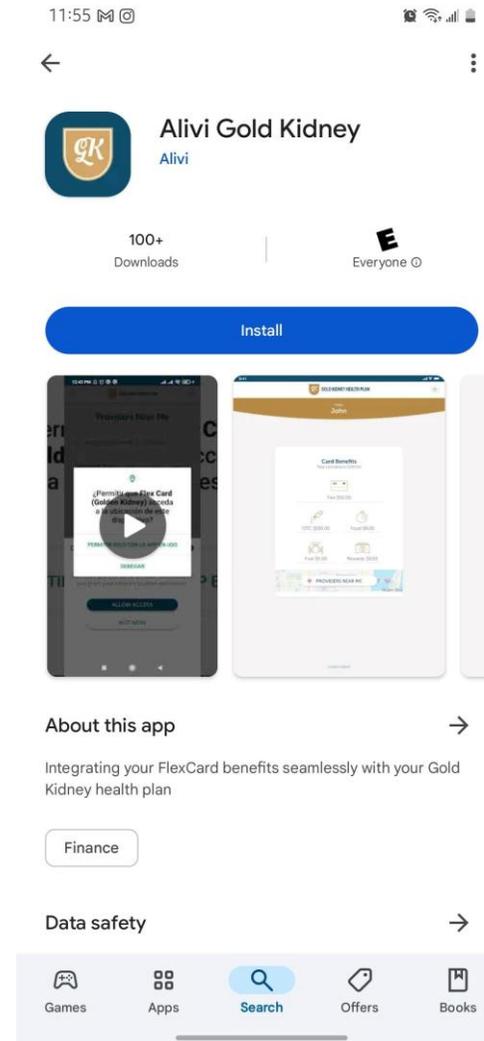
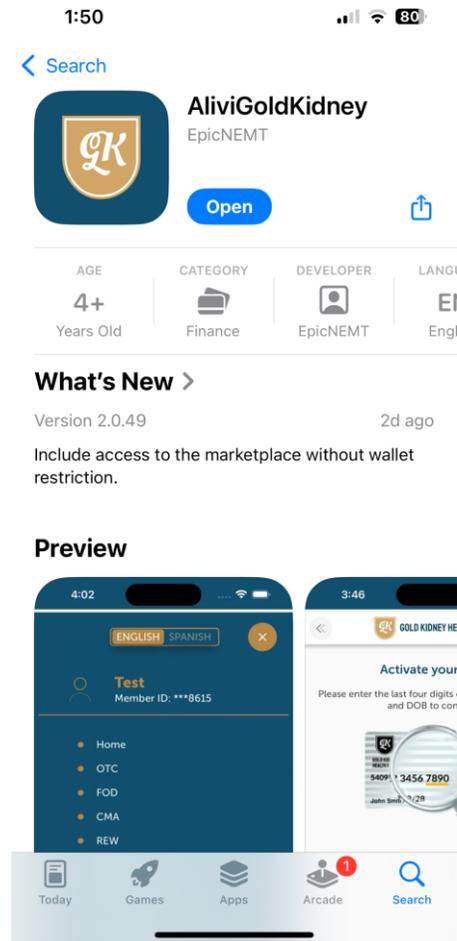


Go to the App Store (iOS) or Google Play (Android) to download our app.



To register, click register now.

Toggle
between ENG
and SPA view



12:45

ENGLISH SPANISH

GK GOLD KIDNEY HEALTH PLAN

Enjoy your Card Benefits!
Use it at in-network merchants

* Required field

Member ID/User ID *

Please enter valid digits Member ID/User ID

Password *

Please enter a password that meets the requirements

Remember me [Forgot password?](#)

LOG IN

REGISTER NOW

[By registering or logging in, you agree to Avidia Bank Privacy Policy / Terms of Use](#)
[Contact Support](#) [FAQ](#)

Member enters the three data elements.

- **Member ID** can be found on the member ID card.
- **Zip code** of the members address, and
- **Date of birth.**

12:45

GOLD KIDNEY HEALTH PLAN

Registration

Please enter your Member ID / User ID, ZIP code and Date of Birth

Important!

Use your Member ID as your User ID to login

* Required field

Member ID/User ID *

Please enter valid digits Member ID/User ID

Zip Code * Date of Birth *

Please enter a valid 5-digit zip code Please enter a valid date

SUBMIT

To select the year of their DOB, user will click on "Select Year".

11:59

GOLD KIDNEY HEALTH PLAN

Registration

Please enter your Member ID / User ID, ZIP code and Date of Birth

January 10, 2007

← January 2007 →

Select Year ←

Mon	Tue	Wed	Thu	Fri	Sat	Sun
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

ACCEPT CLOSE

SUBMIT

Member will receive screen prompt. →

Member must complete their configured phone screen lock to proceed within the app (e.g. PIN, Fingerprint, FaceID, etc).

If no screen lock is set up on the device, users will be unable to register or use the app.

**Authentication required
Verify identity**

**You need to complete the local
authentication method.**



Create a password, once the password meets all requirements, requirements will change to **green**.

12:05 GOLD KIDNEY HEALTH PLAN

Hello!

First Name YARITZA Middle Name Y Last Name BARBARA

Please create a password to continue

For security reasons, the password cannot contain your first name, last name, or member ID. Also, you cannot use your last 10 passwords.

* Required field

Password *

Confirm password *

- x Minimum 8 characters required
- x At least 1 uppercase
- x At least 1 lowercase
- x At least 1 number
- x At least 1 special character (#?@S)
- x The passwords entered must match

By registering or logging in, you agree to Avidia Bank Privacy Policy / Terms of Use

SUBMIT

12:05 GOLD KIDNEY HEALTH PLAN

Hello!

First Name YARITZA Middle Name Y Last Name BARBARA

Please create a password to continue

For security reasons, the password cannot contain your first name, last name, or member ID. Also, you cannot use your last 10 passwords.

* Required field

Password *

Confirm password *

- ✓ Minimum 8 characters required
- ✓ At least 1 uppercase
- ✓ At least 1 lowercase
- ✓ At least 1 number
- ✓ At least 1 special character (#?@S)
- ✓ The passwords entered must match

By registering or logging in, you agree to Avidia Bank Privacy Policy / Terms of Use

SUBMIT

← Select the privacy and terms of use and select, submit.

