

Welcome to your new Flex Spending Account Plan Year!

We are pleased to announce our enhanced website which enables you to monitor your reimbursement account activity and fund balance, file claims on line and access forms and other information. To log into your account, please follow the instructions found on the next page of this document.

HOW TO ACCESS YOUR FLEX SPENDING ACCOUNT FUNDS:

1 Submit a <u>Request For Reimbursement</u> via Fax or Mail – A copy of a <u>Request for</u>

Reimbursement form and directions is attached with this notice. Additional forms may be obtained from your employer or from Benefit Strategies' website: www.benstrat.com under "Available Forms." Fax or mail the completed form along with documentation of your eligible expenses to Benefit Strategies. Properly completed claims are usually processed within 1 week. You may submit claims as often as you like. Do make sure, however, that the expense you are requesting reimbursement for is eligible according to IRS guidelines and that it will not be reimbursed by your insurance or any other source.

2 **<u>NEW! - Enter Your Reimbursement Request On Line</u> – Log in to your account (Instructions follow), click File Claims** and follow the instructions. Print the Confirmation page and mail it in with your receipts. Try it – it's easy!

3 <u>FlexExpress© Card Users</u> – If you requested a <u>new FlexExpress</u> card you will be receiving it at your home address in a plain white envelope. If you <u>re-activated</u> your current *FlexExpress* card(s), it has been updated with your new election.

Remember, you may only use the card at qualified providers of health care services or products. Also, IRS regulations state you **must** retain documentation for every transaction. Benefit Strategies reserves the right to ask for documentation to verify any expenses paid with your *FlexExpress* Card. If your *FlexExpress* Card is lost or stolen, please notify us immediately.

Do you have questions? Contact Benefit Strategies! WEB-SITE LOG IN INSTRUCTIONS:

Mailing Address:	Telephon	e: (888) 401-FLEX (3539)
PO Box 1300	FAX:	(603) 647-4668
Manchester, NH 03105-1300	e-mail:	claimsupport@benstrat.com

1 Open your browser (e.g. Internet Explorer) and log into our website: <u>www.benstrat.com</u>. Click on **Flexible Spending Participant Login**.

2 Log in using the following:

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Username:					
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	Questions? Contact Cl	aims Support at (603)	647-4666 or <u>claimsuppo</u>	rt@benstrat.com.	
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USERNAME: Your username will be your *first name initial* followed by yourentire last nameand the last four digits of your social security numberExample:Jason Smith, SSN: 121-22-3456. Username:
jsmith3456.

<u>PASSWORD</u>: *changeme* If this is your first time logging in to

our enhanced web-site, use *changeme* as your password. You will then be

instructed to create a new and unique password.

The password must:

Have a minimum of 6 characters • Not be one of your last 3 passwords Contain upper and lower case letters • Contain at least one number .

Once you have successfully logged in, you will see a screen that looks like this. From here, you may click on items to file a claim, check your real-time account balance and payment history, or get plan information or forms.

What would you like to do	7		
			FORMS
Allows you to submit claims for those plans you are currently enrolled in.	Where you go to view: <u>Account Balance</u> <u>Profile</u>	Where you go to see plan descriptions and related documents.	Where you go to download forms.
	Payment History		

HOW TO FILE YOUR CLAIMS ONLINE

1 Click the **File Claims** tab or menu item.

2 Click the **File Claim** button next to the plan for which you wish to file a claim.

3 **Enter the information for each expense, clicking submit between each one.** Make sure you have valid receipt(s) for your expenses, as you will need to fax or mail them to Benefit Strategies.

4 If you have more than one expense to request reimbursement for, click on **Add a New Claim.** Enter information and click **Submit.**

5 Once all claims are entered, you must: 1) Agree to the **Terms & Conditions** (click on appropriate box) and 2) Commit the claim(s) by clicking **Submit**.

