### FRA ONLINE SERVICES USER HELP GUIDE





Vicki Schmidt, Commissioner

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# LOGIN INFO

### Create Account

The user will be prompted to enter a new username and a new password, as well as entering the e-mail address to create the FRA Online account.

For security reasons, the Firefighters Relief Association (FRA) number is not allowed to be used as either the username or the password. Additionally, the password must be at least twelve (12) characters long, and should include at least one uppercase letter, one number, and one special character. Click "Submit and Continue" when finished.

### Login

To log in to the KDOI-FRA Online system, enter your FRA number, username, password, and click "Log In."

FRA Online
KANSAS DEPARTMENT OF INSURANCE FIREFIGHTERS RELIEF ACT - ONLINE SERVICES
FRA Online Log In
Please log in using your FRA number, username, and password.
FRA#
Username:
Password: (caso-sensitive)
Log In
Forgot your password?
User Help Documentation   © Kansas Department of Insurance

# **RESET LOGIN INFO**

#### Reset Username

If a user has forgotten their username, they must contact the Kansas Department of Insurance FRA Program Specialist at (785) 291-3390 or email kdoi.fra@ks.gov.

For a forgotten password, click on Reset Username/Password link. Enter username and click Submit. A reset link will be sent to the email listed for the account.

### Reset Password

To change the password, first enter the current password, then enter and confirm the new password and click "Save Changes." Remember that passwords are case-sensitive.

FRA	ONLINE	REEIQUTERS DELIEE ACT -	ONI INE SERVICES		
Home	Financial Statement	Redetermination	ERA/User Information	ERA Documents	Contact
	, 		, ,	·	FRA#: TES User: testuser (Log or
Change F	Password				
lew Passwo	rd:	(case-sensitive) Must	be at least 8 characters with at le	east 1 uppercase, 1 lowerc	ase and 1 number.
lew Passwo Retype New	Password:	(case-sensitive) Must	be at least 8 characters with at le	east 1 uppercase, 1 lowerc	ase and 1 number.
lew Passwo Retype New Save Chan	rd: Password: ges	(case-sensitive) Must I	be at least 8 characters with at le	east 1 uppercase, 1 lowerc	ase and 1 number.
New Passwo Xetype New Save Chan Cancel and	rd: Password: ges I Go Back	(case-sensitive) Must	be at least 8 characters with at le	aast 1 uppercase, 1 lowerc	ase and 1 number.

# **RESET EMAIL**

To change the e-mail address, enter and confirm the new e-mail address in the form and click "Save Changes."

Note: this e-mail address is only associated with the KDOI-FRA Online user account, not the one that the Kansas Department of Insurance has on file for the Association.

FRA ONLINE Kansas Department of Insurance Fir	REFIGHTERS RELIEF ACT -	Online Services		
Home Einancial Statement	Redetermination	ERA/User Information	ERA Documents	Contact
				FRA#: TEST User: testuser (Log_out)
Change E-mail Address				
Current E-mail: test@test.com				
New E-mail:				
Retype New E-mail:				
Save Changes				
Cancel and Go Back				
		<u>User H</u>	ELP DOCUMENTATION	Kansas Department of Insurance

