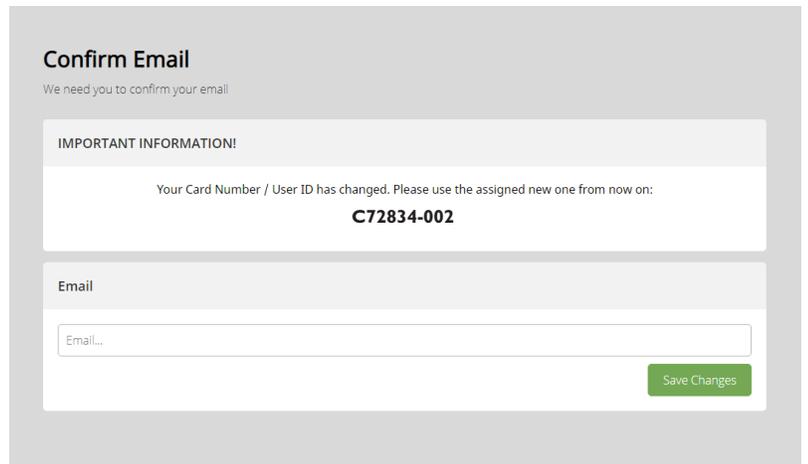
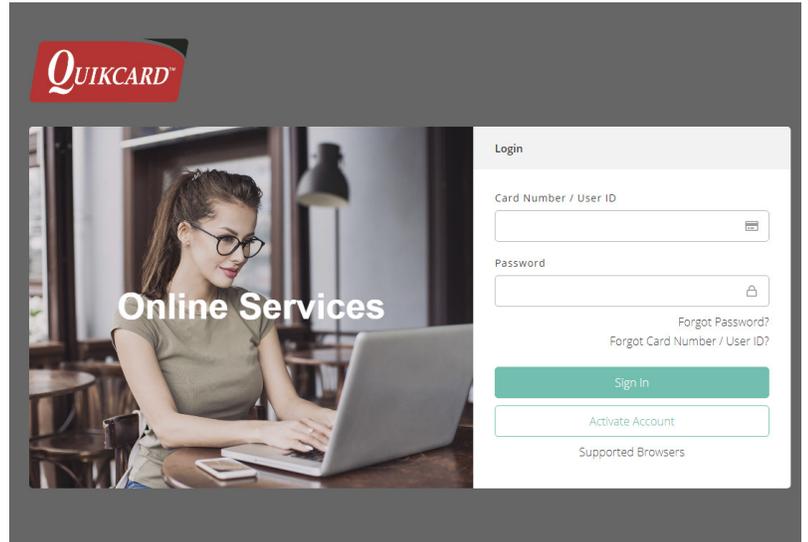
You will be prompted to change your password for the new portal. This prompt will only come up on your initial log in to the new portal, and not on subsequent visits.

**Passwords require 9 to 30 characters, one upper case, one lower case, one number, and one special character.*

On the Confirm Email page you will be issued a new **User ID**. Record this information as **your old User ID will no longer be valid**.

Enter your email address to confirm it and click the **Save Changes** button.

You will then be taken to the **Plan Administrator Dashboard**.



Administrator Portal Guide

PLAN ADMINISTRATOR DASHBOARD

Elizabeth Smith
ABCD COMPANY

CARDHOLDERS

- Cardholders
- Create Cardholder

COMPANY

- Company Profile
- User Management

MY QUICKCARD

- Dashboard
- Reports
- Cardholder Change Requests
- Inbox

LOGOUT

Dashboard

What would you like to do today?

- Create Cardholder
- 2440** Company Balance [Request Refund](#)
- 275** Monthly PAP [Edit](#)
- Pending Employee Change Requests
- Messages

Utilization By Benefit Type (YTD)

Jan 1, 2019 - Dec 31, 2019

Your company has claimed **\$2,240.79** in total

- Drug Card
- Dental Care
- Vision Care
- Health Care

Company Summary (YTD)

Jan 1, 2019 - Dec 31, 2019

Opening Balance	\$3,850.27
Payments	\$1,113.00
Claims	\$-2,240.79
Admin Fees	\$-268.89
Taxes	\$-13.45
Closing Balance	\$2,440.14

Cardholder Change Requests

[View All](#)

Search... [Filter Statuses](#)

Card Number	Requested Change(s)	Submitted On	Status ↑
No data available ...			

