

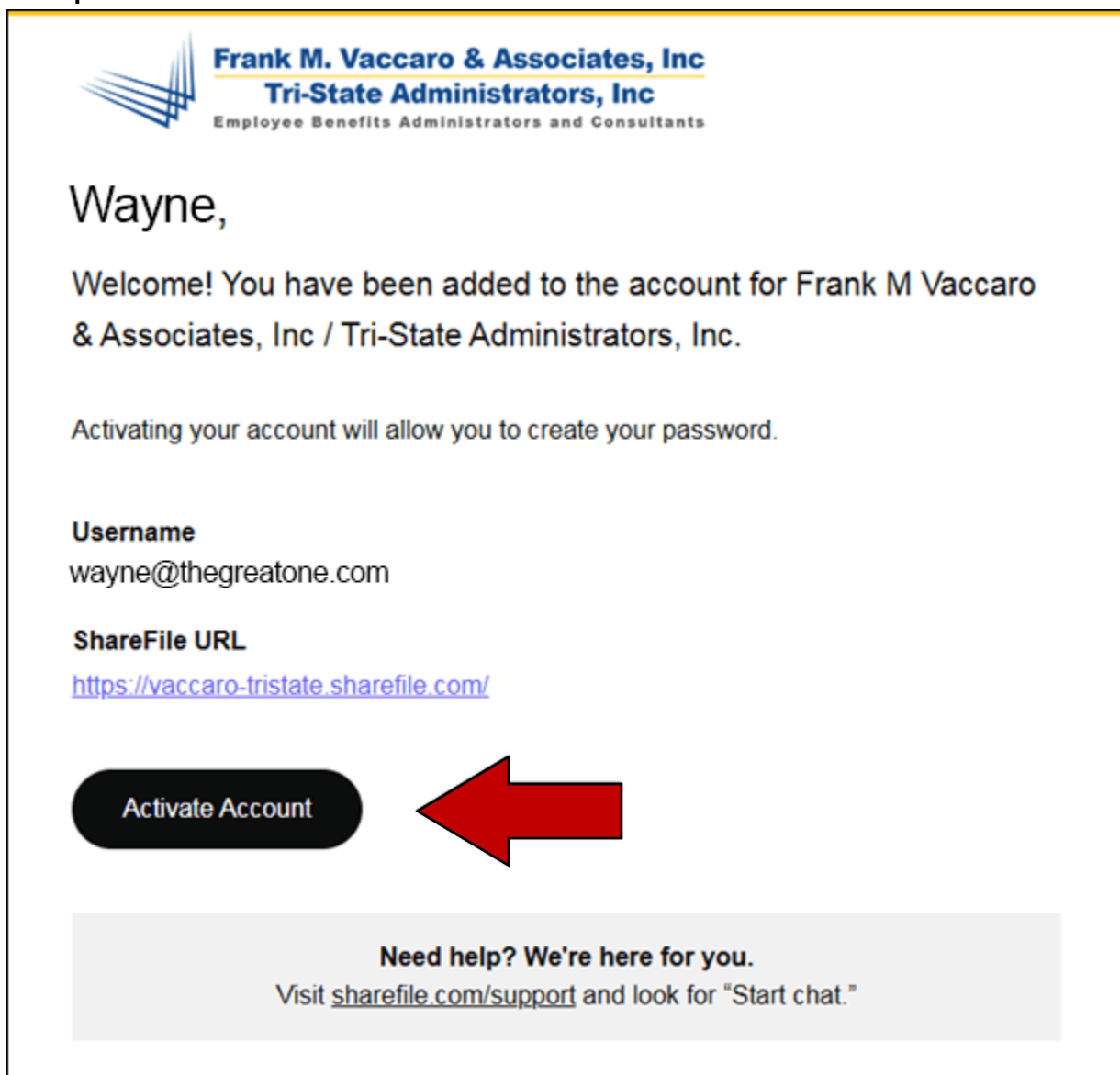
You will be getting **two** emails:

1. A welcome email from **“ShareFile Support”**. It will look like **example #1** below. Please click the **Activate Account** button to set a password and complete the next steps for enrollment to the portal.
2. An email from **“RightSignature.com”** providing a link to access, fill out, sign, and submit your enrollment form. It will look like **example #2** shown later on **Page 5**. Please click the blue **REVIEW & SIGN DOCUMENT** button to access the form.