### NAVIGATION

### Use the main navigation bar across the top of the screen to access different online options.

**Home:** Displays incomplete activities such as unsubmitted financial statements or pending redetermination requests.

**Financial Statement:** View current and prior year financial statements.

**Redetermination:** Make a redetermination request (if applicable).

**FRA/User Information:** View your FRA information, and/or edit your online user information.

**FRA Documents:** View scanned historical documents pertaining to the FRA.

**Contact:** Utilize the web form to contact the Department and change treasurer information.

**Log out:** Leave the KDOI-FRA Online User system.

Home Einancial Statement	Redetermination	E FRA/User Information	n FRA Documents	Contact
				FRA#: TEST
				User: testuser (Log out)
Welcome to the Kansas Department of Insu	rance Firefighters Relief A	Association Online Services		
FRA# TEST Incomplete Activities	\$	Quic	Guide to FRA Online	
<ul> <li>2019 Financial Statement</li> </ul>		Where	do I go to work on an annua	al financial statement?
<ul> <li>2021 Financial Statement</li> </ul>		- (	lick the "Financial Statement"	" navigation link and you will be
2022 Financial Statement			resented with links to current ou have a financial statement	and past financial statements. If
2023 Financial Statement		t	he Kansas Department of Insu	urance, it will be displayed on this
		1	ome page under "Incomplete	Activities."
		Where	do I go to request a redeterr	mination?
		- (	lick the "Redetermination" na	avigation link and follow the on-
		s	creen instructions. If you have	e a request pending, it will be
			lisplayed on this page under "	Incomplete Activities."
For assistance see the help document or co	ntact Kansas Departmen	t of Where	do I find information that the	e Kansas Department of
Insurance using the navigation link above.		Insurar	ce has regarding my FRA?	
		• (	Click the "FRA/User Informatio	on" navigation link and you will see
		t	he information that the Kansas	s Department of Insurance has on

# **STATEMENT STATUS & REPORTS**

#### Statement Status

Listed at the top of the section are any financial statements that have not yet been submitted to the KDOI (under "Unsubmitted Financial Statements").

Clicking a link will take you to the Financial Statement Entry screen. After a financial statement has been submitted it will appear listed under "Submitted Financial Statements" and may be viewed, but not changed, by clicking the link.

#### Statement Reports

Below the statement list is a table which allows for easy comparison of financial statement values entered by year.

#### **Financial Statement**

#### **Unsubmitted Financial Statements**

· No unsubmitted statements found

#### **Submitted Financial Statements**

· No submitted statements found

#### **Annual Financial Statement Reports**



Statement Submitted

# STATEMENT ENTRY

If no financial statement data has been entered, the screen will provide a link to the Financial Statement Wizard and links to the four worksheets: Receipts, Expenditures, Assets/Investments, and Fire District Information.

The user may enter financial statement data either through the Wizard or by completing each worksheet separately. Click on a link to start the worksheet. All four worksheets must be completed to submit a financial statement. The Net Assets from Previous Year field is automatically populated by the system. If the amount shown is incorrect, you must contact the KDOI's FRA Program Specialist.

As data is entered, the worksheet links will change to display the aggregate information entered so far with the option to view the worksheet data (click magnifying glass) or edit the data (click edit page icon).

To complete the Financial Statement, click on the Financial Statement Wizard link below to be taken th ndividually below.	rough the forms in a logical sequence, or select forms
fou may log out at any time and continue your financial statement the next time you log in.	
Kansas Department of Insurance Firefighters Relief Association Financial Sta	tement CY2023
FRA# TEST	
Firefighter Relief Association: TEST F R A	COMPARE FINANCIAL
Financial Statement Wizard	STATEMENTS
Net Assets from previous year (2022): \$ 23,821.93 - Is this value incorrect?	Click the button below to open/save a
Enter 2023 Receipts	spreadsheet to compare values entered this year against values entered the previous
	year. Note: This worksheet is not to be
	used for financial statement submission. It is only a tool to help balance out the
Le Enter Assets/Investments	statement.
Enter Fire District Information	Financial Statement Worksheet

## **RECEIPT WORKSHEET**

This form is for entering receipts for the calendar year. For instructions on the individual line items, click the red help icon. ② Use only numbers and decimals; do not use commas or any other symbol to separate the thousands, and do not include the dollar sign.

If you enter commas or any other symbol it will show incorrect values and will not balance your statement correctly. The current page total will be displayed at the bottom. Click the "Re-calculate" button to view an updated total after making changes. When finished entering the appropriate values and information, click "Save & Continue Wizard" to save the data and go to the next Wizard worksheet or click "Save & Go Back to FS" to save the data and return to the Financial Statement Entry page. To cancel any changes made to the page, click "Cancel & Go Back to FS."