Page 1 of 1

Here you will be given an overview of your account and will be able to select actions from the menu on the left, or the dashboard itself.

Some of the main actions you can select are:

- › **Manage Cardholders**
- › **Generate Reports**
- › **Request a Refund**
- › **Review Cardholder Change Requests**
- › **Manage Monthly Payments**

Administrator Portal Guide

MANAGING CARDHOLDERS

Start by clicking the **Cardholders** link in the left hand menu.

The **Cardholders Dashboard** will display all cardholders on your plan, 10 to a page.

You can arrange the list by

Card Number, Name, Type or **Status**.

You can also search for specific cardholders by

Card Number or **Name**, and filter results by **Type** and **Status**.

ADD A CARDHOLDER

Click **Create New** button on Cardholder dashboard, or **Create Cardholder** on Plan Administrator dashboard.

You will need to fill out the following information:

- › **First Name**
- › **Last Name**
- › **Gender**
- › **Date of Birth**
- › **Email**
- › **Address**
- › **Postal Code**
- › **Division**
- › **Card Type**

Banking information, coordination of benefits, and dependents can also be added, or left blank for the cardholder to fill in.

Once all necessary fields are completed, click the **Create Cardholder** button, and you will be returned to the Cardholders dashboard.

EDIT CARDHOLDER

From the Cardholder dashboard, click the **Pencil** icon next to the cardholder you wish to edit.

You can choose to update **Marital Status, Division, Profile**, or **View Coordinated Benefits**.

Make sure to click the **Confirm** or **Update Cardholder** button to save any changes.

TERMINATE CARDHOLDER

From the Cardholder dashboard, click the **Trashcan** icon next to the cardholder you wish to terminate.

Select a **Termination Date** and click the **Confirm** button. On the termination date the cardholder will be removed from your plan.

The screenshot shows the 'Cardholders' dashboard. At the top, there is a 'Cardholders' link in the left menu and a 'Create Cardholder' button. The main area is titled 'Cardholders' and includes a 'Create New' button. Below the title, there is a search bar and filters for 'Card Number / Cardholder', 'Type', and 'Status'. A table lists five cardholders with columns for Card Number, Cardholder Name, Type, Status, and action icons (edit and delete). Below the table is a 'Please Complete the Form Below.' section with various input fields: First Name, Last Name, Gender, Date of Birth, Phone Number, Fax Number, Email, Address, Postal Code, City, Province, Institution #, Branch #, Bank Account #, Division, Card Type, and Effective Date. There is also a 'Coordination of Benefits (COB)' section with a checkbox for 'Check if yes'. A 'Create Cardholder' button is at the bottom right.

Card Number ↑	Cardholder	Type	Status	
7283401001	ELIZABETH JONES	Single	Active	
7283401002	EMMA JONES	Single	Active	
7283401003	JACK BLACK	Family	Active	
7283401004	JANE DOE	Family	Active	
7283401005	JILL SMITH	Family	Active	

Administrator Portal Guide

CARDHOLDER CHANGE REQUESTS

Cardholder Change Requests can be viewed on the Plan Administrator dashboard, or by clicking the **Cardholder Change Requests** link in the left hand menu.

ORGANIZING REQUESTS

The Cardholder Change Requests dashboard displays all requested changes defaultly by **Status**, but can also be organized by **Card Number** or **Submitted On** date.

SEARCHING REQUESTS

You can search requests by **Card Number** or **Name**, and filter requests by status with the **Filter Statuses** button.

REVIEWING REQUESTS

A request can be reviewed by clicking the green **Review** button next to it.

This will open a pop-up window with the details of the requested change, and buttons to either **Deny Request** or **Approve Request**.

If you deny a request, another pop-up window will open requiring you to explain why the request was denied. Once you have entered an explanation, click the **Deny Request** button again to confirm.

If you approve a request, the changes will be made immediately, or on the specified date, depending on the request.