After creating a password, the member must set up a contact member using either a mobile phone number or email to receive a verification code for two-factor authentication. The member will receive a text message or email with a 6-digit verification code. The member must enter the verification code in the mobile application and select verify. **The code is valid for 3 minutes.**

12:05

GOLD KIDNEY HEALTH PLAN

Select contact method

Mobile phone number

Email address

Enter your phone number

Use only your personal mobile phone number to set up your account, as this information will be linked to reset password and two-factor authentication

* Required field

Phone number *

Please enter a valid phone number

SUBMIT

12:06

GOLD KIDNEY HEALTH PLAN

Select contact method

Mobile phone number

Email address

Enter your phone number

Use only your personal mobile phone number to set up your account, as this information will be linked to reset password and two-factor authentication

* Required field

Phone number *

+1(915) 873-1050

Are you sure? ✕

We want to be sure that your number is correct, please take another look at it

555-555-5555

THAT'S MY NUMBER

NO

12:06

GOLD KIDNEY HEALTH PLAN

Verify your personal information

We sent a verification code

SMS



* Enter single digit in each field. Focus will be automatically to the next field.

Verification code

Code valid for 15 min

Didn't receive the code?

Wait 3 min before requesting a new code

VERIFY

Text message/Email Examples of the Code

Enter the code and select Verify. If the correct code was entered, member will receive message "**Your registration was successfully processed**" and be redirected back to the login screen. Once the member has successfully registered, they are able to log in from the main page by entering the member ID and password they created.

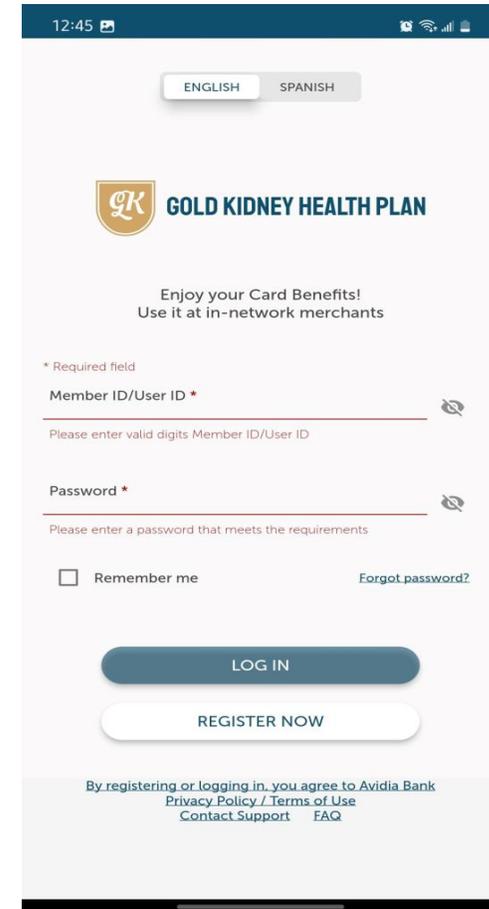
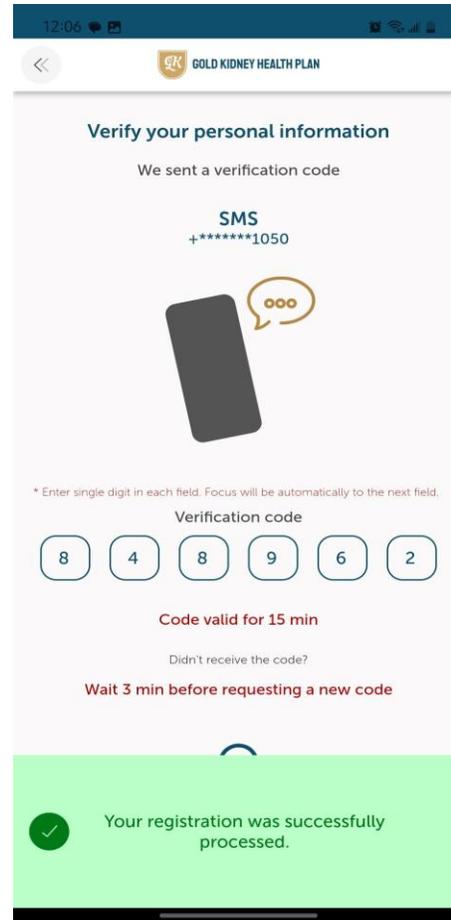
This is your code to complete your registration on Alivi Health Care application: 848962. Contact Technical Support if you didn't request it 1-888-926-7277.

Dear YARITZA:

To complete your registration on the Alivi Health Care application, please enter this verification code:

034706

This code expires in 15 minutes or if you request another code. Contact Technical Support if you didn't perform this request 1-888-926-7277.



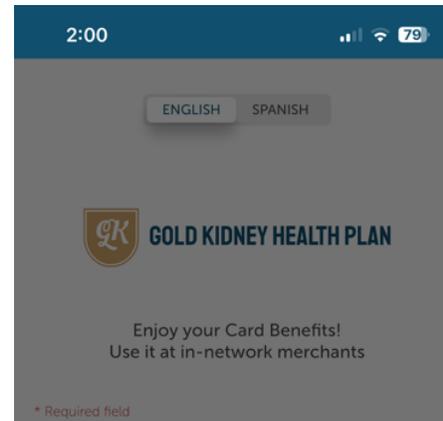
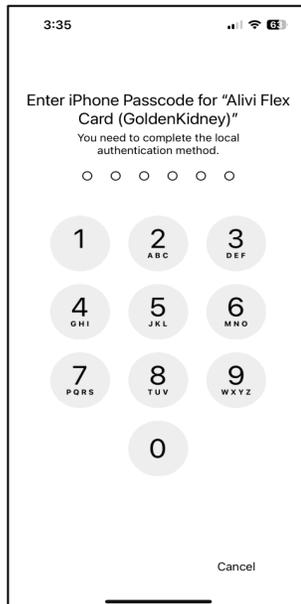
→
Select
Remember
Me to
autofill
member ID

Member will receive the "**local authentication**" prompt again. Member must configure their phone screen lock to the app (e.g. PIN, Fingerprint, FaceID, etc) Once completed, they will be sent another verification code to the contact method they set up. Enter the verification code and select Verify Device. The member may select "Remember this Device in the Future" to prevent this step during next log-in.