### Statement Wizard

The Financial Statement Wizard takes the user through the forms. The user may exit the Wizard at any time by clicking the appropriate button at the bottom of each worksheet page.

## **EXPENDITURE WORKSHEET**

This form is for entering any expenditures or disbursements during the calendar year for the preceding year. For instructions on the individual line items, click the red help icon.

Use only numbers and decimals; do not use commas or any other symbol to separate the thousands, and do not include the dollar sign. If you enter commas or any other symbol it will show incorrect values and will not balance your statement correctly. The current page total will be displayed at the bottom. Click the "Re-calculate" button to view an updated total after making changes.

When finished entering the appropriate values and information, click "Save & Continue Wizard" to save the data and go to the next Wizard worksheet or click "Save & Go Back to FS" to save the data and return to the Financial Statement Entry page. To cancel any changes made to the page, click "Cancel & Go Back to FS."

#### **Expenditure Worksheet**

Type of Expense/Disbursement		Amount
Relief to Firefighters (injured/disabled)		\$ 0
Benefits to Spouse or Dependents		0
Funeral Expenses		0
Insurance Premiums Paid		47093.
Premium for Annuity Contract		0
Pensions to Retired FFs (Full-Time)		0
Annuities to Retired Volunteer FFs		0
Treasurer's Bond FRA fund Paid by: + Expiration 1/1/2011		150
Other Expenses ?		
Administrative expense - postage	*	20
	-	
Current Year Total: Re-calculate		\$ 47263.00

Cancel & Go Back to FS

# FIRE DISTRICT WORKSHEET

This form is for entering the information about the fire district. For instructions on the individual line items, click the red help icon.

When finished entering the appropriate values and information, click "Save & Continue Wizard" to save the data and go to the next Wizard worksheet or click "Save & Go Back to FS" to save the data and return to the Financial Statement Entry page. To cancel any changes made to the page, click "Cancel & Go Back to FS."

Governing Body: 🖲 Chairman, 🔿 Trustee, 🛇 Mayor	Name: TEST TEST
Government Type: O County, O City, O Township, O Fire District	FD Name: TEST FD
FD Type: 🔿 All Volunteer, 🔿 Full Paid, 💿 Part Vol/Paid, 🔿 Private	#Vol FFs: 5 #Paid FFs: 2
Fire Apparatus and Serviceable Equipment Value: \$ 800000.00 Please enter numbers and decimals only; no commas or other thousands-separator	
Continue Wizard Save & Go Back to FS	
& Go Back to FS	

# ASSET AND INVESTMENT REPORT

This form is for entering the end-or-year balance of assets and investments held by the FRA. For instructions on the individual line items, click the red help icon.

Use only numbers and decimals; do not use commas or any other symbol to separate the thousands, and do not include the dollar sign. If you enter commas or any other symbol it will show incorrect values and will not balance your statement correctly.

When finished entering the appropriate values and information, click "Save & Continue Wizard" to save the data and go to the next Wizard worksheet or click "Save & Go Back to FS" to save the data and return to the Financial Statement Entry page. To cancel any changes made to the page, click "Cancel & Go Back to FS."

vestment Report	
Please enf	er numbers and decimals only; no commas or other thou
Type of Asset/Investment	Amount
City Bond	0
County Bond	0
Township Bond	0
Fire District Bond	0
United States Bond	0
Kansas Municipal Bond	0
Checking Account	16092.98
Certificate of Deposit	0
Repurchase Agreement	0
Time Certificate of Deposit	0

Save & Continue Wizard Save & Go Back to FS

Cancel & Go Back to FS

## SUBMITTING A STATEMENT

The final worksheet is the financial statement. A Financial Statement Summary is presented at the top of the page and a Submission form is at the bottom. To submit the statement later, click "Submit Later & Go Back to FS" button.