Card Number	Requested Change(s)	Submitted On	Status
7283401002	Update cardholder profile for EMMA JONES (new DOB = Aug 31, 1976)	Mar 18, 2019	Completed
7283401002	Add new female dependent Sarah Jones (DOB: Jun 22, 2014) from Mar 15, 2019 to Dec 25, 2019	Mar 18, 2019	Pending Review
7283401002	Add new male spouse Jon Jones (DOB: May 05, 1981) from Mar 15, 2019 to Aug 31, 2020	Mar 18, 2019	Denied

Requested Change:
Add new female dependent Sarah Jones (DOB: Jun 22, 2014) from Mar 15, 2019 to Dec 25, 2019

[Deny Request](#) [Approve Request](#)

Please explain why you would like to deny this plan change request:

[Cancel](#) [Deny Request](#)

Administrator Portal Guide

MANAGE MONTHLY PAYMENTS

Through the Plan Administrator dashboard you can manage your monthly payments, changing the amount, suspending them, or you can also do a one-time PAP.

To start, click the **Monthly PAP** button on the Plan Administrator dashboard.

A pop-up form will appear. Most information will be auto-filled based on your company profile, and the profile of the administrator making the change.

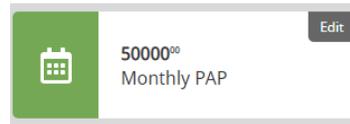
To change the amount of your monthly payments, change the number displayed in the **Amount** field to your desired payment.

If you wish to suspend payments, change the number in the **Amount** field to **\$0.00**.

Any changes requested will be made on the first of the following month.

Once you have entered the desired amount, click the **Authorization** check box, then the **Submit Form** button.

The website will take a moment to process the request, then display a **Request Sent Successfully** message with a **Print** button you can use to save a copy of the change request.



Edit Monthly PAP Amount

I/We (Individual Names): Elizabeth Smith
Of (Company Name): ABCD COMPANY

Address: 123 Main Street East
City: Edmonton
Province: Alberta
Postal Code: T5S1K7

Amount: \$275.00
Date Effective: Apr 1, 2019

Pre-Authorized Payment Authorization and Agreement ("Agreement")

I (we) the undersigned account holders, authorize Quikcard Solutions Inc. ("Quikcard") to draw a debit, by paper or electronic entry, from my (our) account as indicated on the attached "void" cheque (the "Account"), for the purpose of health plan contributions, in the amount of \$275.00 payable on Dec 31, 1969.

I (we) may authorize further sporadic or one-time debits to the Account, provided that Quikcard will obtain my (our) prior authorization for any such debit. This debit is for business purposes.

In the event that an attempt to draw a debit on the Account by Quikcard that I (we) have authorized is unsuccessful or returned by my (our) financial institution, I (we) authorize Quikcard to re-present such debit for payment. I agree that in the event of a second occurrence of a returned or unsuccessful debit from my (our) Account, that Quikcard may, in its sole discretion, immediately terminate my (our) pre-authorized payment privileges and this Agreement. Termination of this Agreement does not terminate the contract for goods and services to which this Agreement relates.

I (we) will notify Quikcard promptly in writing if I/we move the Account from my (our) financial institution or branch to another, or if there is any other change in the Account.

I (we) acknowledge that delivery of this authorization to Quikcard constitutes delivery by me (us) to the branch of the financial institution at which I (we) maintain the Account and that such financial institution is not required to verify that the payment(s) are drawn in accordance with this authorization.

I (we) may cancel this Agreement at any time by providing 30 days written notice to Quikcard. I (we) may obtain a sample cancellation form, or more information on my (our) right to cancel this Agreement, at my (our) financial institution or at www.cdnpay.ca. This Agreement may be cancelled at any time by Quikcard upon written notice to me (us).

I (we) have certain recourse rights if any debit does not comply with this Agreement. For example, I (we) have the right to receive reimbursement for any debit that is not authorized or is not consistent with this Agreement. To obtain more information on my (our) recourse rights, I (we) may contact my (our) financial institution or visit www.cdnpay.ca.

By checking this box, I (we) warrant that all persons whose name(s) appear on this form have approved this authorization.

Submit Form

Edit Monthly PAP Amount

Request sent successfully Print

I/We (Individual Names): Elizabeth Smith
Of (Company Name): ABCD COMPANY

Address: 123 Main Street East
City: Edmonton
Province: Alberta
Postal Code: T5S1K7

Amount: \$200.00
Date Effective: Apr 1, 2019

Administrator Portal Guide

REQUEST A REFUND

Through the Plan Administrator dashboard you can request a refund from your company balance.