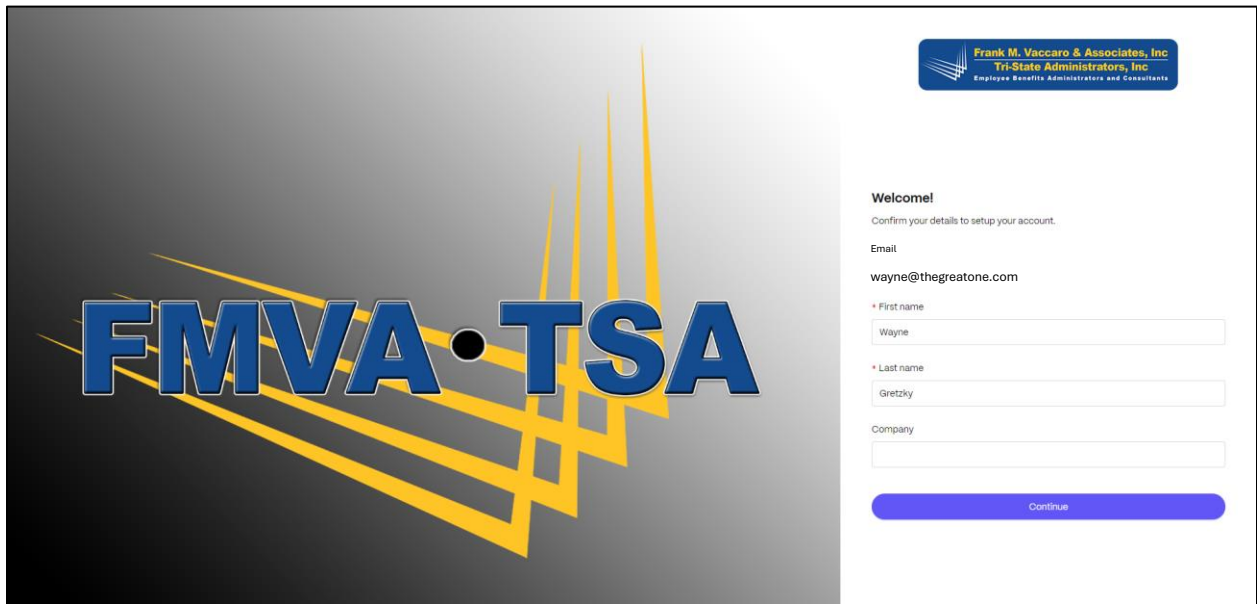
Let's Start with **ShareFile**. This is the secure portal you will use to upload and access documents relating to your enrollment, eligibility, etc.

To start, click **“Activate Account”**

Example #1



You will be taken to this screen. Your First & Last Name should already be filled in. Simply **Click “CONTINUE”**



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Welcome!
Confirm your details to setup your account.