Member will receive screen prompt below.
Member must configure their phone screen lock to the app (e.g. PIN, Fingerprint, FaceID, etc)

Authentication required
Verify identity

You need to complete the local authentication method.



Verify your personal information

You are attempting to access our system from a new device or have been away for a while. A verification code has been sent to your registered phone number/email.

Remember this device in the future

SMS

+*****1050

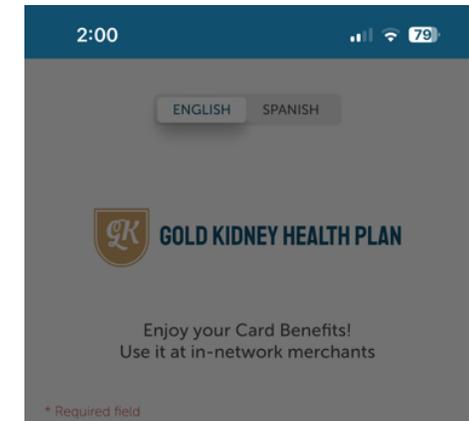
* Enter single digit in each field. Focus will be automatically to the next field.

○ ○ ○ ○ ○ ○

Code valid for 15 min

Didn't receive the code?

Wait 3 min before requesting a new code



Verify your personal information

Verification code has been sent to your registered phone number/email.

Remember this device in the future

SMS

+*****1050

* Enter single digit in each field. Focus will be automatically to the next field.

5 9 7 6 1 3

Code valid for 15 min

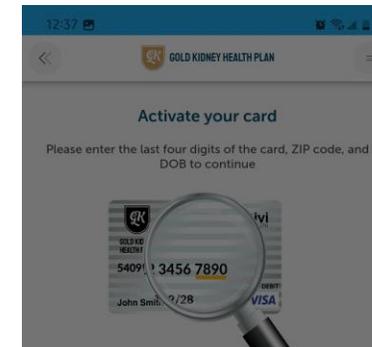
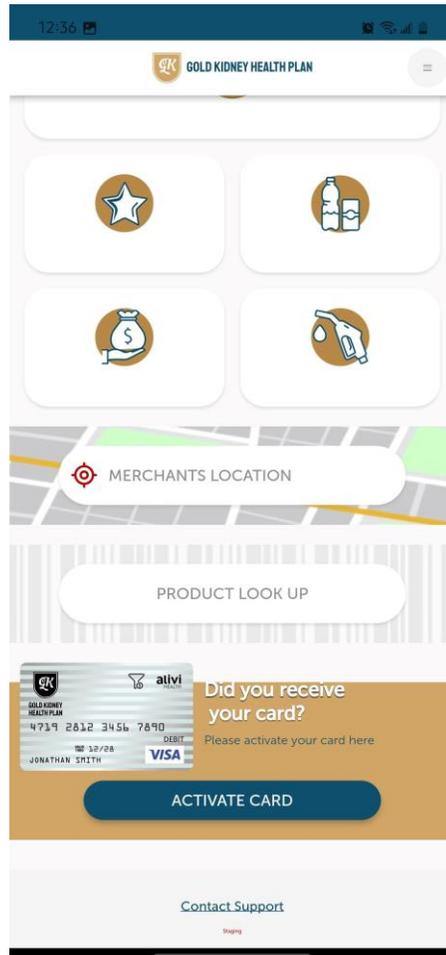
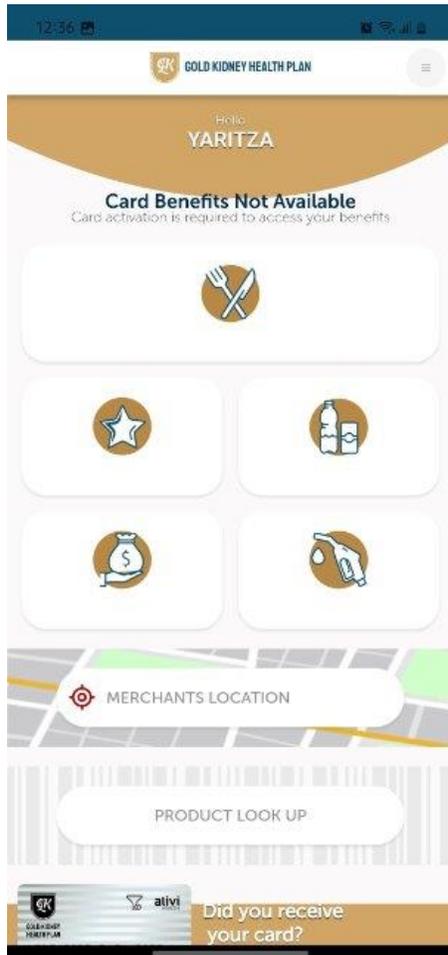
Didn't receive the code?

Wait 3 min before requesting a new code

VERIFY DEVICE

Members' card must be activated in order to view benefits.

For first time card activations, click “**Activate Card**” from the bottom of the main page after log in. Accept the disclosure.

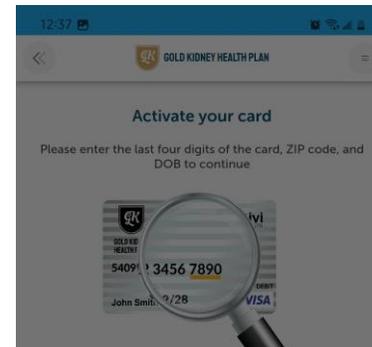


E-Sign Disclosure

We suggest you read this document and print a copy for your reference.

Note: This Electronic Communication Disclosure ("Disclosure") applies to any and all communications or disclosures that we are legally required to provide to you in writing in connection with your Alivi Friends and Family Card Program and any related products and services ("Communications").

This Disclosure supplements and is to be construed in accordance with the terms contained in the [Cardholder or Loan] Agreement ("Agreement") you received from Pathward. The words "we," "us," and "our" refer to Pathward, the issuer of your [name of Program]. The words "you" and "your" mean you, the individual(s) identified on the Account. As



the federal Electronic Signatures in Global and National Commerce Act, and that you and we both intend that the Act apply to the fullest extent possible to validate our ability to conduct business with you by electronic means.