When the financial statement is ready to review and click the check boxes and upload your supporting documentation (bank statements, year-end annuity statement, CD statement, etc.) Supporting documentation must be submitted electronically at the same time the financial statement is submitted. In addition, the Declaration Form must be submitted. Click "Save & Submit Statement to KDOI." Unbalanced financial statements will not be accepted. If you are unable to balance your statement, please contact the FRA Program Specialist. Once the financial statement has been submitted, the user will receive an email at the email address used for login indicting that the Department received their submission.

#### **Financial Statement Summary**

- · Net Assets from Previous Year: \$ 23,821.93
- Total Receipts: \$ 35,867.49
- Total Current Expenditures: \$ 59,689.42
- Net Assets 2023 (general condition): \$ 0.00
- Year End Assets/Investments (should equal Net Assets above): \$ 0.00

If you are satisfied that the above summary is correct and you are ready to submit the final and complete Financial Statement to the Kansas Department of Insurance, check the boxes below to certify to the statements and provide your name and telephone number. When finished, click the "Save and Submit Statement to Kansas Department of Insurance" button and you will be returned to the main FS page. If you are not ready to submit the final Financial Statement at this time, or if the information in the summary above is not correct, click the "Submit Later and Go

### Back to FS\* button. You will be returned to the main Financial Statement page where you can edit the worksheets.

#### **Upload Supporting Documentation**

Upload any supporting documentation (bank statements, etc) before submitting statement. PDF only

Select File to Upload: Choose File No file chosen Upload

Upload Declaration Form. This is required

Select File to Upload Choose File No file chosen Upload

Financial Statement Submission

I verify under penalty of perjury that the foregoing is true and correct and I further certify that the governing body has declared that the FRA remains entitled to participate in the Firefighters Relief Act.
Treasurer's Bond available per K.S.A. 40-1706(g).

Expenditures over \$1,500 have been certified by an attorney designated by the governing body

Your name: Phone: Area Code: Number:

Save & Submit Statement

Gave a Gourne Granninen

designation of the second		فنبعث	in the second second	and the second
Submit	Later &	Go	Back	to FS

FINANCIAL STATEMENT

## VIEWING A STATEMENT

To track the review of a financial statement submitted, click on the financial statement. To view the entered data, click the magnifying glass next to the aggregate number, or download formatted Portable Document Format (PDF) files to save or print.

PDF files will be created after you initially submit a financial statement and after the KDOI FRA Program Specialist closes the statement.

If any information in the financial statement needs to be amended after it has been submitted, contact the Kansas Department of Insurance through the web form that can be found under the 'contact' tab.

refighter Relief Association: TEST F R A	
Submitted:       Image: Su	STATEMENTS Click the button below to open/save a spreadsheet to compare values entered this year against values entered the previous year. Note: This worksheet is not to be used for financial statement submission. It is only a tool to help balance out the statement. Financial Statement Worksheet
Fire District Information - Entered Solview	
Add comments/holes you wish to make regarding this financial statement and click "Submit Comments." You may continue to add more comments until the financial statement is completed by the Kansas Department of Ins The system will automatically date and timestamp the comments.	urance FRA Administrator.
Add comments/hotes you wish to make regarding this financial statement and click "Submit Comments." You may continue to add more comments until the financial statement is completed by the Kansas Department of Ins The system will automatically date and timestamp the comments.           Submit Comments           Upload Supporting Documentation	urance FRA Administrator.
Add comments/hotes you wish to make regarding this financial statement and click "Submit Comments." You may continue to add more comments until the financial statement is completed by the Kansas Department of Ins The system will automatically date and timestamp the comments. Submit Comments Upload Supporting Documentation Jpload any supporting documentation (bank statements, etc) requested. PDF only. ielect File to Upload: Choose File No file chosen	urance FRA Administrator.



## **PROCEDURE & APPLICATION**

### Procedure

Request a redetermination and submit data for a redetermination by clicking the Redetermination link in the navigation bar.