Email
wayne@thegreatone.com

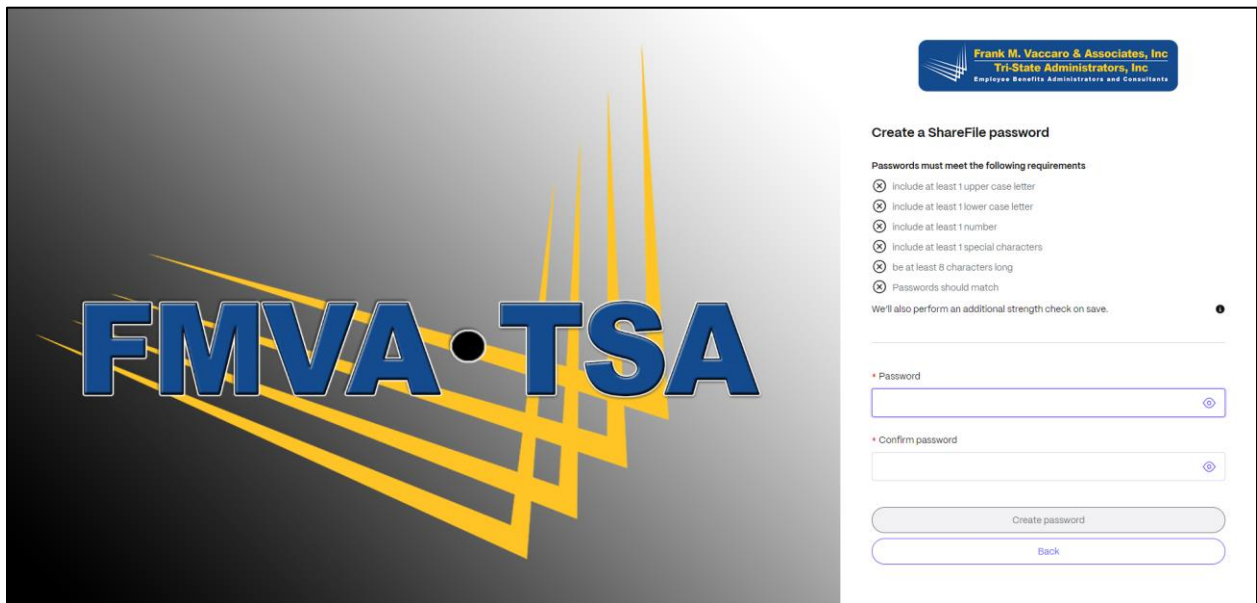
* First name
Wayne

* Last name
Gretzky

Company

Continue

Follow the requirements to create and confirm a password. Then **click “Create Password”**.



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Create a ShareFile password

Passwords must meet the following requirements

- ☒ Include at least 1 upper case letter
- ☒ Include at least 1 lower case letter
- ☒ Include at least 1 number
- ☒ Include at least 1 special characters
- ☒ be at least 8 characters long
- ☒ Passwords should match

We'll also perform an additional strength check on save.