To start, click the **Company Balance/Request Refund** button on the Plan Administrator dashboard.

A pop-up form will appear. Most information will be auto-filled based on your company profile, and the profile of the administrator making the change.

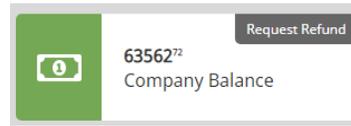
The **Available Refund Amount** field will display the maximum amount of refund you can request.

Enter the dollar amount of the refund you would like to receive in the **Refund Amount** field, and then click the **Submit Request** button.

You should see a **Request Sent Successfully** message.

Please allow up to fifteen business days to process your refund request.

You will receive your refund via direct deposit to the bank account on file. Otherwise, a paper cheque will be issued in the business name and sent to the mailing address on file (under Company Profile).

A screenshot of the "Request Refund" form. The form is titled "Request Refund" and has a close button (X) in the top right corner. It contains the following fields:

- I/We (Individual Names): Elizabeth Smith
- Of (Company Name): ABCD COMPANY
- Address: 123 Main Street East
- City: Edmonton
- Province: Alberta
- Postal Code: T5S1K7
- Company Balance: \$2,440.14
- Available Refund Amount: \$2,165.14
- Refund Amount: (empty field)

Below the form is a "Notice" section with the text: "Please allow up to fifteen business days to process your refund request. If we require further information, someone from our Finance department will contact you. If you have a bank account on file (under Company Profile), you will receive your refund via direct deposit to that account. Otherwise, a paper cheque will be issued in the business name and sent to the mailing address on file (under Company Profile)." A "Submit Request" button is located at the bottom right.A screenshot of the "Request Refund" form after submission. The form is titled "Request Refund" and has a close button (X) in the top right corner. A green banner at the top of the form area says "Request sent successfully." The form contains the following fields:

- I/We (Individual Names): Elizabeth Smith
- Of (Company Name): ABCD COMPANY
- Address: 123 Main Street East
- City: Edmonton
- Province: Alberta
- Postal Code: T5S1K7
- Company Balance: \$2,440.14
- Available Refund Amount: \$2,165.14
- Refund Amount: \$500.00

Below the form is a "Notice" section with the same text as the previous screenshot. A "Submit Request" button is located at the bottom right.

Administrator Portal Guide

GENERATING REPORTS

To generate a report, start by clicking the Report link in the left hand menu.

You can choose from six different reports:

- › Amount Paid by Company, Plan & Coverage
- › Benefit Utilization
- › Card Count
- › Cardholder List
- › Company Financial Statement
- › Unpaid Claims

Depending on the type of report you choose to generate you may need to select parameters of a **Start Date** and an **End Date**.

Once you've set the parameters, click the **Generate Report** button. A PDF of the report will be downloaded to your computer.

Company Reports
Please select a report below.

Select Report

Generate Report

Company Reports
Please select a report below.

Amount Paid by Company, Plan & Coverage

Dates Based On

Start Date

End Date

Generate Report

QUIKCARD

ABCD COMPANY
123 Main Street East
Edmonton, Alberta, T5S 1K7
Canada

18/09/2019
Company No.: 72834

Company Card List Report

Plan No.: 72834001001

Card Number	Cardholder	Card Type	Effective Date	Expiry Date	Gender	Date of Birth
7283401004	DOE, JANE	F	Jan 1, 2018	-	F	Oct 25, 1958

Total Cards on Plan: 1

Plan No.: 72834001001

Card Number	Cardholder	Card Type	Effective Date	Expiry Date	Gender	Date of Birth
7283401003	BLACK, JACK	F	Jan 1, 2018	-	M	Nov 26, 1973
7283401005	SMITH, JILL	F	Jan 1, 2018	-	F	Jul 20, 1959

Total Cards on Plan: 2

Plan No.: 72834001001

Card Number	Cardholder	Card Type	Effective Date	Expiry Date	Gender	Date of Birth
7283401001	JONES, ELIZABETH	S	Jan 1, 2018	-	F	Mar 26, 1969
7283401002	JONES, EMMA	S	Jan 1, 2018	-	F	Aug 31, 1977

Total Cards on Plan: 2

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