

# **FlexSource, LLC**

*Employee*

*Online Benefit Access*

*Instruction Guide*

*For Flexible Spending Accounts*

*Plan Year: 2010*

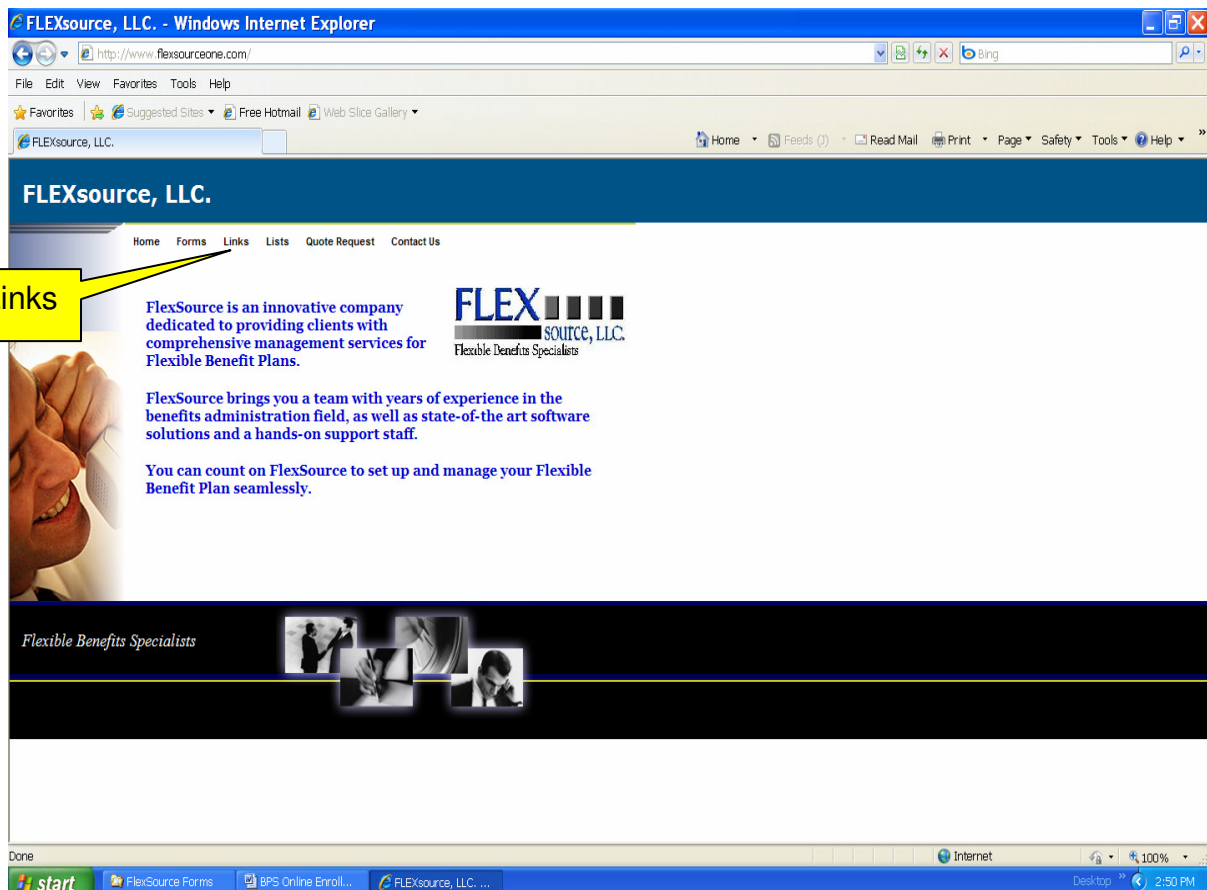
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## Setting up an Account

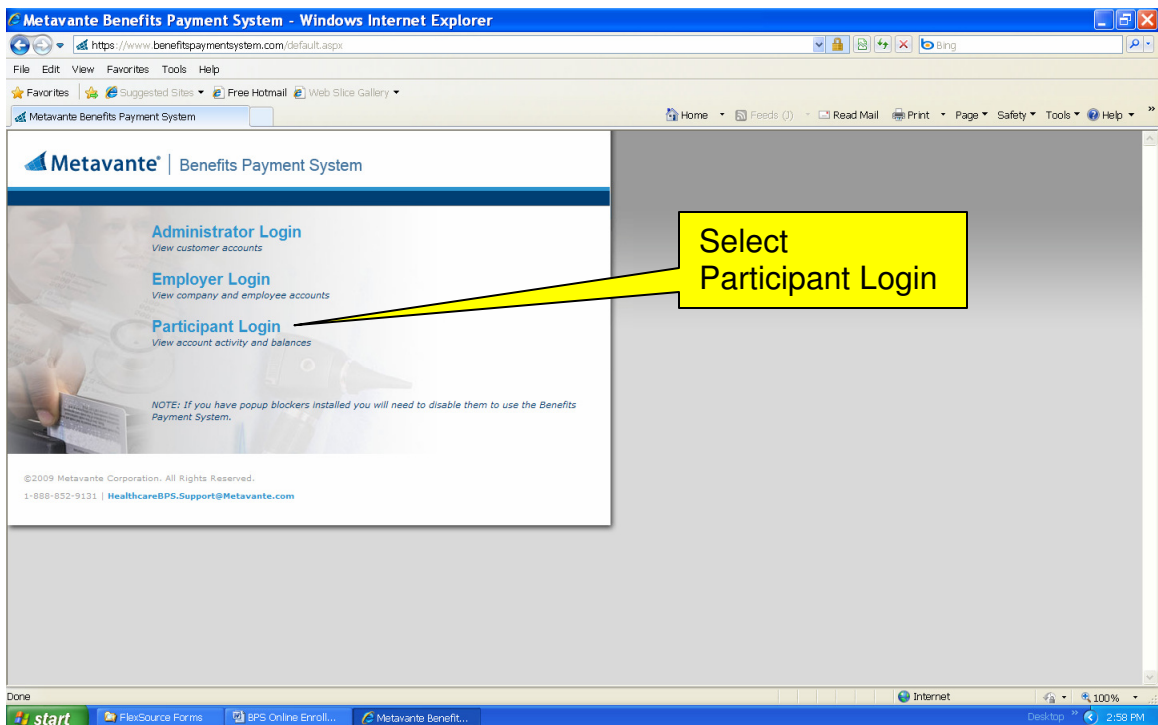
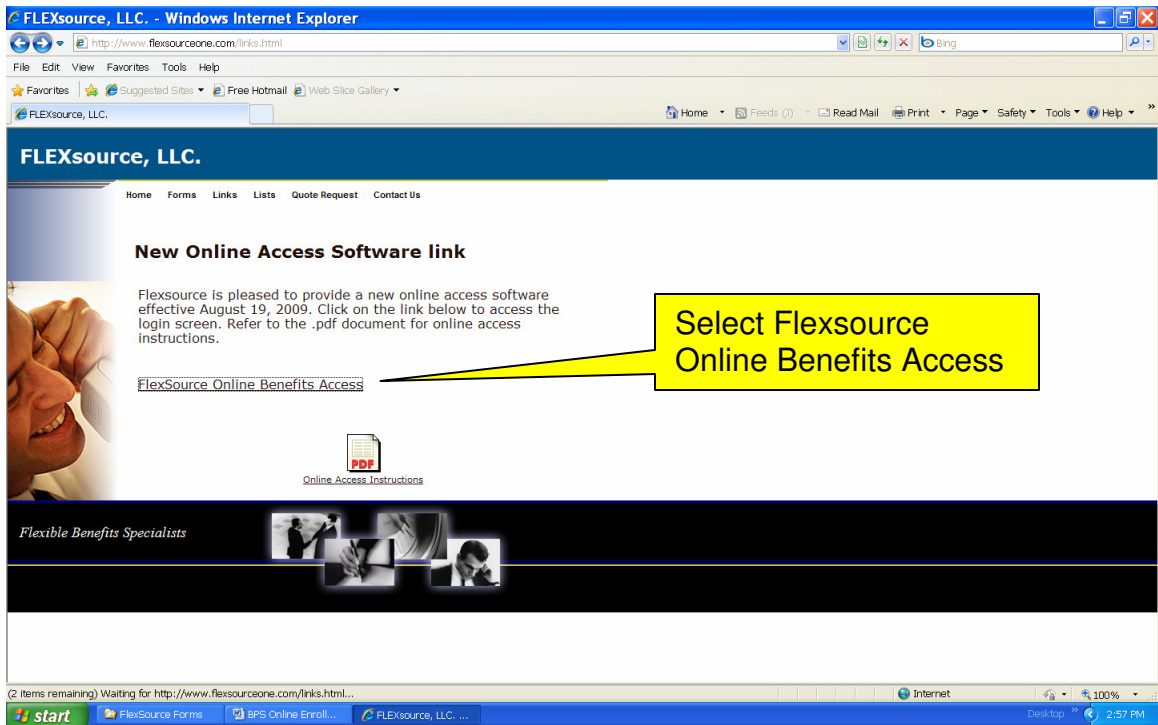
We are happy to be providing you this employee benefit of being able to access information about your benefit plan via the internet. We hope you enjoy the detailed access to your profile data, plan information and claim/payment activity.