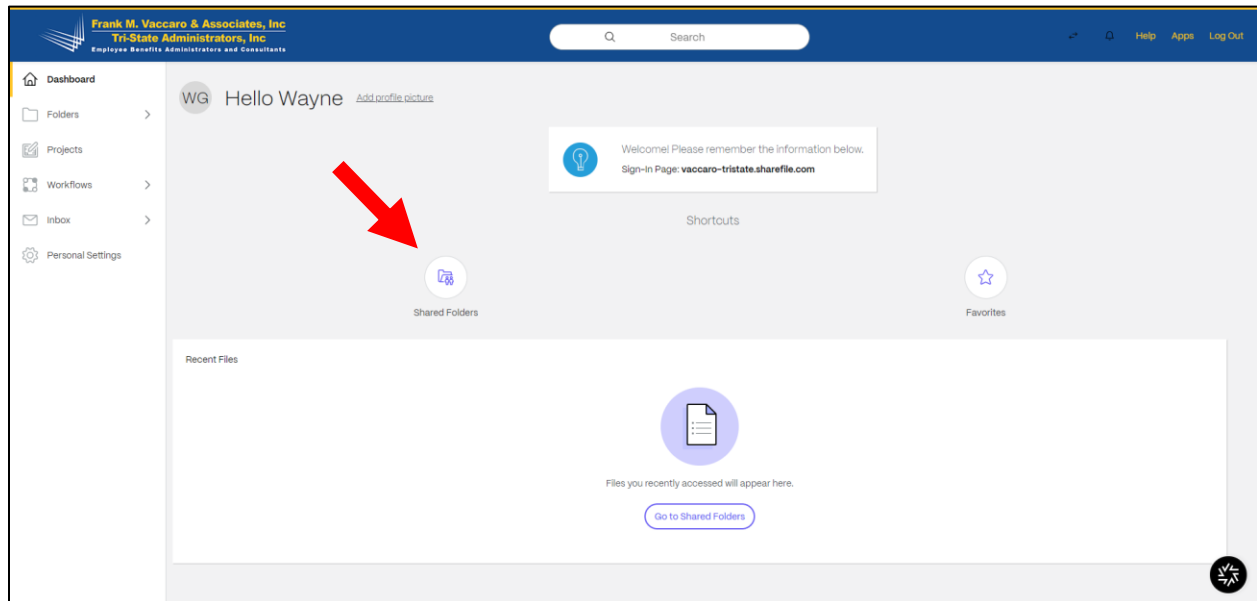
* Password

* Confirm password

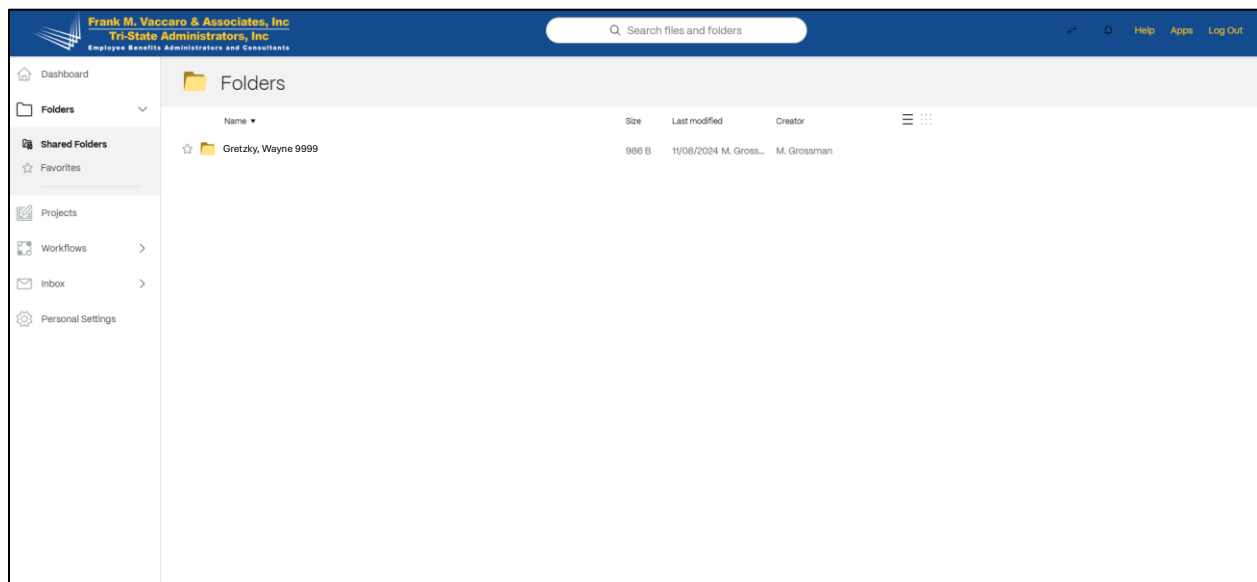
Create password

Back

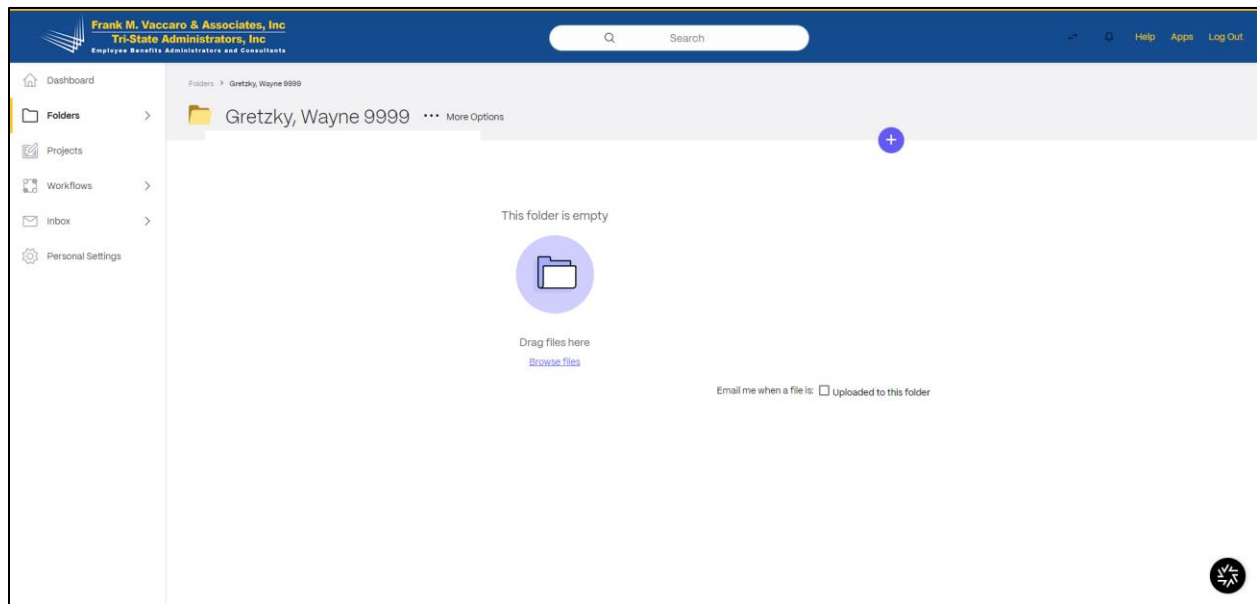
You will be taken to your ShareFile Dashboard. Click on the “SHARED FOLDERS” icon to go to your personal folder.