6 **PRINT AND SEND CONFIRMATION WITH RECEIPTS!**

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A Confirmation Page that looks like this will come up. The confirmation page verifies that all claims have been successfully submitted! You must print this page by clicking **Print Confirmation** and mail it along with your receipts to:

Benefit Strategies PO Box 1300 Manchester, NH 03105-1300

Or FAX to: (603) 647-4668

	File Claims	My Acco	punt Pi	ans Form	IS			
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- IMPORTANT NOTES ON FILING CLAIMS
- Paper Request For Reimbursement Forms must be filled out COMPLETELY and <u>signed</u>. Medical expenses must FIRST be submitted to your insurance provider. Only out-of-pocket expenses incurred during your active participation in the plan year are reimbursable. (Incomplete forms will be returned.)

2) Mail or FAX form and copies of receipts, (<u>5</u> <u>Page Limit for FAXES</u>), to Benefit Strategies at the following address: Benefit Strategies,LLC PO Box 1300 Manchester, NH 03105-1300 Fax: (603) 647-4668

- 3) Complete claims received by NOON on Thursday will usually processed for reimbursement on Friday. **Does not apply to all clients*.
- Copies of all third party documentation for expenses you are claiming should be submitted on <u>8</u>
 <u>1/2 by 11 paper along with your COMPLETED Reimbursement Request</u>. Please keep original

receipts for your tax records.

- 5) Documentation must clearly show the following:.
 - a. the **date** the expense was **incurred** (NOT the date paid)
 - b. the **provider** of services,
 - c. a **description of the service** and/or expense, and
 - d. the **charge** for each service and amount paid or denied by insurance.

Health Care Reimbursement Account documentation can include statements, itemized bills, and/or insurance "Explanation of Benefits" forms. *Note: Canceled checks, credit card receipts, and balance forward statements are <u>NOT</u> acceptable documentation.*

Dependent Care Reimbursement Account documentation must show the dates of service, provider's name, and dependent's name. Section 4 of the Request For Reimbursement form may be used as eligible documentation. You must have on file the Taxpayer ID Number or Social Security Number of your Dependent Care providers. You will need to provide these numbers to the IRS when filing your taxes.

We hope you will find this overview helpful in getting starting with the new plan year. If you have any questions, please contact our office at (603)647-4666. One of our operators will direct you to someone who can help you.

Thank you!



www.benstrat.com

FOR PARTICIPANTS

	CLAIM FORM : Health Care and Dependent Care Spending Account						
Ν	lame:		Home Ma	ailing	Addres	s: Check if NE	ΞW
Company:			Address:				Apt.
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Plan Year:		-to-	City			State	ZIP
Contact Info:	Email		Daytime Phone	()	-	

	List EXPEN	SES	REQUESTI	NG REI	MBURSEMENT	. Use s	econd sheet if needed.	
Amount to be Reimbursed:	Service <u>Start/End</u> Date				DESCRIPTION			Person receiving product or service:
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5.			Medical		Dependent Care		R×/ OTC	
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\$

_____TOTAL Reimbursement Requested (Payments are made directly to the employee.)

CHILD / DEPENDENT CARE PROVIDER RECEIPT (May be used in lieu of other child care documentation)

Dependent Name(s) Receiving Care:

I certify that I have provided the services as listed above, and that I have been paid for these services.

Service Date Span: From

То

Provider's Name:

Provider's Signature:

INSTRUCTIONS / REMINDERS

1. Be sure to attach a COPY of the itemized receipt(s),

or if you have insurance, please send the

Explanation of Benefits Statement. KEEP original

receipts for your tax records.

- Complete claims received by NOON on Thursday will be processed for reimbursement on Friday.
- 3. The **participant** must **sign** claim form.

Health Care Reimbursement Account documentation may include statements,

itemized bills, and/or insurance "Explanation of Benefits" forms.

All documentation must show:

A. the date the expense was incurred (not the date paid),

- B. the provider of services.
- C. a description of the service and/or expense.

D. the amount of the expense for which you are responsible.

4. Incomplete forms will NOT be processed.

Note: Cancelled checks, credit card receipts, and balance forward statements are NOT acceptable documentation.

To the best of my knowledge and belief, my statements in this Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred by my legal dependents or myself. I certify that these expenses have not been and will not be reimbursed from any other source and will not be claimed as an income tax deduction.

EMPLOYEE SIGNATURE:	
	(Required)

_Date

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