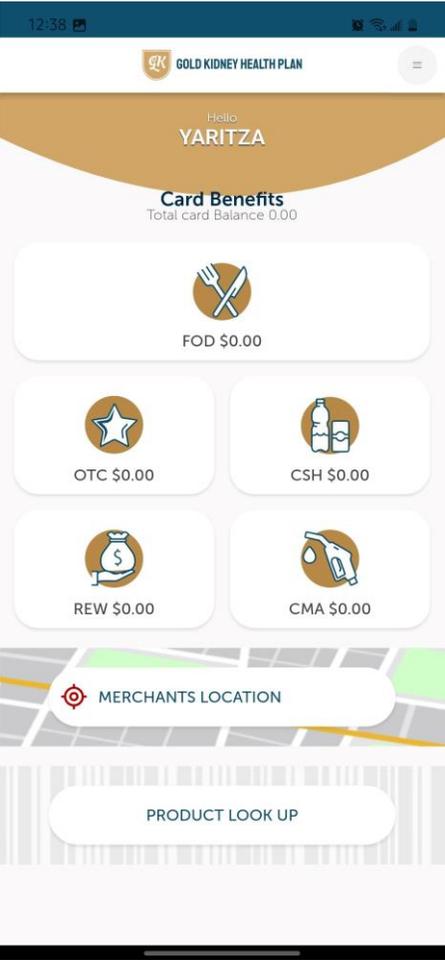
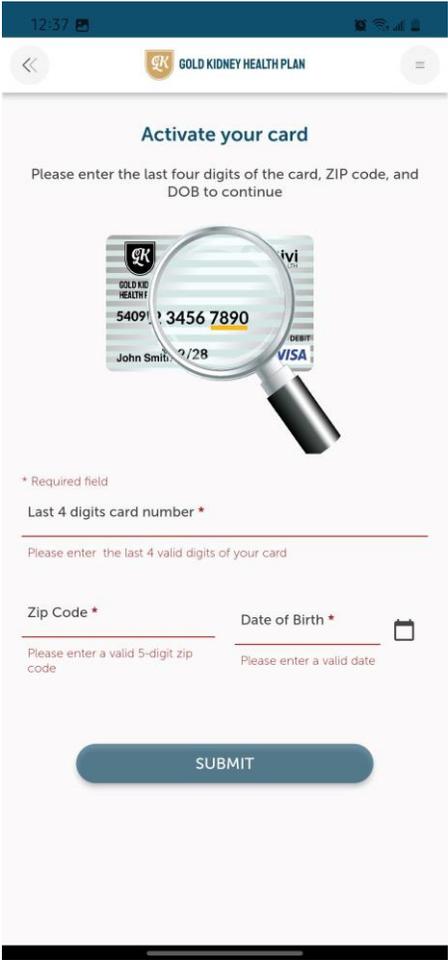
9. Termination/Changes. We reserve the right, in our sole discretion, to discontinue the provision of your electronic Communications, or to terminate or change the terms and conditions on which we provide electronic Communications. We will provide you with notice of any such termination or change as required by law.

[Policy/privacy / Terms of use](#)
[Cardholder Agreement](#)
[Download this document](#)

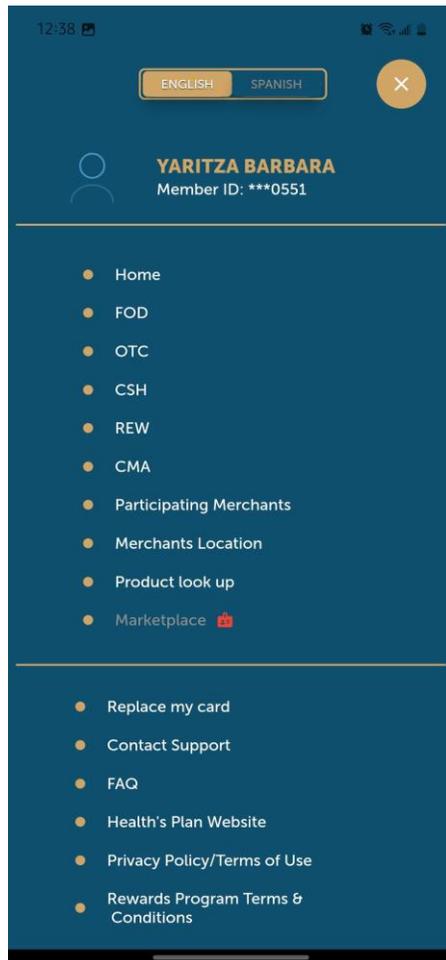
ACCEPT

NOT ACCEPT

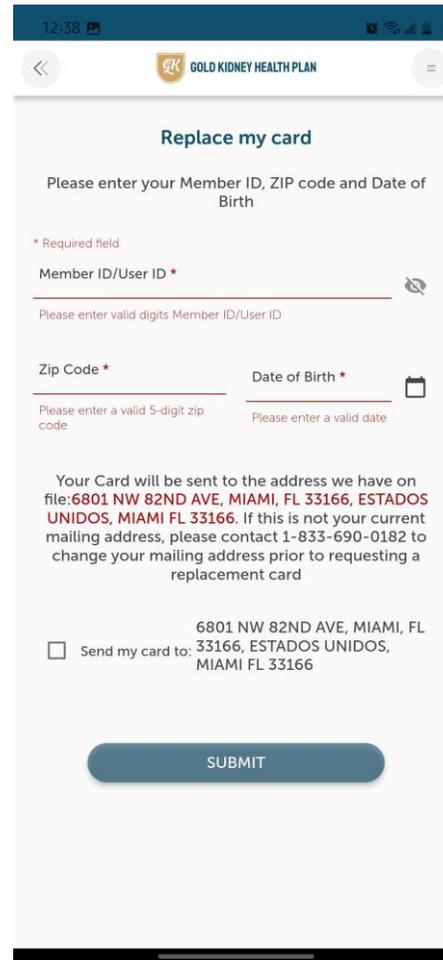
Enter card details found on the FlexCard. They will receive a message “**Your card is now active**” once successfully activated. After the card is activated, they will be redirected back to main screen and can view current balances.