This will take you to the folder that has been created for you. No one else has access to your folder.



Click on the folder to see the contents.



Here you can see the files in your folder. At this point it might be empty.

You can upload new files by hovering over the “plus” symbol in the purple circle.

You can download files by checking the box next to the file then clicking “Download” at the top of the list of files.

Now let’s look at the **RightSignature.com** email to complete, save, and submit your enrollment form.

You have received a 2nd email from “**RightSignature.com**” with the subject “**Matthew Grossman has sent you the document ‘UFCW-Enrollment-Card pdf’ to sign**”. Click the blue “**REVIEW & SIGN DOCUMENT**” button to begin.

Example #2



Hello Wayne,

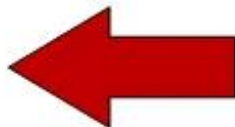
Matthew Grossman sent you the following document to sign:



UFCW-Enrollment-Card pdf (UFCW-Enrollment-Card_pdf.pdf)
Reference #: 40ee65c3-c7c3-41d8-b8a5-40ac3edae378
Status: Pending
Expires: 04/08/2025 22:39
Sender: Matthew Grossman

To review the document and sign with an electronic signature, follow this link:

REVIEW & SIGN DOCUMENT



If clicking the button doesn't work, copy and paste this link into your browser's URL bar:

https://secure.rightsignature.com/signers/eb377d64-3219-4e0e-87a5-57236e0e1223/sign?identity_token=sB-wnC_T7ynTBn2dvvGa

Matthew Grossman
Frank M Vaccaro & Associates, Inc / Tri-State Administrators, Inc
mgrossman@fmvaccaro.com

You will be taken to the online enrollment form to fill out. Your Last & First names will be pre-filled in. All fields marked with a red arrow are required. The number of required fields left is displayed at the bottom right of the page.




ENROLLMENT CARD
 UFCW Local 152 Health & Welfare Fund • 27 Roland Ave, Suite 100 • Mt. Laurel, NJ 08054
 800-555-4959

NAME (LAST) Gotsky	(FIRST) Wayne	(MIDDLE) Text	(SUFFIX) Text	Social Security # Enter Text...	Phone # Enter Text...
ADDRESS (STREET) APT # Enter Text...		(CITY) Enter Text...	(STATE) Text	(ZIP) Text	DATE OF BIRTH MM/DD/YYYY
FOR FUND USE ONLY		NAME OF EMPLOYER Enter Text...		LOCAL UNION # Select	SEX ☐ Male ☐ Female
EMP. #		DATE OF HIRE MM/DD/YYYY		(Check One) ☐ Fulltime ☐ Part Time	
EFFECTIVE DATE:					
Type of Application ☒ New Participant ☐ Add Dependent(s) ☐ Reinstated - Date Returned to Work MM/DD/YYYY ☐ Change in Benefits ☐ Change of Address		Name of Spouse (First & Last Name) Enter Text...		Spouse's Birth Date MM/DD/YYYY	
		Primary Beneficiary (First & Last Name) Enter Text...		Address & SSN # / Relationship Enter Text...	
		Contingent Beneficiary (First & Last Name) Enter Text...		Address & SSN # / Relationship Enter Text...	

UFCW-Enrollment-Card pdf
 From Frank M Vaccaro & Associates, Inc / Tri-State Administrators, Inc
[Need Help?](#)

27 fields left
More Options
Save Progress

After all required fields are completed, the blue **“Submit Signature”** will appear. Click it to submit the form.

