FlexSource, LLC

Employee

Online Benefit Access

Instruction Guide

For Flexible Spending Accounts

Plan Year: 2010

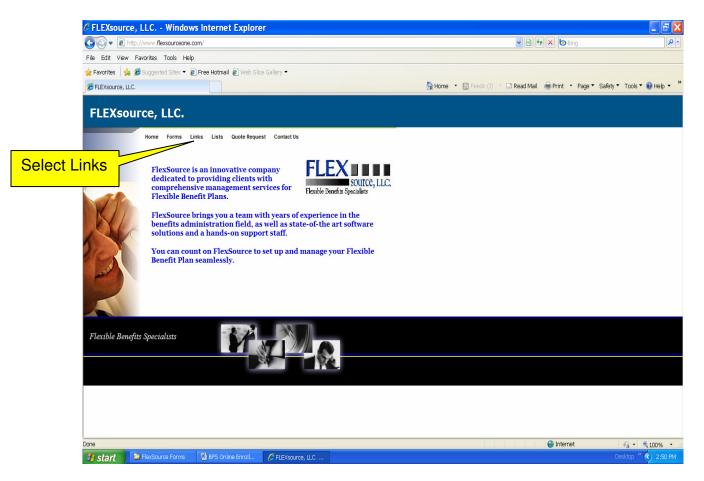
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Setting up an Account

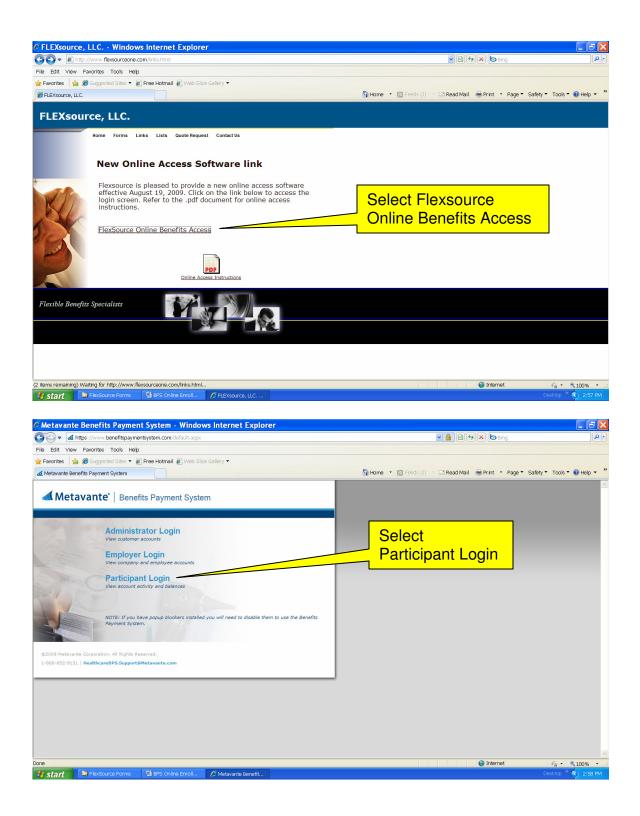
We are happy to be providing you this employee benefit of being able to access information about your benefit plan via the internet. We hope you enjoy the detailed access to your profile data, plan information and claim/payment activity.

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.

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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.

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Provide the following information:

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.**)

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

<u>Password:</u> 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.

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

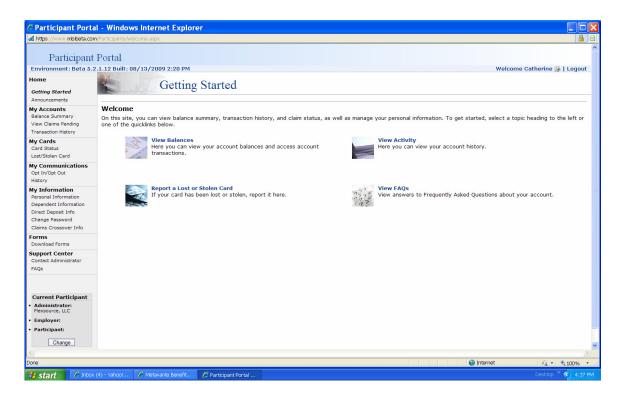
<u>Birth City:</u> The city where you were born (please record this information for later use, particularly if you forgot your password).