#### Application

An application will be available if the FRA has not been redetermined within the past three years. Application for Redetermination must be made prior to October 1 by completing the application for redetermination.

nstructions		
• You must have a "char	ge in circumstances" in order to apply.	
<ul> <li>Submit the Application</li> </ul>	or Redetermination found at the bottom of this page prior to October 1.	
RA #TEST Last Redeter	nination	
Last Redetermination	ate: November 19, 2016	
Redetermined Populat	in: 4,401	
Redetermined Valuation     Current Veer Distribution	i: \$ 42,/50,413	
oplication for Redet	rmination	
oplication for Redet	rmination	
pplication for Redet	rmination	
<ul> <li>I, the undersigned, m</li> </ul>	rmination ke application alleging changed circumstances to the Commissioner of Insurance for redetermination of the vable to all Eirefighter Relief Associations under K.S.A. 40-1706(c)(4) pursuant to the procedures set forth	he in KSA 40-
□ I, the undersigned, m proportionate amounts p 1706(c)(6), and I further a	rmination lke application alleging changed circumstances to the Commissioner of Insurance for redetermination of th yable to all Firefighter Relief Associations under K.S.A. 40-1706(c)(4) pursuant to the procedures set forth ithorize the Kansas Department of Insurance FRA Administrator to testify on behalf of the FRA at a redeter	he in K.S.A. 40- mination
□ I, the undersigned, m proportionate amounts p 1706(c)(6), and I further a hearing.	rmination like application alleging changed circumstances to the Commissioner of Insurance for redetermination of th lyable to all Firefighter Relief Associations under K.S.A. 40-1706(c)(4) pursuant to the procedures set forth lithorize the Kansas Department of Insurance FRA Administrator to testify on behalf of the FRA at a redeter	he in K.S.A. 40- mination
pplication for Redet I, the undersigned, m proportionate amounts p 1706(c)(6), and I further a hearing.	rmination like application alleging changed circumstances to the Commissioner of Insurance for redetermination of th lyable to all Firefighter Relief Associations under K.S.A. 40-1706(c)(4) pursuant to the procedures set forth lithorize the Kansas Department of Insurance FRA Administrator to testify on behalf of the FRA at a redeter	he in K.S.A. 40- mination
Dication for Redeters I, the undersigned, m proportionate amounts p 1706(c)(6), and I further a hearing. FRA number:	rmination Ike application alleging changed circumstances to the Commissioner of Insurance for redetermination of the Iyable to all Firefighter Relief Associations under K.S.A. 40-1706(c)(4) pursuant to the procedures set forth Ithorize the Kansas Department of Insurance FRA Administrator to testify on behalf of the FRA at a redeter	he in K.S.A. 40- mination
Displication for Redeter I, the undersigned, m proportionate amounts p 1706(c)(6), and I further a hearing. FRA number: Signed (Your name):	rmination Ike application alleging changed circumstances to the Commissioner of Insurance for redetermination of the iyable to all Firefighter Relief Associations under K.S.A. 40-1706(c)(4) pursuant to the procedures set forth ithorize the Kansas Department of Insurance FRA Administrator to testify on behalf of the FRA at a redeter	he in K.S.A. 40- mination
I, the undersigned, m     proportionate amounts p 1706(c)(6), and I further a hearing.     FRA number:     Signed (Your name):	rmination Ike application alleging changed circumstances to the Commissioner of Insurance for redetermination of the iyable to all Firefighter Relief Associations under K.S.A. 40-1706(c)(4) pursuant to the procedures set forth ithorize the Kansas Department of Insurance FRA Administrator to testify on behalf of the FRA at a redeter	he in K.S.A. 40- mination
pplication for Redeter I, the undersigned, m proportionate amounts p 1706(c)(6), and I further a hearing. FRA number: Signed (Your name): Phone: Area Code:	rmination  Ike application alleging changed circumstances to the Commissioner of Insurance for redetermination of ti yable to all Firefighter Relief Associations under K.S.A. 40-1706(c)(4) pursuant to the procedures set forth thorize the Kansas Department of Insurance FRA Administrator to testify on behalf of the FRA at a redeter	he in K.S.A. 40- mination
pplication for Redet         I, the undersigned, m         proportionate amounts p         1706(c)(6), and I further a         hearing.         FRA number:         Signed (Your name):         Phone: Area Code:         Mailing Address:	rmination Ike application alleging changed circumstances to the Commissioner of Insurance for redetermination of ti yable to all Firefighter Relief Associations under K.S.A. 40-1706(c)(4) pursuant to the procedures set forth ithorize the Kansas Department of Insurance FRA Administrator to testify on behalf of the FRA at a redeter	he in K.S.A. 40- mination