Gotsky	Wayne	D	Jr	Phone # 1234567890	
ADDRESS (STREET) APT # 27 Roland Ave		(CITY) Mt. Laurel	(STATE) NJ	(ZIP) 08054	DATE OF BIRTH 03/17/1976
FOR FUND USE ONLY		NAME OF EMPLOYER ShopRite		LOCAL UNION # Local 152	SEX ☒ Male ☐ Female
EMP. #		DATE OF HIRE 01/01/2025		(Check One) ☒ Fulltime ☐ Part Time	
EFFECTIVE DATE:					
Type of Application ☒ New Participant ☐ Add Dependent(s) ☐ Reinstated - Date Returned to Work MM/DD/YYYY ☐ Change in Benefits ☐ Change of Address		Name of Spouse (First & Last Name) Enter Text...		Spouse's Birth Date MM/DD/YYYY	
		Primary Beneficiary (First & Last Name) Enter Text...		Address & SSN # / Relationship Enter Text...	
		Contingent Beneficiary (First & Last Name) Enter Text...		Address & SSN # / Relationship Enter Text...	
Marital Status: ☐ Married ☒ Single ☐ Divorced ☐ Separated ☐ Widowed		Number Eligible Children 0		SIGN HERE →  Date Signed 03/10/2025	
Date of above event: MM/DD/YYYY					

Print the name of each dependent below. Dependents include your eligible spouse and eligible children under 26 years of age only. All eligible dependents must be listed and an Adult Enrollment Form is required to be completed for dependents over age 19. Please return all required documents with this card (marriage certificate, spouse proof of residency, birth certificates, etc.)

LIST FIRST, LAST & MIDDLE NAME OF EACH ELIGIBLE DEPENDENT BELOW (DO NOT REPEAT YOUR OWN NAME)	SOCIAL SECURITY#	BIRTH DATE			RELATIONSHIP		
		MO.	DAY	YEAR	SPOUSE	SON	DAUGHTER / OTHER
Enter Text...	Enter Text...	Text	Text	Text	☐	☐	☐
Enter Text...	Enter Text...	Text	Text	Text	☐	☐	☐
Enter Text...	Enter Text...	Text	Text	Text	☐	☐	☐
Enter Text...	Enter Text...	Text	Text	Text	☐	☐	☐

UFCW-Enrollment-Card pdf
 From Frank M Vaccaro & Associates, Inc / Tri-State Administrators, Inc
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More Options
Save Progress
Submit Signature

A message stating you agree to the “terms of use” will appear in the bottom right of the screen.
Click **“Submit”**.

By clicking "Submit" you agree to our [Terms Of Use](#) & [Privacy Policy](#) - [E-Sign Consent](#) - and the contents of this document.

Submit

You will then be shown the completed & signed form. Here you can download it if you wish. Also, a PDF copy will automatically be saved in your ShareFile folder we discussed in the first part of these instructions. You may safely close this window.

UFCW-Enrollment-Card pdf Sent by Matthew Grossman 11 hours ago.

Download

Status Executed

Overview History

People Involved:

Wayne spanme@mattgrossman.com

ENROLLMENT CARD
UFCW Local 152 Health & Welfare Fund • 27 Roland Ave, Suite 100 • ML Laurel, NJ 08054
800-555-4999

NAME (LAST) Gretzky	(FIRST) Wayne	(MIDDLE) D	(SUFFIX) Jr	Social Security # 123456789
ADDRESS (STREET) APT # 27 Roland Ave			(CITY) ML Laurel	(STATE) NJ (ZIP) 08054
DATE OF BIRTH 03/17/1976		PHONE # 1234567890		
FOR FUND USE ONLY	NAME OF EMPLOYER ShopRite	LOCAL UNION # Local 152	SEX ☒ Male ☐ Female	
EMP. #	DATE OF HIRE 01/01/2025	☒ Fulltime ☐ Part Time		
PLAN:	☒ (Check One)			
EFFECTIVE DATE:				
Type of Application ☒ New Participant ☐ Add Dependent(s) ☐ Reinstated - Date Returned to Work ____/____/____ ☐ Change in Benefits ☐ Change of Address	Name of Spouse (First & Last Name) _____ Primary Beneficiary (First & Last Name) _____ Contingent Beneficiary (First & Last Name) _____	Spouse's Birth Date ____/____/____ Address & SSN # / Relationship _____ Address & SSN # / Relationship _____		
Marital Status: ☒ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed Date of above event: _____	Number Eligible Dependent Children 0	SIGN HERE → Date Signed 03/10/2025		

Print the name of each dependent below. Dependents include your eligible spouse and eligible children under 26 years of age only. All eligible dependents must be listed and an Adult Enrollment Form is required to be completed for dependents over age 19. Please return all required documents with this card (marriage certificate, spouse proof of residency, birth certificates, etc.)