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.

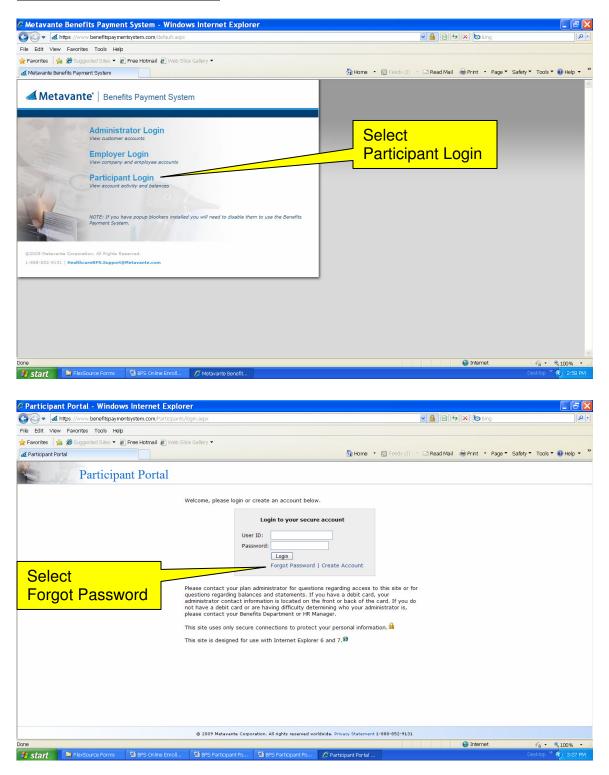
This is the screen that will appear after successful entry of creating a new account.



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?



Participant Portal - Windows Internet Explore	r	
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	New Password Confirm Password Confirm Password Submit Cancel * = required	
	© 2009 Metavante Corporation. All rights reserved worldwide. Privacy Statement	
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Provide the following information:

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

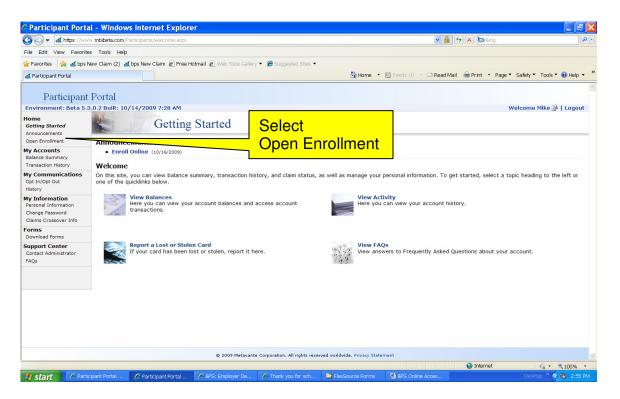
After reviewing the information, click the **Submit** box and you will be taken into the software.

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: <u>Setting up an Account</u>.

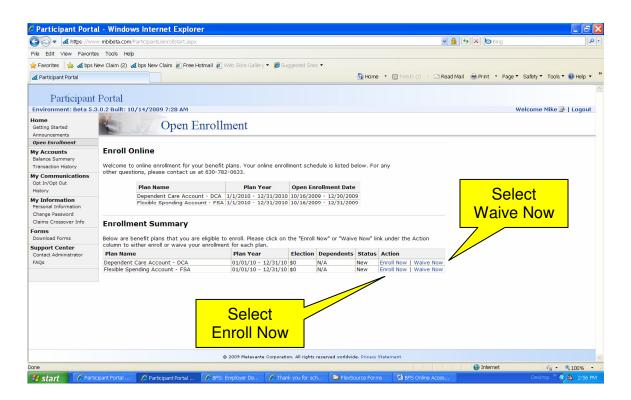
To begin the re-enrollment process, you will access the software by going through our website at <u>http://www.flexsourceone.com</u>. Click on Links. Select the **FlexSource Online Benefits Access** link listed which will take you to the Online Benefits Software. On the Metavante Benefits Payment System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