You will access the software by going through our website at <http://www.flexsourceone.com>.

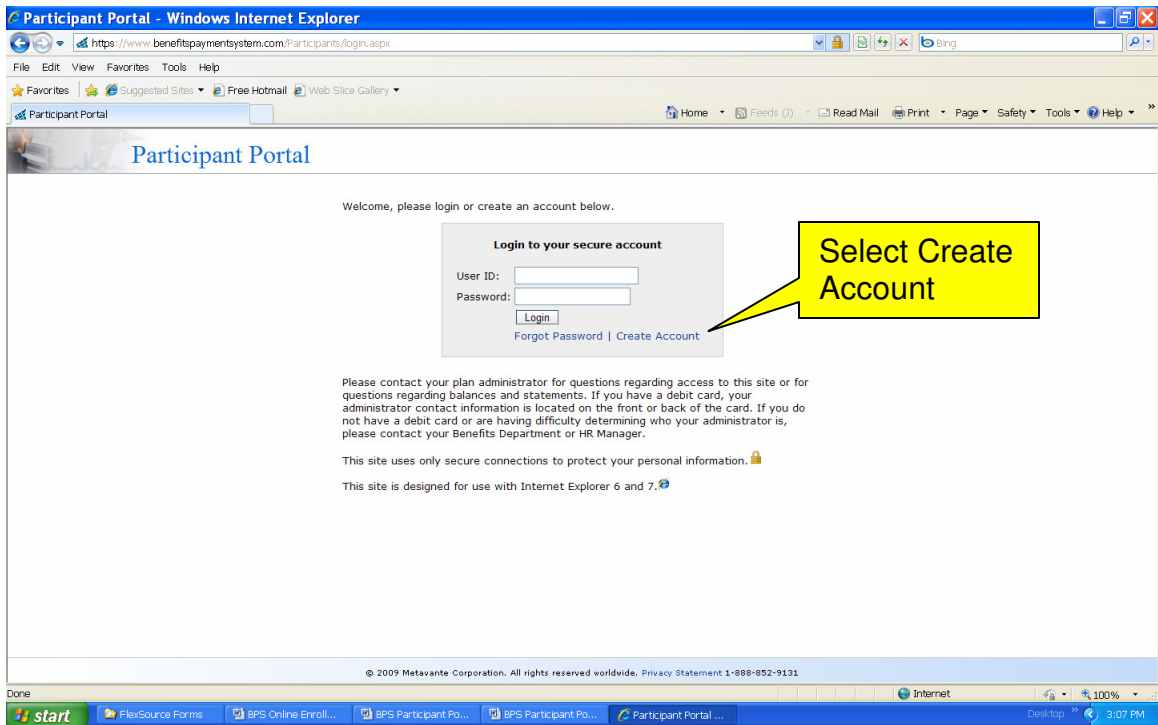


You will then click on **Links**. You will select the link listed which will take you to the Online Benefits Software.

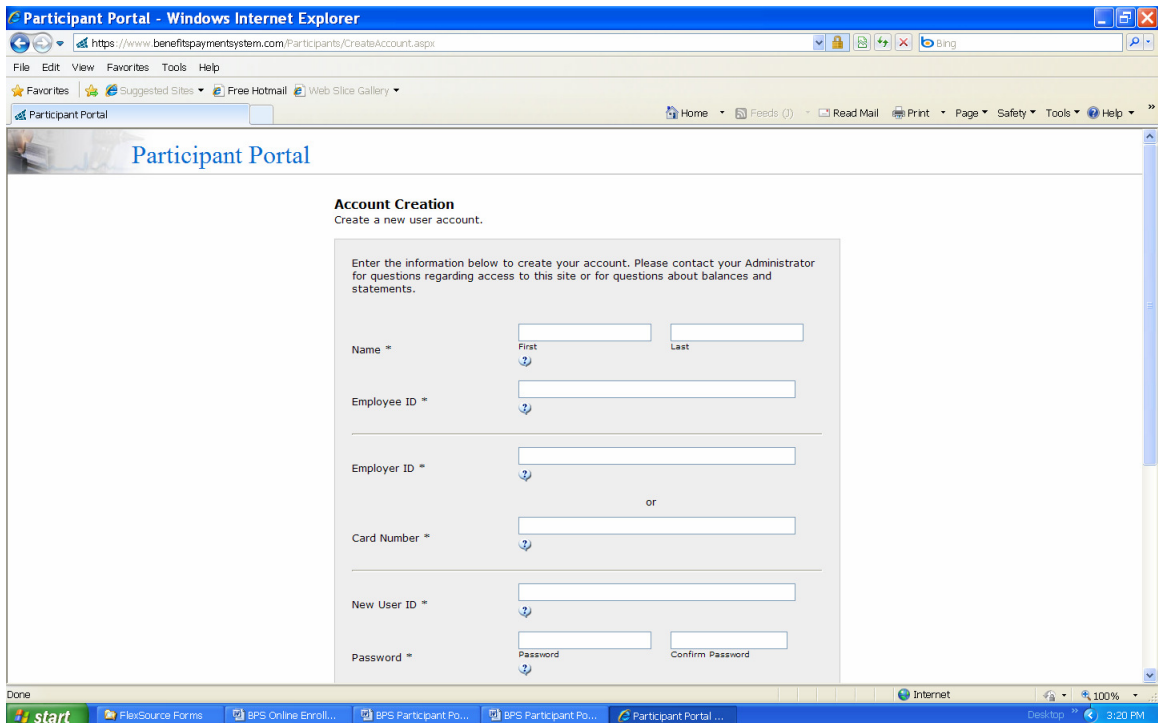
## FlexSource Online Benefits Access



Select **Participant Login**.



You will need to set up a new user account. Click on **Create Account** which is located in the bottom right hand corner of the gray login box.



Provide the following information:

*FlexSource, LLC • P: (630) 782-0633 F: (630) 782-0644*

Name: *First and Last Name*

Employee ID: *Your Social Security Number (Do not include dashes)*

Employer ID: \_\_\_\_\_ **(only for non-debit card clients) You will need to contact FlexSource for this ID.**

or

Card Number: (only for debit card clients)

(If you are **not a debit card client** you will need to **enter your employer ID** which you can obtain by calling FlexSource. If you **are a debit card client** you will need to **enter your debit card number.**)

New User ID: You will use this user ID when logging in the system in the future (must be 9-16 characters).

Password: The password must contain at least one letter and one number, and no special characters (must be 8-16 characters). This field is case sensitive.

Security Word: Mother's Maiden Name (please record this information for later use, particularly if you forgot your password).