## **HEARING PROCESS**

A hearing date on the request will be held prior to December 1 in accordance with K.S.A 40-1706(c)(6). The FRA will be notified electronically of the date by Notice of Hearing, sent at least three weeks prior to the hearing.

Attendance by a representative of the FRA at the hearing is not required. The final outcome of the request will be sent via legal notice to the FRA Treasurer.

#### **Redetermination Request in Process**

Application for Redetermination submitted

You do not need to send or mail any additional materials; you will be contacted by the Kansas Department of Insurance FRA Administrator if additional information is needed.

#### **Redetermination Hearing**

A redetermination hearing will be conducted prior to December 1, in accordance with statute

· Once the hearing date has been scheduled, you will be notified.

### UPDATE USER AND FRA INFO

#### User Information

The top of the screen provides information about the FRA Online User Account. This is where users have the ability to change their password and e-mail address.

#### FRA Information

The bottom section shows the information that the Kansas Department of Insurance has on file for the Firefighter Relief Association. If any of this information is incorrect or needs to be updated, follow the link to Update Treasurer Information

User Information						
Username: testuser Change password						
E-mail: test@test.com Chan	ge e-mail address					
FRA Information						
The information below is what the Ka treasurer information, <u>use the online</u>	nsas Department of Ins form; if any of the other	urance has on file information in this	regardin table is i	g your Firefighter Relief As incorrect or needs to be up	sociation. If you need to dated, <u>contact Kansas</u>	o change or update the Department of Insurance
Name:						
Treasurer:						
Address:						_
						_
City:		St:			Zip: -	_
Home Phone:		Fax:			County:	
E-mail:						_
FRA Type:				FRA Status:		_
FRA FEIN:						
Population:	0		_	Valuation:	\$ 0	
	¢ 0 00			Previous Yr Dist, Amt	\$ 0.00	
Current Year Dist. Amt:	φ U.UU				-	

# TREASURER INFO CHANGE FORM

The top of the screen provides information about the FRA Online User Account. This is where users have the ability to change their password and e-mail address.

### **Treasurer Information Change Form**

Please complete the form below and click "Submit Change Request."

FRA Number:	FRA Name:
Treasurer Information	
First Name:	Last Name:
Address:	
Address Line 2:	
City:	State: KS Zip:
Phone: Area Code:	Number:
Email:	
bmit Change Request	

# FRA DOCUMENTS

Scanned documents pertaining to the Firefighter Relief Association are linked on this page. These include historical documents such as the FRA's charter, by-laws, and correspondence, etc.

This page also displays past financial statements submitted by the FRA.



# CONTACT

Contact the Kansas Department of Insurance through the web form.

F P E	RA Program Specialist ?hone: (785) 291-3390 Email: kdoi.fra@ks.gov		
Online Co	ontact Form		
Na	ame:	]	If you need to change or update the information for your FRA treasurer, click here for the Treasurer Information Change Forr
E-r	mail:	 ]	
Su	ıbject	]	
Me	essage:		





785-296-3071 KDOI.FRA@ks.gov insurance.kansas.gov