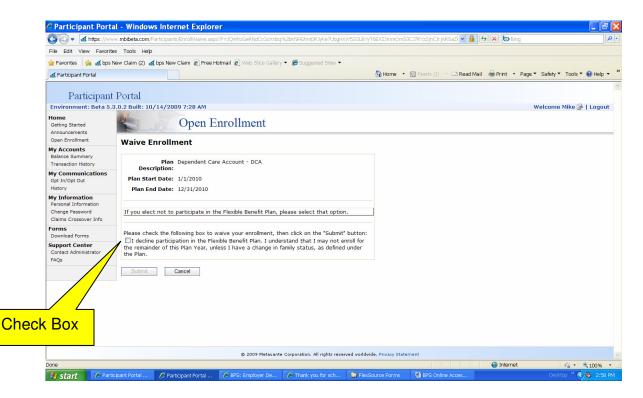
A sample screen below will show the plan names, plan year and open enrollment dates in the upper frames.

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.¹

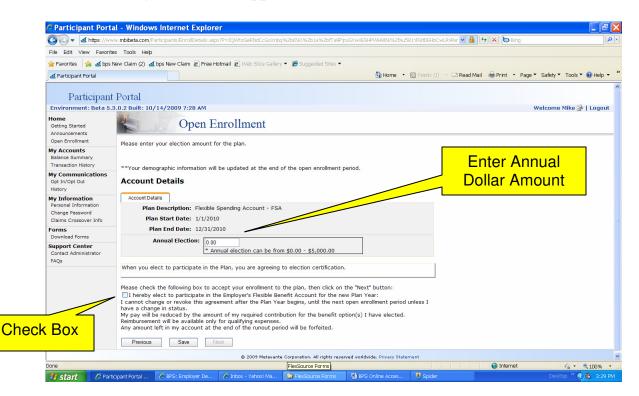
To enroll in a plan, select **Enroll Now** on the plan line. The following screen will appear:

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Environment: Beta 5.	3.0.2 Built: 10/14/2009 7:28 AM	Welcome Mike 🅞 Logout
Home Getting Started Announcements	Open Enrollment	
Open Enrollment	Please verify/update your demographic information.	
My Accounts Balance Summary Transaction History	**Your demographic information will be updated at the end of the open enrollment period.	
My Communications Opt In/Opt Out History	Participant Demographics	÷
My Information	Demographics	
Personal Information Change Password Claims Crossover Info	First Name*: Mike Last Name*: Conner Date of Birth*: 1/13/1972 (mm/dd/yyyy)	
Forms Download Forms	SSN*: 333553333	
Support Center Contact Administrator FAQs	Gender*: Male	
	Salary:	
	Phone: 312-555-9999 Email*: mikey@bologna.com	
	HOME ADDRESS (Not PO Box)*:	~
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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.

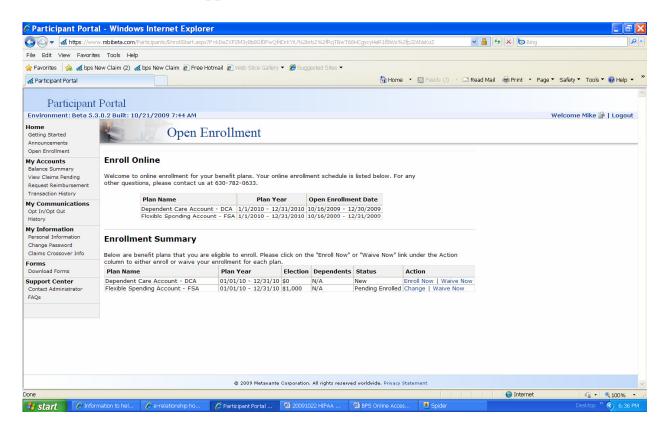
The following screen will appear:



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.