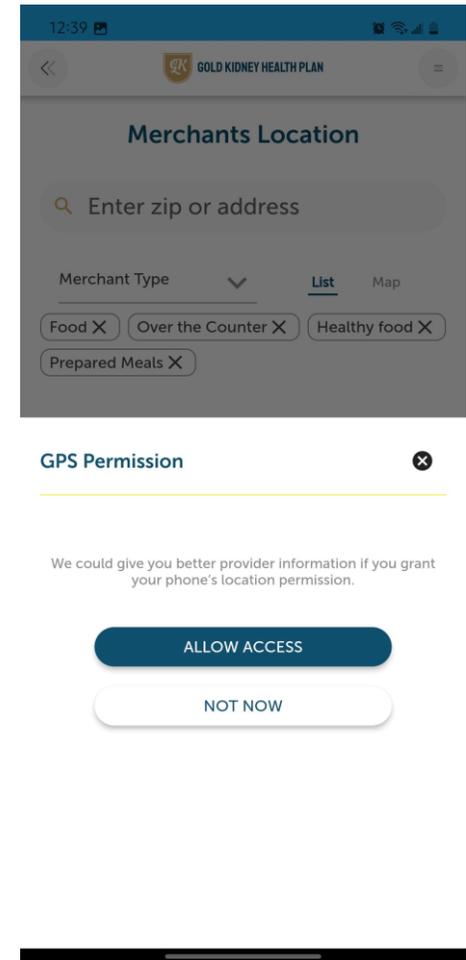
Selecting the lines on the top right corner of the app will display the side menu with several options (e.g Home Page, View Participating Merchants, Product Lookup tool, Marketplace, and even replacing their card).



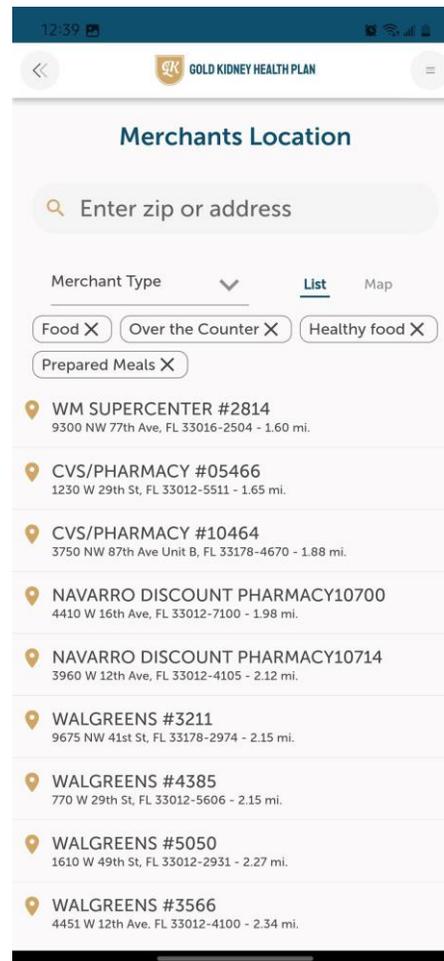
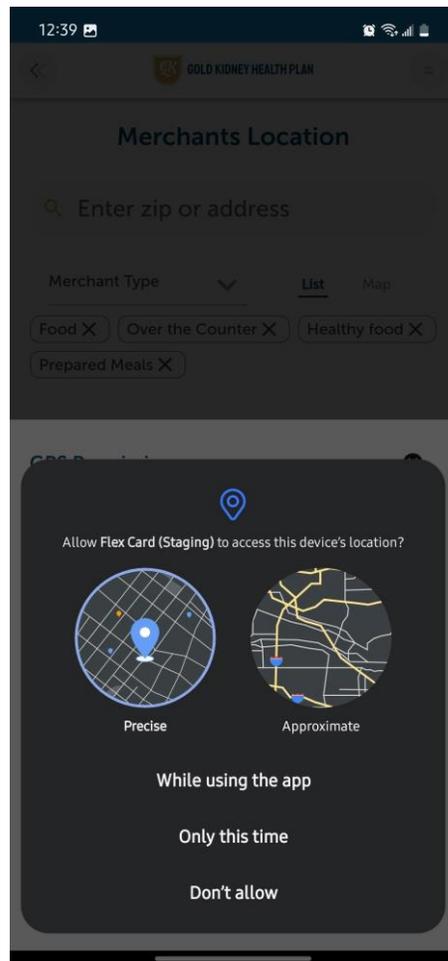
To replace their card, member must enter their Member ID, Zip Code and DOB. Along with confirming the mailing address on file.