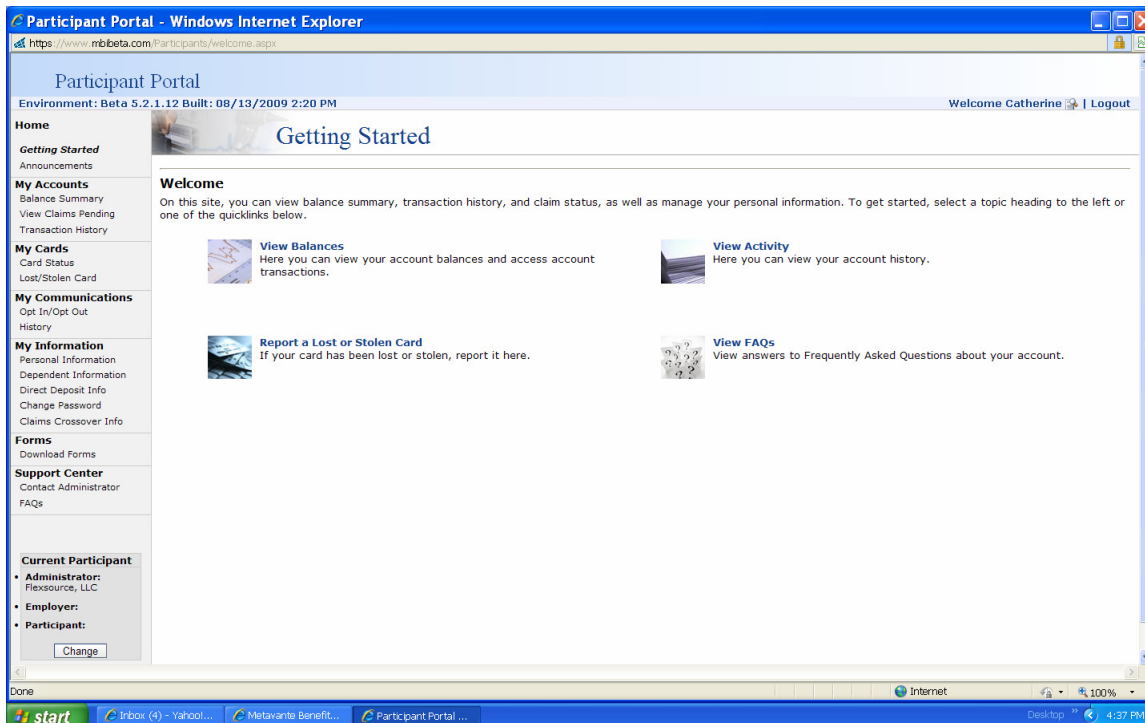
Birth City: The city where you were born (please record this information for later use, particularly if you forgot your password).

Email Address: **This is not for solicitation.** By **entering your email** and **checking the "send emails" box**, you will receive your correspondence regarding the plan via email. **Any participants that have direct deposit must enter an email address in order to be notified of payments via email.** We will no longer be sending hard copy reimbursement notifications to participants that have direct deposits.

After reviewing the information, click the **Submit** box and you will be taken into the software.

*If there are any errors when submitting the information a message in red will be displayed at the top of the page.*

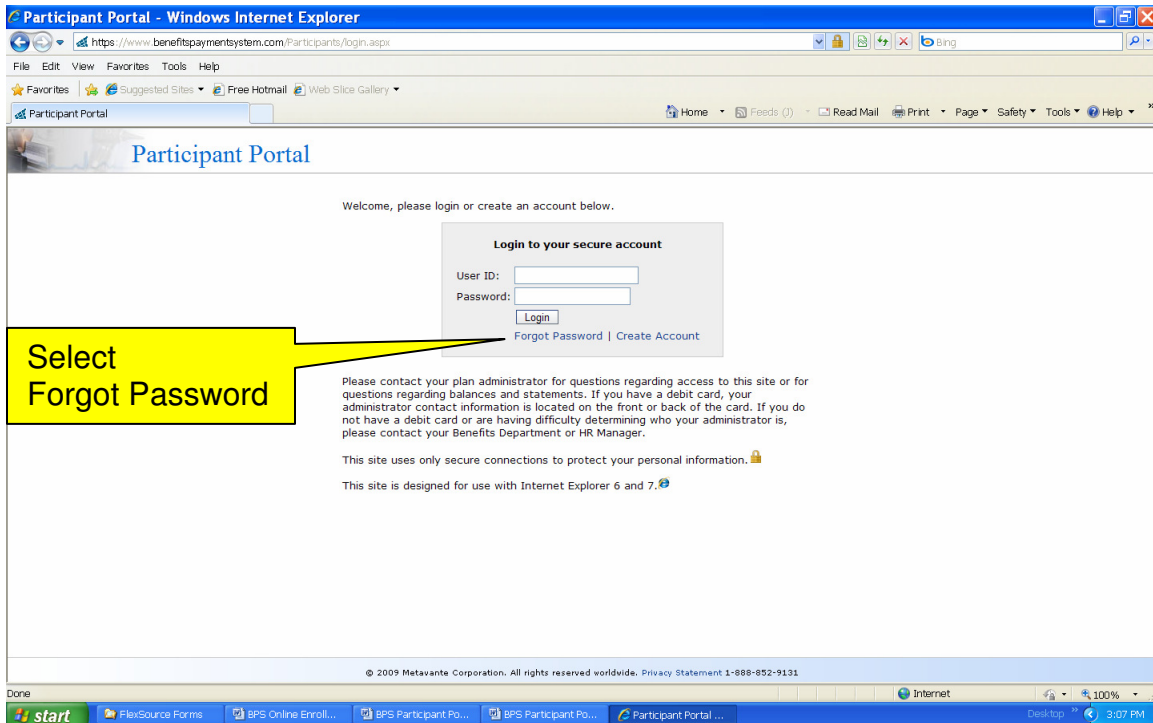
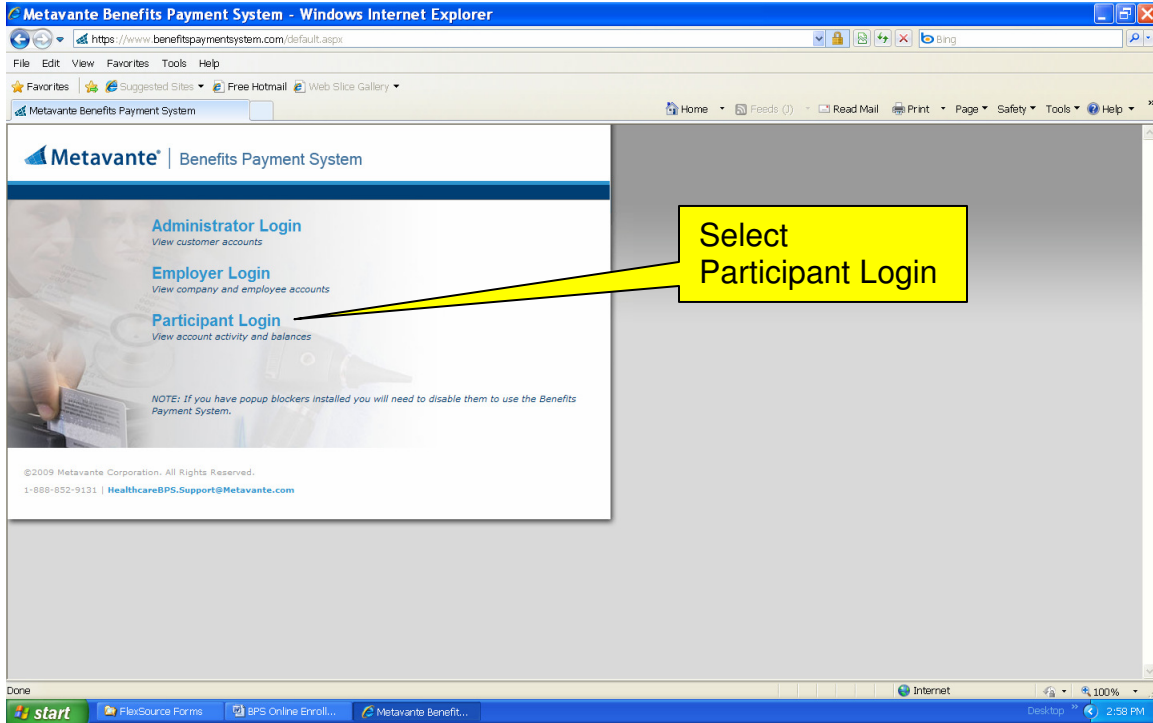
This is the screen that will appear after successful entry of creating a new account.