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



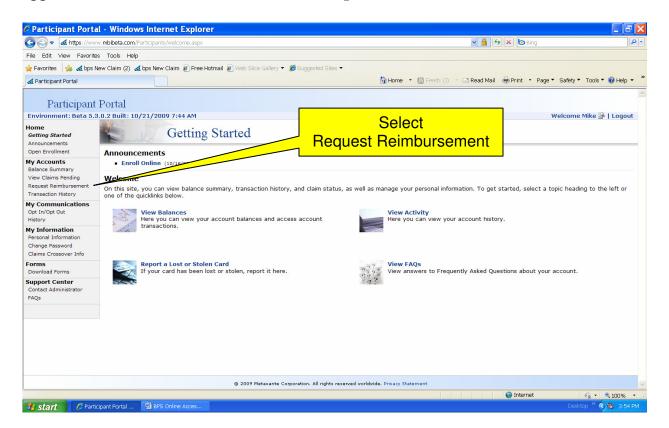
An updated Enrollment Summary will be displayed showing the status of your elections.

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

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: <u>Setting up an Account</u>.

To begin the re-enrollment process, you will access the software by going through our website at <u>http://www.flexsourceone.com</u>. 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.

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My Accounts Balance Summary View Claims Pending Request Reimbursement Transaction History	0644. Make sure you include the receipt form if faxin	ir own claims. Once the claim information is input you can ei g your documentation. You will find a button on the last this is selected you will be able to view and print the "Cl and professional but the following formate are allowed:	screen of the claim entry process in the lo	
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The following screen allows you to input your claim data.

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I certify the info other health plan covid please note: after submitting your claim(s) no edits are allowed. OK Cancel hese expenses are not reimbursable under any please note: after submitting your claim(s) no edits are allowed. © 2009 Metavante Corporation. All rights reserved worldwide. Privacy Statement Output Image: Claim of the corporation	Claims Crossover Info Forms Download Forms Support Center	Start Date	Account Type*: <select one=""></select>	
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			© 2009 Metavante Corporation. All rights reserved worldwid	
	Done			

Please enter the appropriate data in the following fields:

- 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.

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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:

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Environment: Beta 5.3.	.0.2 Built: 10/21/2009	7:44 AM				Welcome Mike	🔒 Logout
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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:

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Participant Portal	🖕 Favorites 🛛 🎪 🎪 bps New Claim (2) 🔬 bps New Claim 🖉 Free Hotmail 🖉 Web Slice Gallery 🔻 🏉 Suggested Sites 🔻	
Environment: Beta 5.3.0.2 Built: 10/21/2	🚜 Participant Portal 🔐 Home 🔹 🔊 Feeds (1) 🔹 🖬 Read Mail 🖷 Print 🔹	Page 🔻 Safety 🔻 Tools 👻 🔞 Help 👻 👋 🖡 Logout
Home Getting Started	Claim Receipt Submittal Form	
Announcements	All receipts must include patient name, date of service, name and address of service provi	ider, a
Open Enrollment My Accounts	description of service provided and dollar amount of charges.	,
Balance Summary		
View Claims Pending Request Reimbursement	Participant: Conner, Mike Date Submitted: 10/22/2009	
Transaction History Trackir	Total Requested: \$47.83	
My Communications Date Opt In/Opt Out Total I	Tracking Number: 910223	
History		
My Information		11 (11) (11) (11) (11) (11) (11) (11) (
Personal Information Claims Submittee Change Password Start Date End		
Claims Crossover Info 4/1/2009 4/1/20	910223	
Forms Download Forms		
Support Center		
Contact Administrator Claims Submitted	Claims Submitted With Receipts:	
rags st	Start Date End Date Amount Claimant Provider	
	4/1/2009 4/1/2009 \$47.83 Conner, Mike Osco Drug	m
	Claims Submitted Without Receipts:	
	Start Date End Date Amount Claimant	Provider
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This form must be printed and faxed along with copies of your receipts to (630) 782-0644.