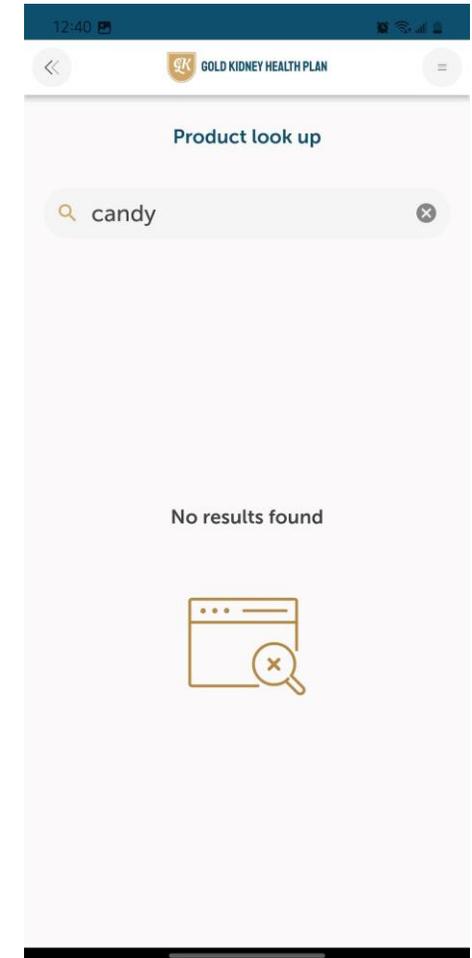
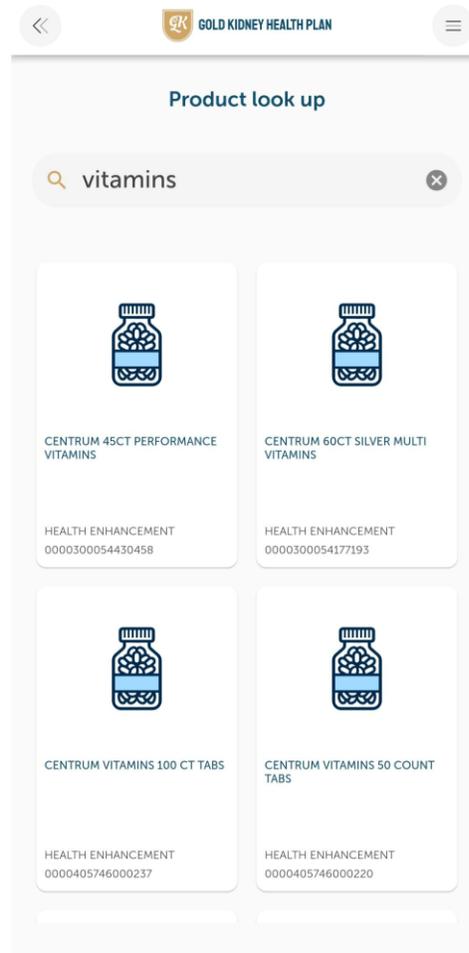
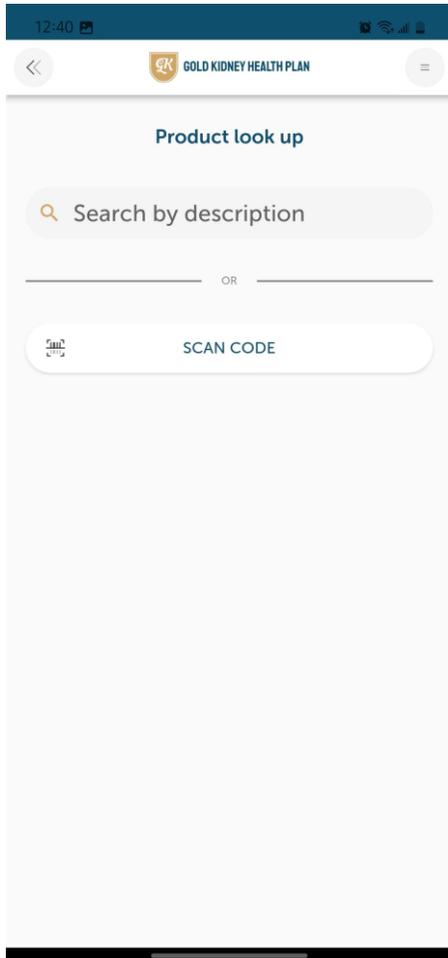
Use the **Merchant Location** tool to find nearby participating merchants for in-store purchases. When accessing, member will be prompted to grant GPS permission.



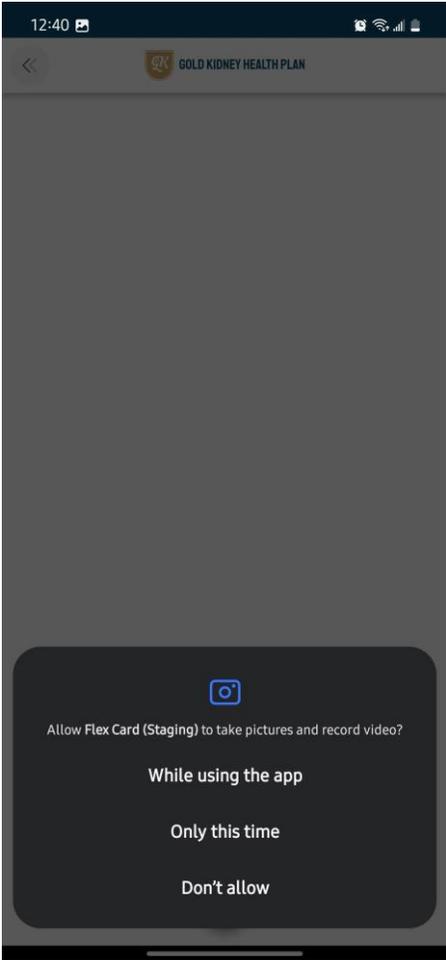
Members may allow **one-time** GPS access or **while using the app**. They can filter the search by type (e.g. Healthy Food or OTC) and search nearby their current location or by entering a zip or address. Members can select either a list or map view.



The **Product Look Up** tool is a vital tool used to help members identify eligible items at participating merchants. Members may search by description, name or brand. Or they can use the **Scan Code** feature to scan items in-store. If a product is eligible, it will be displayed on the app. If a product is not eligible, they will receive a "**No result found**" message.