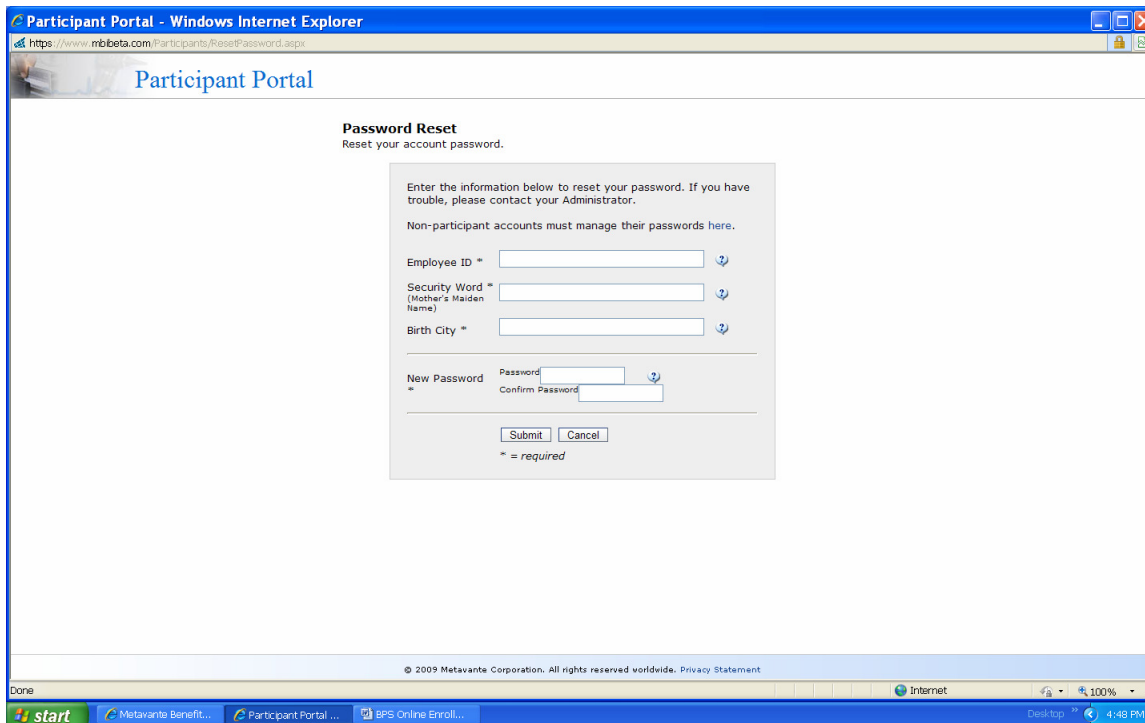


We hope you enjoy the 24-hour use of online access to your benefit plan. You will have access to:

- Your profile information
- Benefit plan specifics
- Claim status
- Claim payments
- Announcements
- FlexSource contact information
- A venue to send us an email
- Frequently Asked Questions (FAQs)

# Forgot your Password?





Provide the following information:

- Employee ID: *Your Social Security Number*
- Security Word: *Mother's Maiden Name*
- Birth City: *The city where you were born*
- New Password:
- Confirmed New Password:

After reviewing the information, click the **Submit** box and you will be taken into the software.

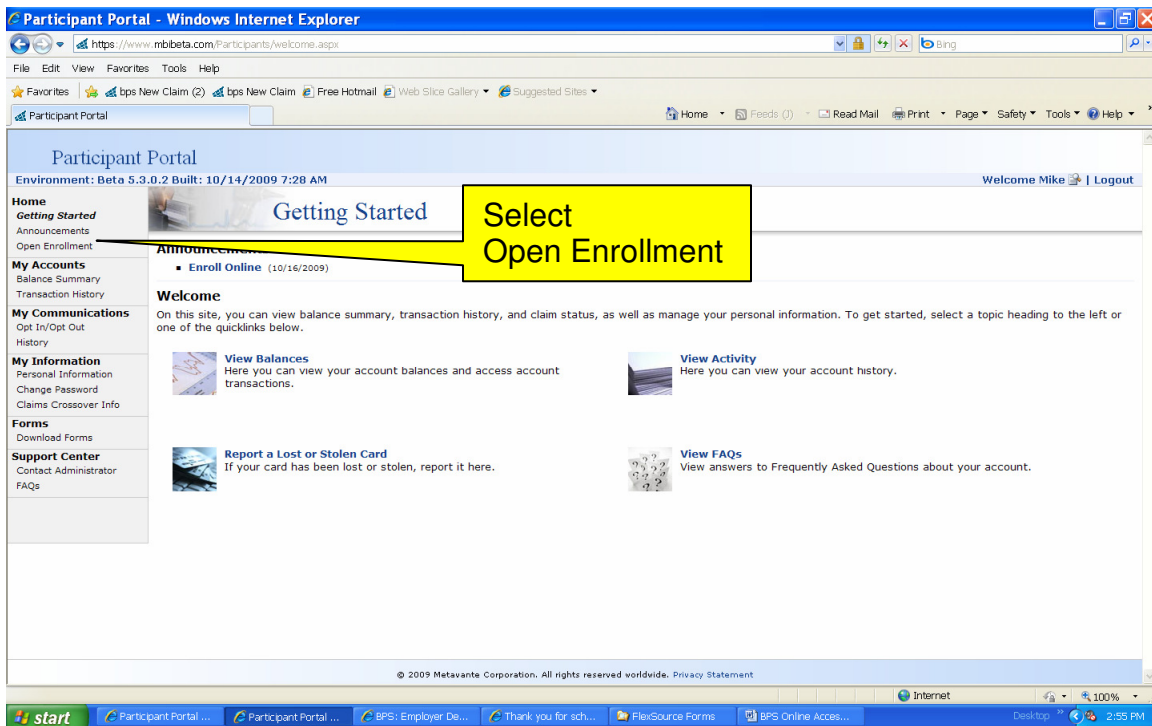
If you have any questions regarding the software, please contact FlexSource directly at (630) 782-0633.



# Annual Re-enrollment

NOTE: Before starting this section, be sure you have already set up an account in the Metavante Benefits Payment System. If you have not, refer to page 2 of this handout for instructions or press the CTRL key and select the following link to begin the setup process: [Setting up an Account](#).

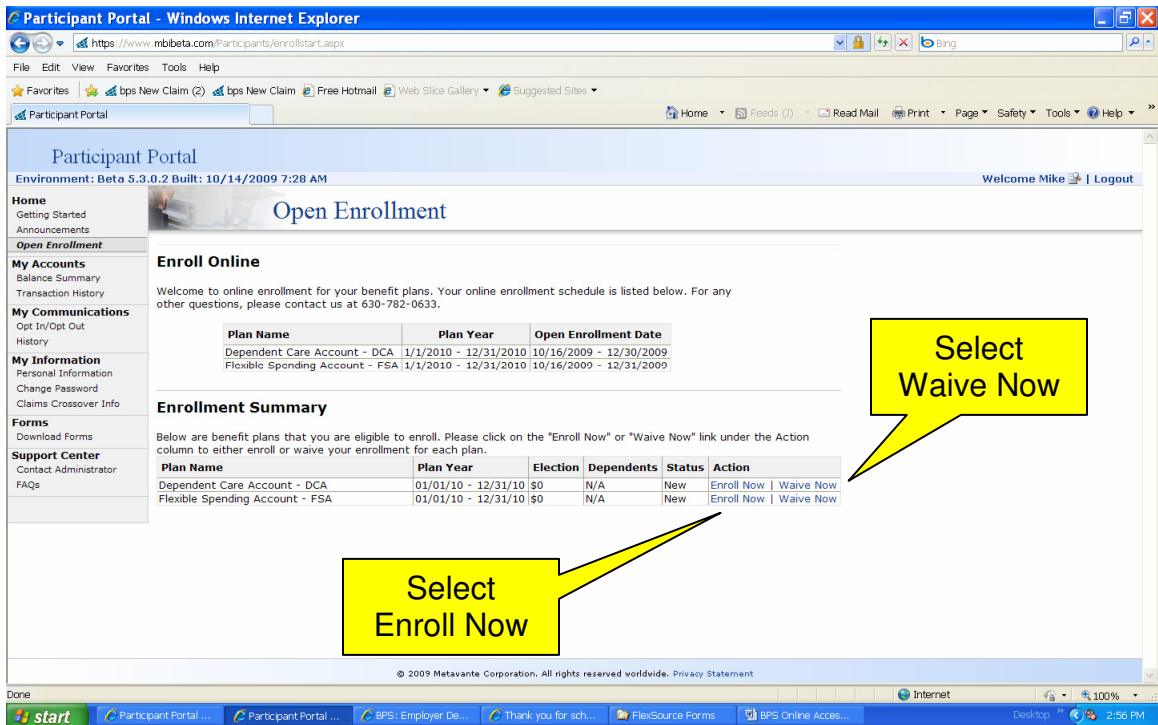
To begin the re-enrollment process, you will access the software by going through our website at <http://www.flexsourceone.com>. Click on **Links**. Select the **FlexSource Online Benefits Access** link listed which will take you to the Online Benefits Software. On the Metavante Benefits Payment System screen, select **Participant Login**. Enter your user ID and password. The following screen will appear. In the left hand column, select **Open Enrollment**.