LIST FIRST, LAST & MIDDLE NAME OF EACH ELIGIBLE DEPENDENT BELOW (DO NOT REPEAT YOUR OWN NAME)	SOCIAL SECURITY#	BIRTH DATE			RELATIONSHIP		
		MO.	DAY	YEAR	SPOUSE	SON	DAUGHTER OTHER

Reference ID: 40ee65c3-c7c3-43d8-bba5-40ac3edae378

If you log back in to ShareFile, you can see and download the completed form.

Frank M. Vaccaro & Associates, Inc.
Tri-State Administrators, Inc.
Employee Benefits Administrators and Consultants

Search

Dashboard

Folders > Gretzky, Wayne 9999 More Options

Projects

Workflows

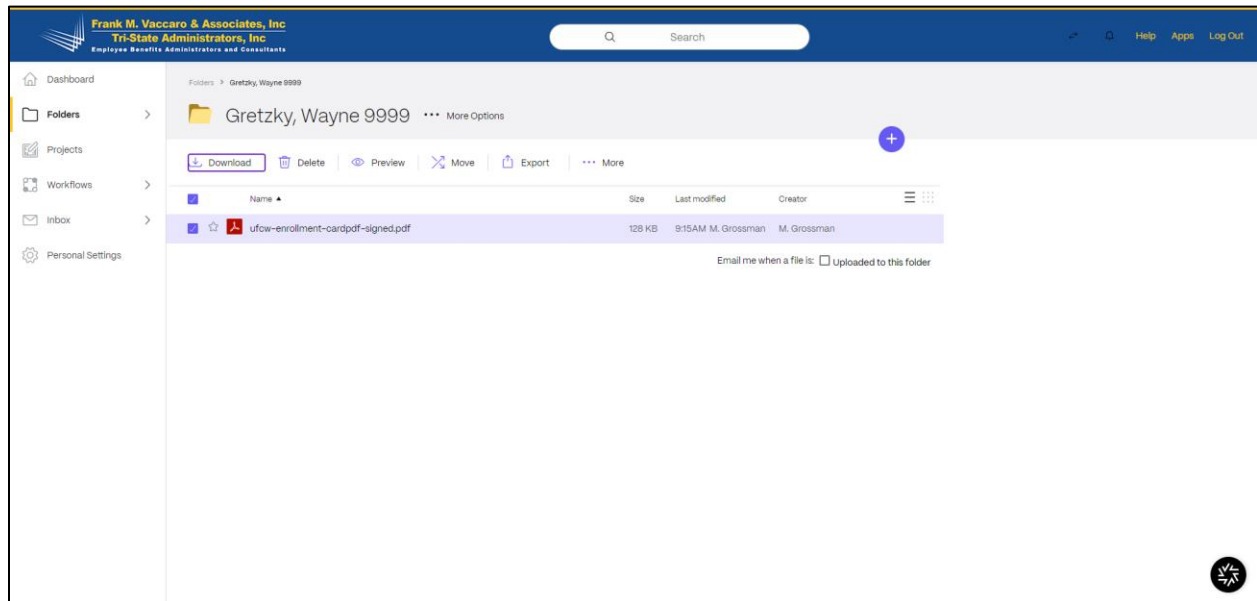
Inbox

Personal Settings

☐ Name ▲
 ☐ ☆
 ☐ ufow-enrollment-cardpdf-signed.pdf
 128 KB 8:15AM M. Grossman M. Grossman

Email me when a file is: ☐ Uploaded to this folder

You can download files by checking the box next to the file then clicking “Download” at the top of the list of files.



The URL to get to ShareFile anytime is:

<https://fmva.sharefile.com>