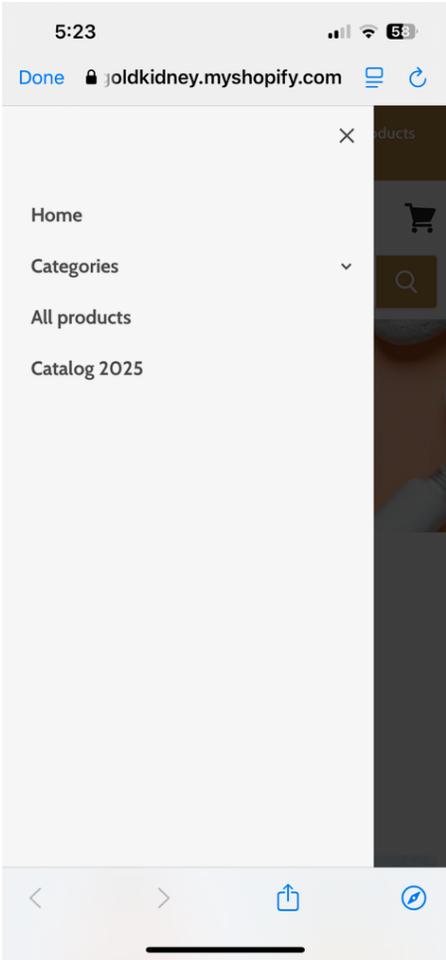
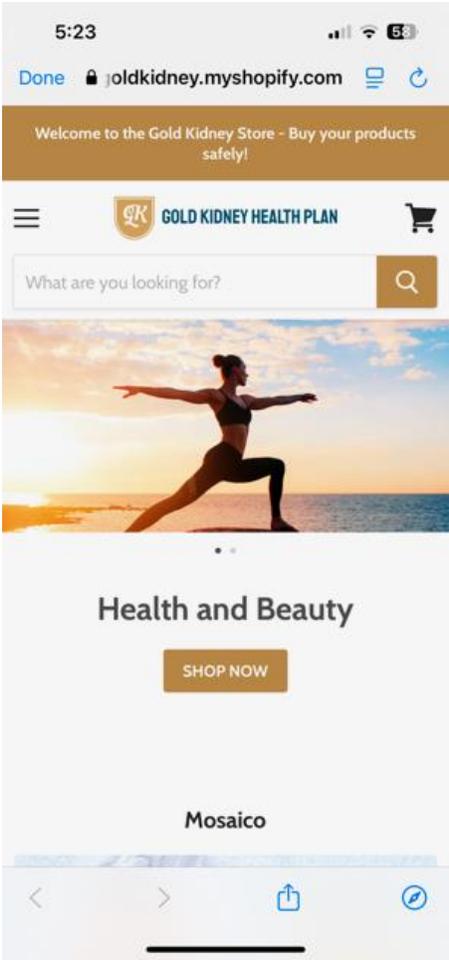
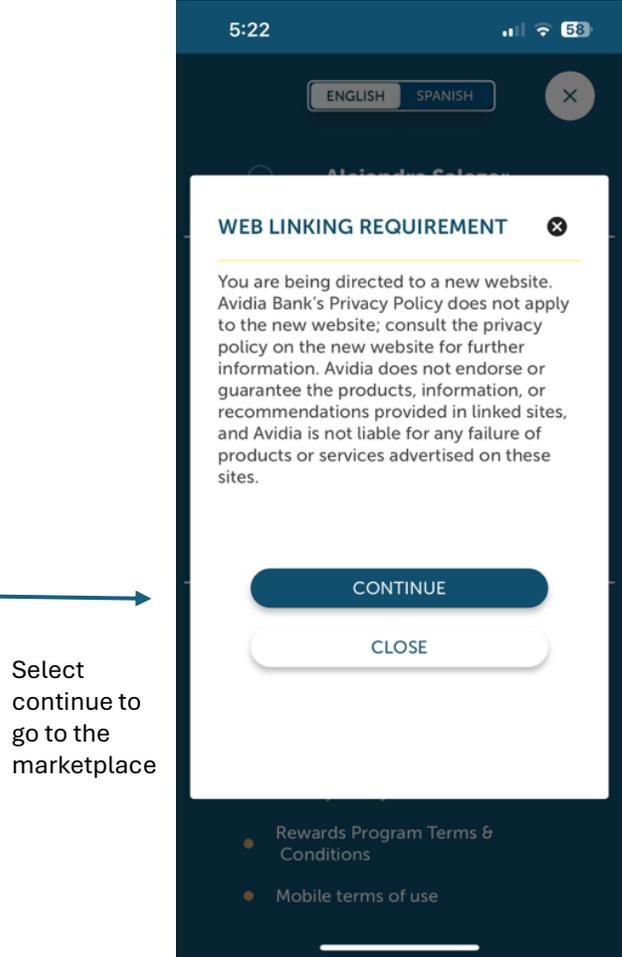


When selecting the **Scan Code** feature, member will be prompted to allow the app to take pictures. This permission must be granted for the scanning feature to work. Once allowed, member can scan the barcode of an item to confirm eligibility. If a product is eligible, it will be displayed on the app. If a product is not eligible, they will receive a **"No result found"** message.

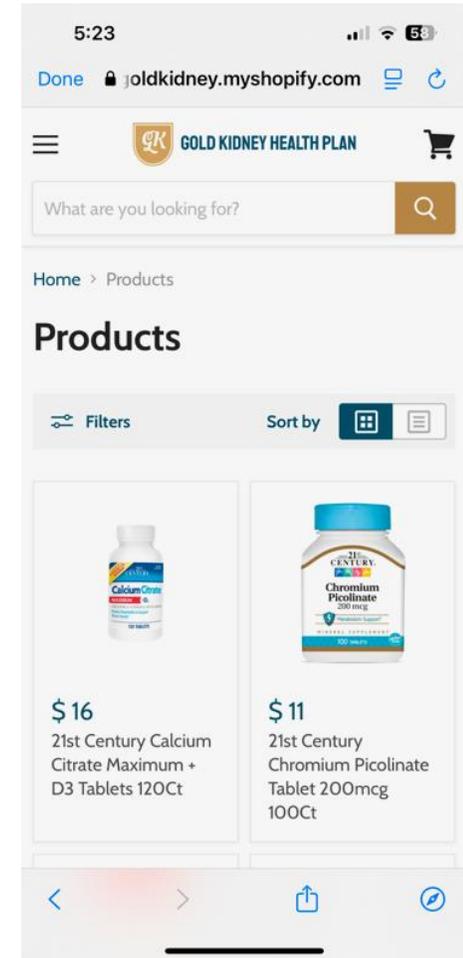
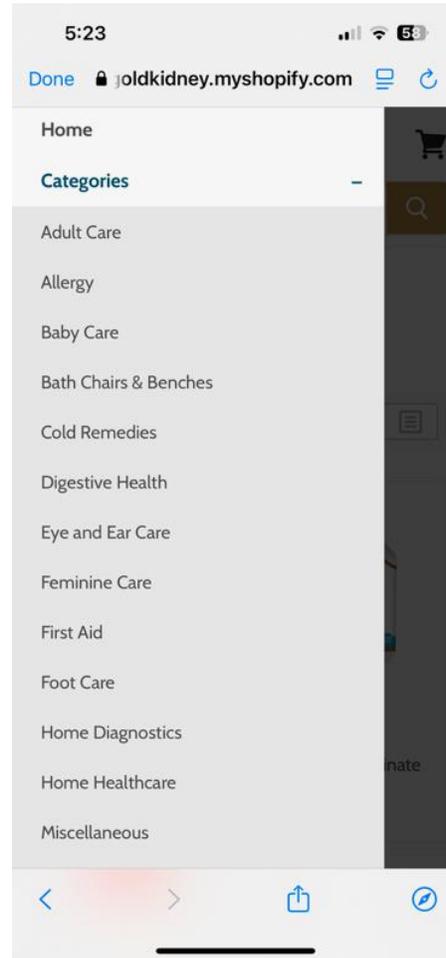


Member can access the **Marketplace** to order OTC items and have them conveniently delivered to their home. No shipping charges.