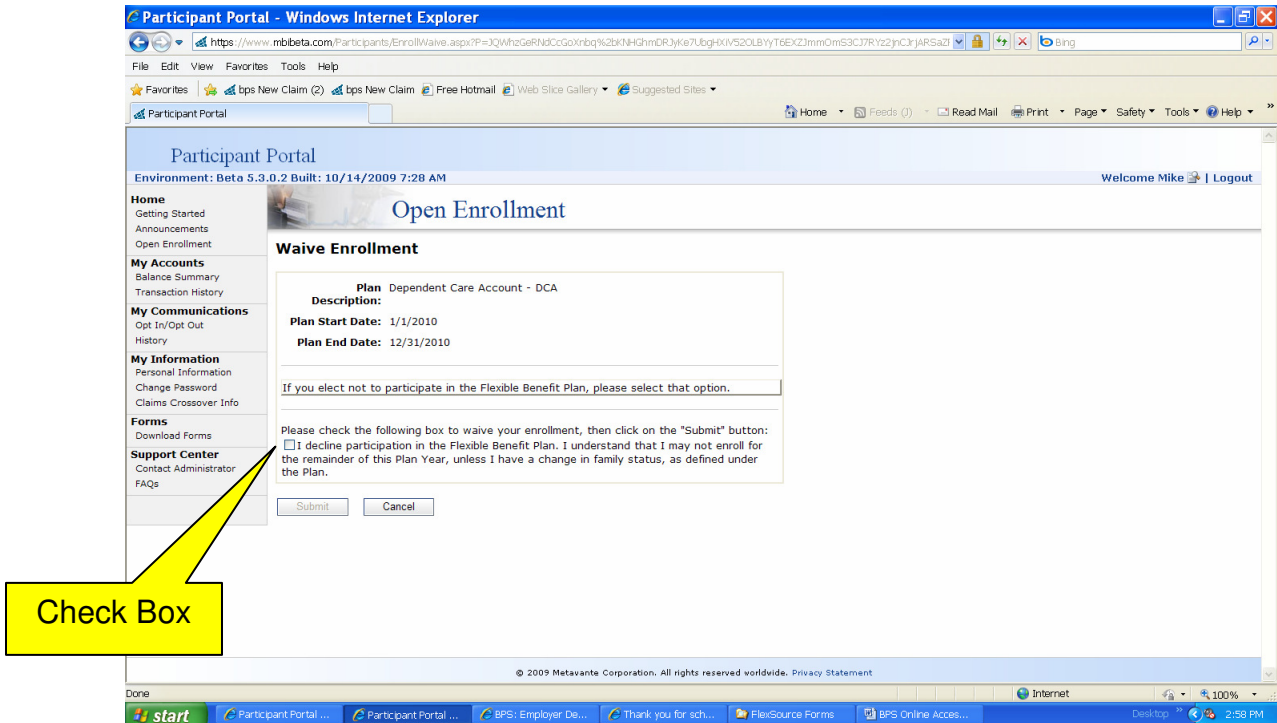
A sample screen below will show the plan names, plan year and open enrollment dates in the upper frames.

The plans for you to either enroll in or waive are shown in the lower frames under the Enrollment Summary section.

Please be sure to make your selections prior to the end of the enrollment date. Changes to your plans may be made at any time during your open enrollment period. Once the enrollment period is over, you will no longer be able to make changes online. You will have to submit a manual enrollment form to your HR Department, who will forward the form to FlexSource.



For each plan available to you, a choice to enroll or waive must be made. To waive a plan, select **Waive Now** on the plan line. The following screen will appear:



**Click in the box** next to the sentence “I decline participation in the flexible benefit plan,” and select the **Submit** button.<sup>1</sup>

To enroll in a plan, select **Enroll Now** on the plan line. The following screen will appear:

Participant Portal  
Environment: Beta 5.3.0.2 Built: 10/14/2009 7:28 AM  
Welcome Mike | Logout

### Open Enrollment

Please verify/update your demographic information.

\*\*Your demographic information will be updated at the end of the open enrollment period.

#### Participant Demographics

Demographics

First Name\*: Mike Last Name\*: Conner

Date of Birth\*: 1/13/1972 (mm/dd/yyyy)

SSN\*: 333553333

Gender\*: Male

Citizenship Status\*: <Select One>

Salary\*:

Phone\*: 312-555-9999

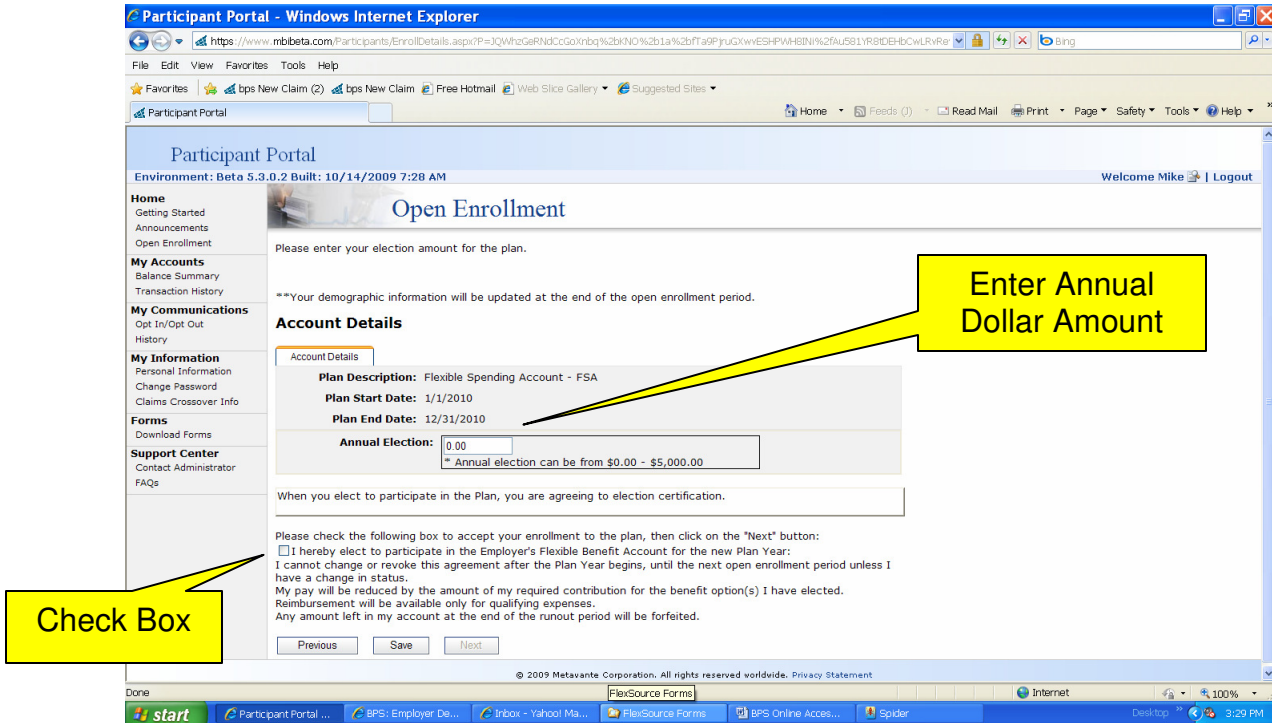
Email\*: mikey@bologna.com

HOME ADDRESS (Not PO Box)\*:

Verify the information on the screen is correct. Make any changes necessary in the appropriate field.\* Scroll down to the bottom of the screen and select **Next**.

\*Note: You do not need to complete the Citizenship Status or Salary fields.

The following screen will appear:



Enter the annual dollar amount that will be divided into equal pay deductions throughout the year based on your payroll frequency. Read the entire election certification. If you agree, **Click in the box** next to the sentence “I hereby elect to participate in the Employer’s Flexible Benefit Account for the new plan year,” and select the **Next** button. If you do not agree with the terms of enrolling, you will not be allowed to enroll.

**Participant Portal**  
Environment: Beta 5.3.0.2 Built: 10/21/2009 7:44 AM

Welcome Mike | Logout

## Open Enrollment

### Enrollment Application

**Plan Description:** Flexible Spending Account - FSA  
**Plan Start Date:** 1/1/2010  
**Plan End Date:** 12/31/2010

**Participant Demographics**

**Name:** Mike Conner  
**Billing Address:** 4553 Gold St  
 Chicago, IL 60656  
 United States  
**Phone:** 312-555-9999  
**Email:** mikey@bologna.com  
**Date of Birth:** 1/13/1972  
**Gender:** Male  
**Social Security Number:** 33353333  
**Citizenship Status:** None  
**Salary:**

**Account Details**

**Annual Election:** \$1,000

Review the enrollment application for accuracy, and then select **Finish**.

**Participant Portal**  
Environment: Beta 5.3.0.2 Built: 10/21/2009 7:44 AM

Welcome Mike | Logout

## Open Enrollment

### Enroll Online

Welcome to online enrollment for your benefit plans. Your online enrollment schedule is listed below. For any other questions, please contact us at 630-782-0633.

Plan Name	Plan Year	Open Enrollment Date
Dependent Care Account - DCA	1/1/2010 - 12/31/2010	10/16/2009 - 12/30/2009
Flexible Spending Account - FSA	1/1/2010 - 12/31/2010	10/16/2009 - 12/31/2009

### Enrollment Summary

Below are benefit plans that you are eligible to enroll. Please click on the "Enroll Now" or "Waive Now" link under the Action column to either enroll or waive your enrollment for each plan.

Plan Name	Plan Year	Election	Dependents	Status	Action
Dependent Care Account - DCA	01/01/10 - 12/31/10	\$0	N/A	New	Enroll Now   Waive Now
Flexible Spending Account - FSA	01/01/10 - 12/31/10	\$1,000	N/A	Pending Enrolled	Change   Waive Now

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An updated Enrollment Summary will be displayed showing the status of your elections.

Please note, for those plans waived, the status will remain New and the Actions will remain Enroll Now or Waive Now.

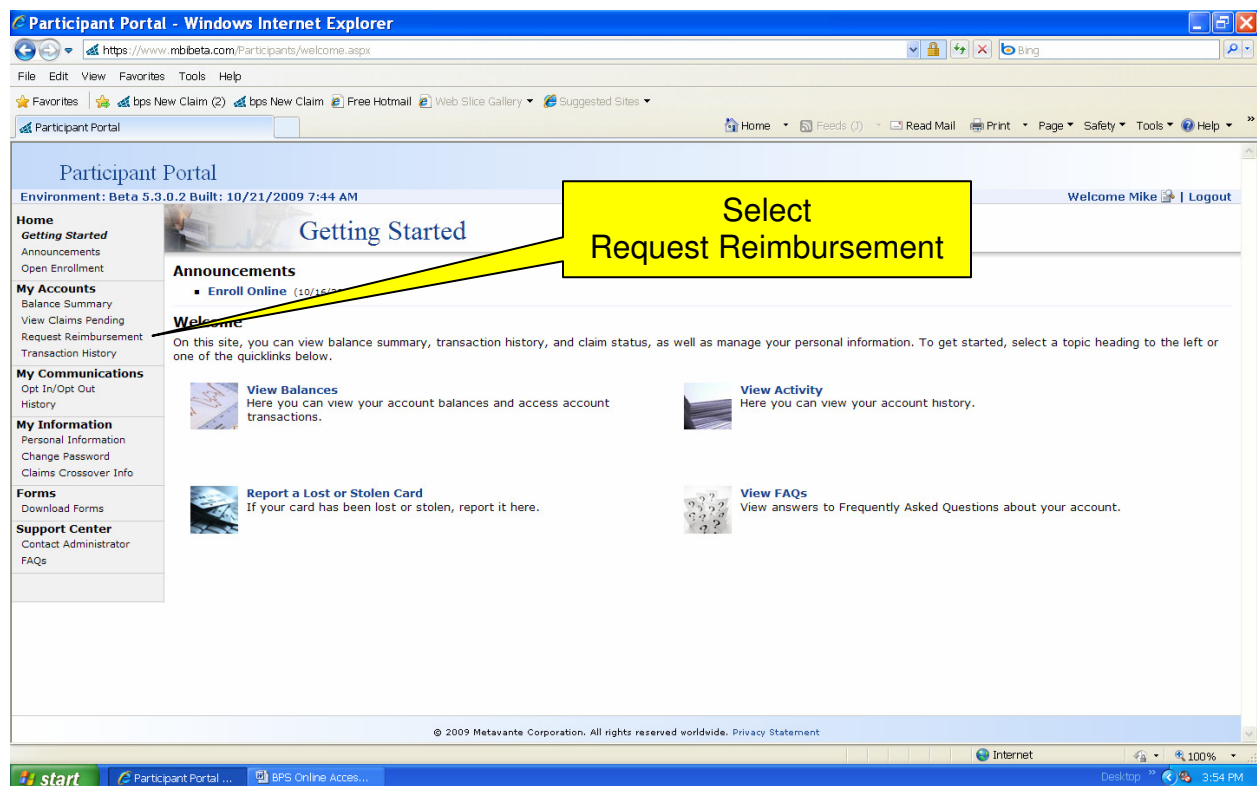
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## On-Line Claim Entry