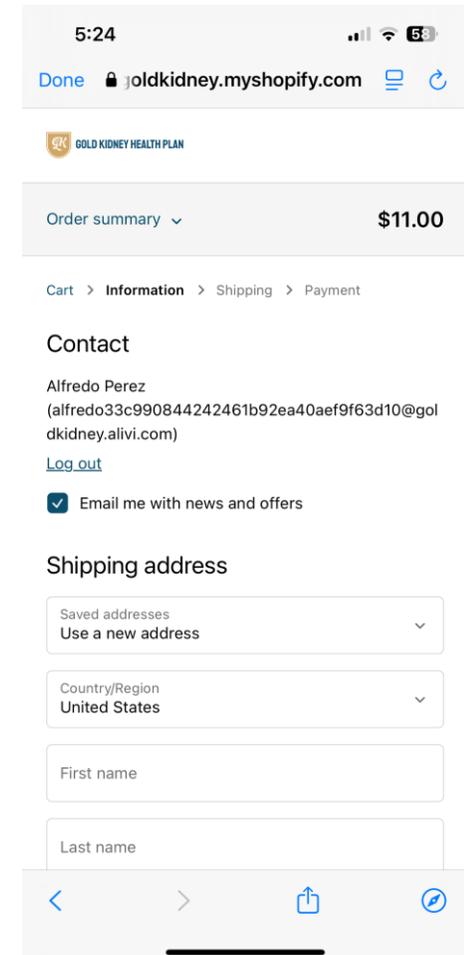
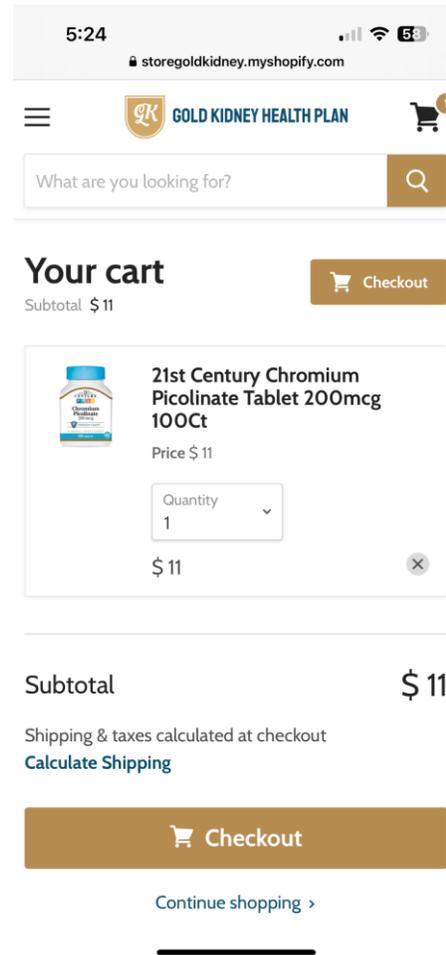
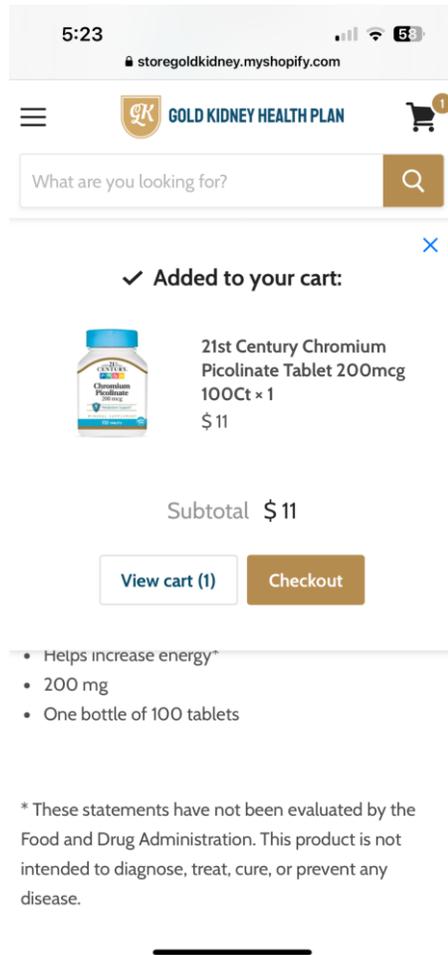
Search for items in the search box or select the 3 lines on the top left of the screen to access the side menu to search by category or view all product. A pdf version of the catalog is also available for download.



Search for items in the search box or select the 3 lines on the top left of the screen to access the side menu to search by category or view all product. A pdf version of the catalog is also available for download.



Once all desired items are added to the cart, click on the cart icon on the top right corner of the screen to **Checkout**. Enter shipping details and may provide an email address to be sent an order confirmation email along with shipping details once their order ships.



Click on **Continue to Payment** to enter card details and complete the order.

5:24 📶 📶 53%

Done 🔒 goldkidney.myshopify.com 📄 🔄

 GOLD KIDNEY HEALTH PLAN

Order summary ▾ **\$11.00**

[Cart](#) > [Information](#) > **Shipping** > [Payment](#)

Contact [Change](#)
alfredo33c990844242461b92ea40aef
9f63d10@goldkidney.alivi.com

[Change](#)
555 Main Street. Miami, FL
33216

Shipping method

DELIVERY FREE

Continue to payment

[Return to information](#)

⏪ ⏩ 📄 🔄

5:50 📶 📶 53%

storegoldkidney.myshopify.com

Payment
All transactions are secure and encrypted.

Credit card VISA MASTERCARD AMEX +5

Card number 🔒

Expiration date (MM / YY)

Security code ?

Name on card

Billing address
Select the address that matches your card or payment method.

Same as shipping address

Use a different billing address

Pay now

[Return to shipping](#)

If member forget their password, select "**Forgot Password**" on main screen and enter ID, zip and DOB and click Submit.

Member must complete "**Local Authentication**" process, will be sent and must enter verification code, and will be prompted to create a new password (all similar steps to registration).