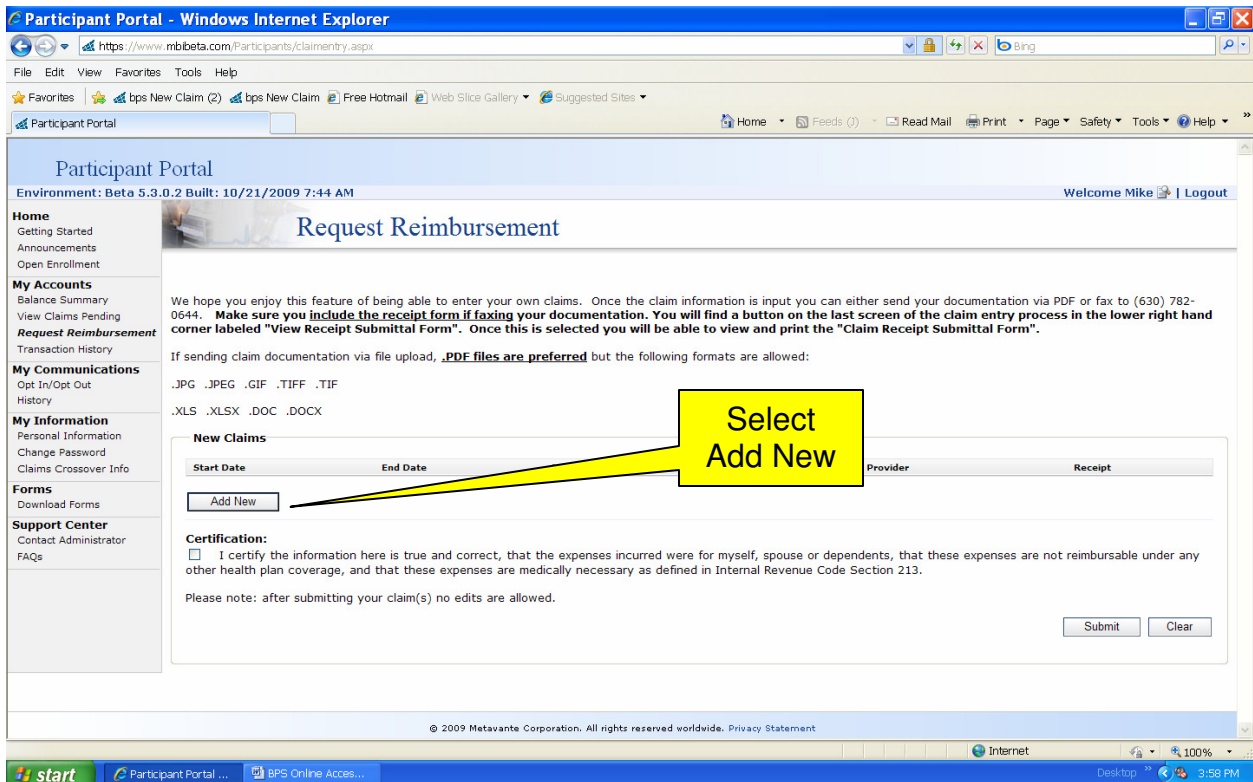
NOTE: Before starting this section, be sure you have already set up an account in the Metavante Benefits Payment System. If you have not, refer to page 2 of this handout for instructions or press the CTRL key and select the following link to begin the setup process: [Setting up an Account](#).

To begin the re-enrollment process, you will access the software by going through our website at <http://www.flexsourceone.com>. Click on **Links**. Select the **FlexSource Online Benefits Access** link listed which will take you to the Online Benefits Software. On the Metavante Benefits Payment System screen, select **Participant Login**. Enter your user ID and password. The following screen will appear. In the left hand column, select **Request Reimbursement**.

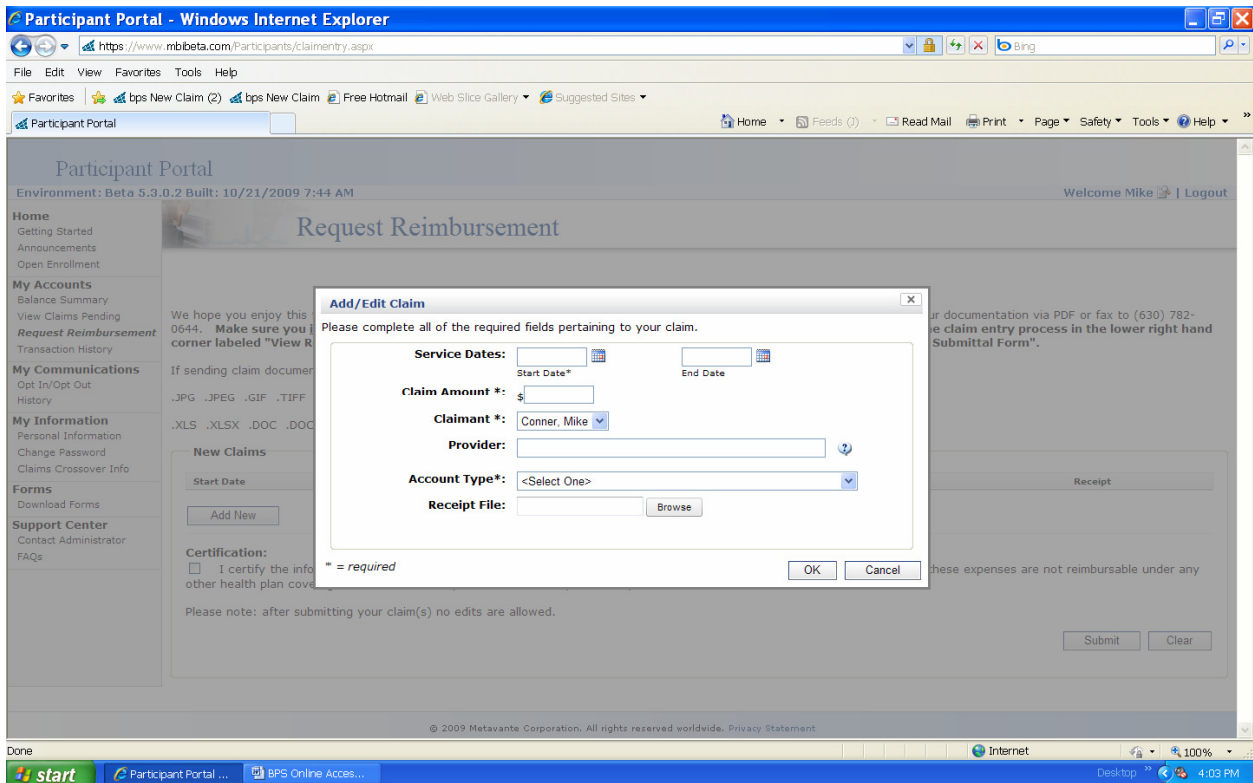


A sample screen below is to request a reimbursement. If you choose to scan your documents, Adobe Acrobat files (.pdf) are the preferred file format. Other formats are shown on the screen.

Begin the reimbursement process by selecting **Add New**.



The following screen allows you to input your claim data.



Please enter the appropriate data in the following fields:

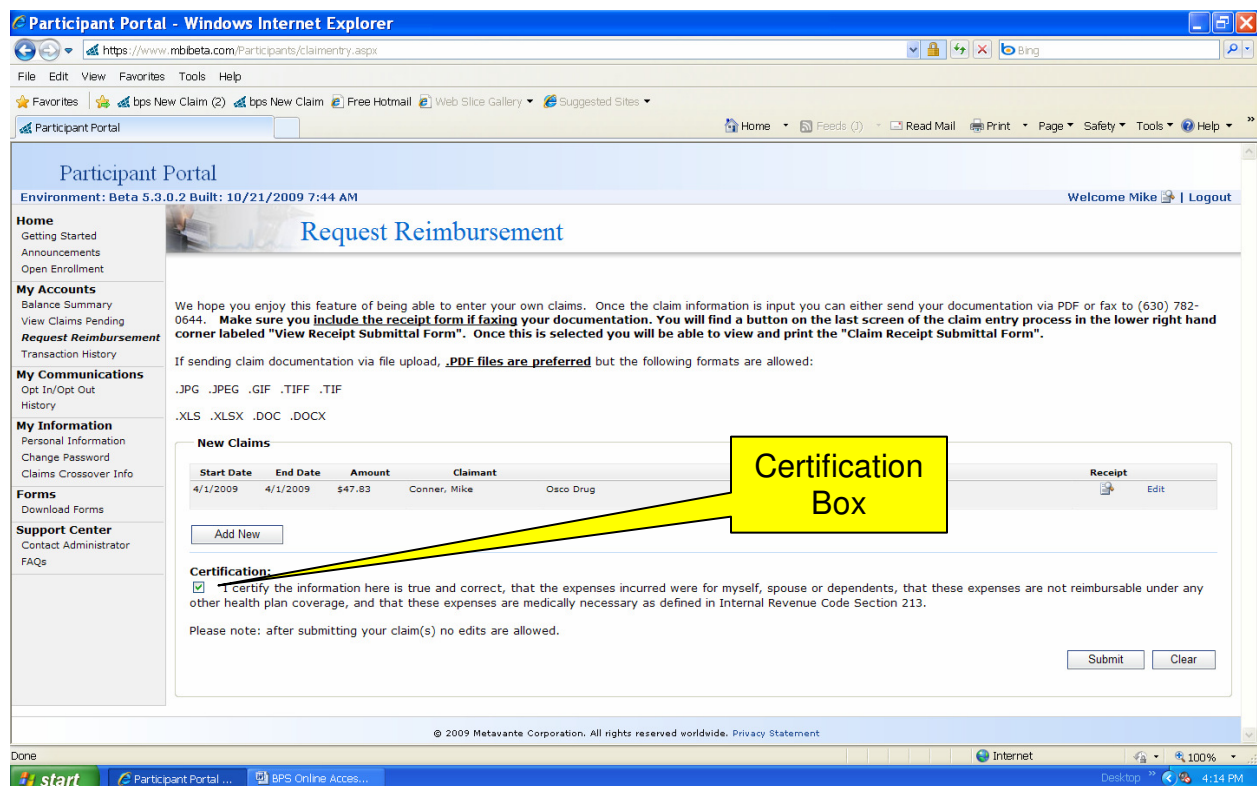
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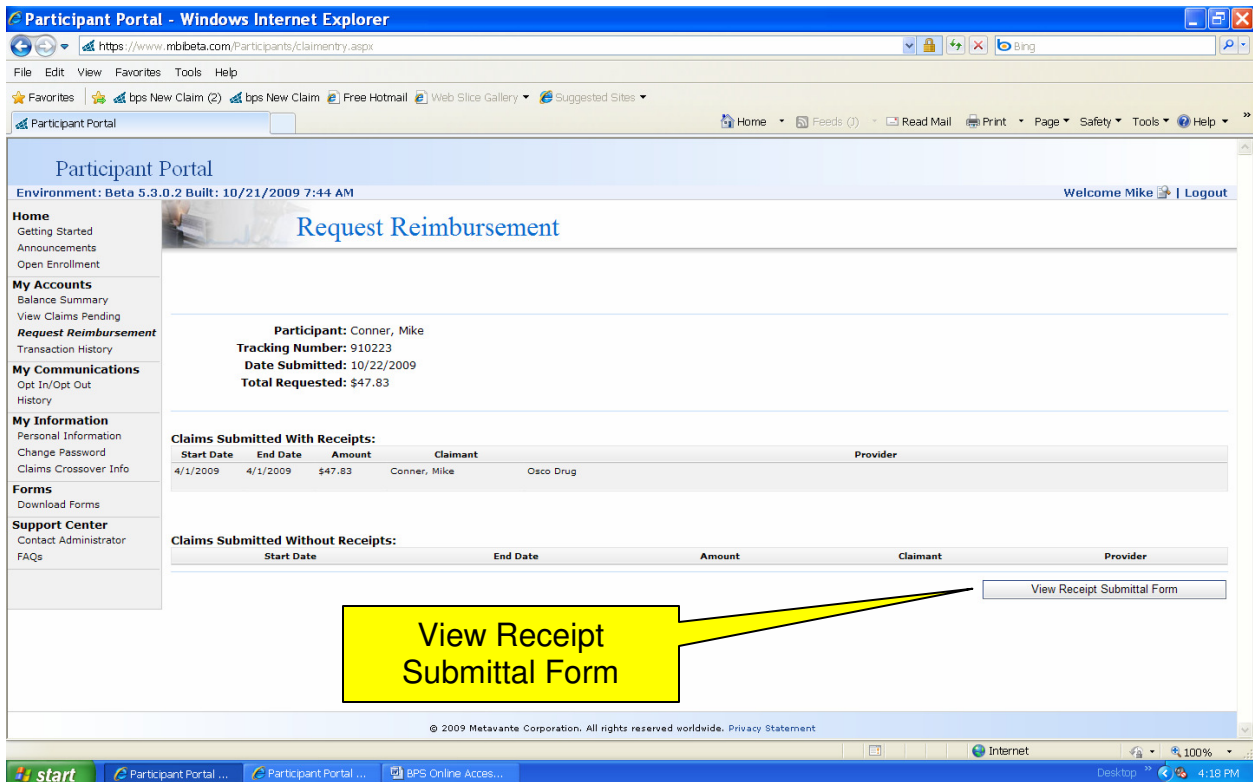
- Service Start Date
- Service End Date
- Claim Amount
- Claimant (this field should be auto filled)
- Provider
- Account Type
- Receipt File (Scanned file attachment, .pdf preferred) NOTE: This file may contain one or multiple receipts. A multiple receipt file may be used for multiple reimbursement requests.

Note: If more than one receipt is in the receipt file, create a new claim entry and select the **Select Submitted File** option.

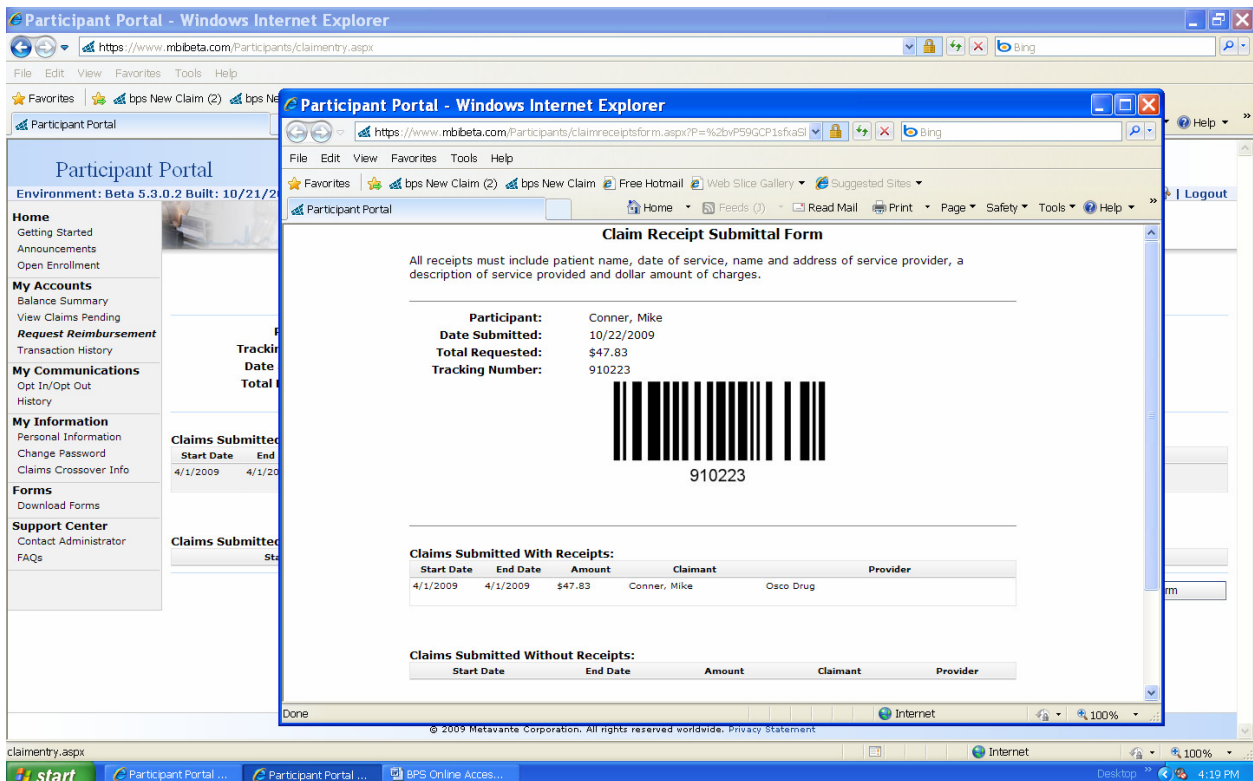
Each entry can be modified, deleted or viewed prior to selecting the **Submit** button.



Read the claim certification and if you agree, click in the Certification Box. Click on **Submit** to complete the Reimbursement Request process. The following screen will appear:



If a scanned file of the receipts was not attached to the request and you are faxing in your claim, select **View Receipt Submittal Form**. A sample screen is shown below:



**This form must be printed and faxed along with copies of your receipts to (630) 782-0644.**