

Enrollment in Benefit Plans with **FlexSource**

The logo for FlexSource, LLC is a white rectangular box with a thin black border, containing the text "FlexSource, LLC" in red. It is centered within a horizontal banner that has a dark blue background on the left and a light blue background on the right with a geometric pattern of triangles.

NEXT STEPS

Filing Claims

Now that you have enrolled in one or more of your employer's flexible benefits plans, you may begin to file claims against your enrolled account(s) upon the start date of your Plan Year.

You may access your plan account(s) in any of the following methods:

- 1. Debit Card Purchase:** If your employer offers this feature, you may use your debit card at the point of purchase to use your plan dollars toward qualified purchases. Be sure to keep your receipts! You may be required to submit them as proof of expense eligibility!
- 2. Online Claim Filing:** File your claims online via our participant portal website. Instructions are enclosed. Be sure to submit (upload) receipts when filing claims through the portal!
- 3. Paper Claim Filing:** You may also file claims using the paper form(s) available on the website under the "Forms" tab, and attach required receipts according to IRS rules. You can email the claims to CustomerService@FlexSourceOne.com, fax them to (630) 782-0644, or send them regular US Mail to FlexSource, P.O. Box 828, Elmhurst, IL 60126.

1. USE YOUR DEBIT CARD AT POINT OF PURCHASE!

Use your debit card at plan-approved vendors to make your plan purchase.



If you have chosen the debit card as your primary reimbursement option, you (and any dependents for whom you have ordered cards) will receive your card at your home address unless otherwise elected during enrollment.

You may be required to submit receipts after purchase, so save your receipts and keep an eye out for receipt requests!

You can respond to the email receipt request and scan your debit card receipt to send with your email response. If your request is mailed to your home, you can fax the request in with your documentation attached, to (630) 782-0644, or mail both to our office: FlexSource, P.O. Box 828, Elmhurst, IL 60126.

You can also submit receipts as you incur them using the debit card receipt submission form included on the next page. Keep in mind that we will not typically need co-pay related purchases. Those claims should auto-adjudicate without needing documentation.

Debit Card Receipt Submittal Form

Submittal of Receipts

Subject: Debit Card Receipts Phone: (630) 782-0633
Fax To: FlexSource, LLC **Mail To:** FlexSource, LLC
Attn: Flex Dept. Attn: Flex Dept.
Fax: (630) 782-0644 P.O. Box: P.O. Box 828
Email: CustomerService@FlexSourceOne.com Elmhurst, IL 60126

Company Name

Full Name

Email Address

Work Phone Number

Debit Card Number

FSA Plans – Attach a valid receipt from your provider that includes date of service, provider name & address, patient name, a description of service provided and dollar amount or the Explanation of Benefits (EOB) from the insurance company for all FSA Plans.

HRA Plans - Attach copies of the Explanation of Benefits (EOB) from the insurance company with this cover sheet. Make sure you keep copies of your original receipts for your records for at least one year.

Please submit this form with all faxed or mailed Debit Card Receipts.

Do not use this form when submitting manual claims.

2. FILE YOUR FLEXIBLE BENEFIT CLAIMS ONLINE!

We are excited to announce that you will be able to file your Flexible Benefit claims ONLINE this year!

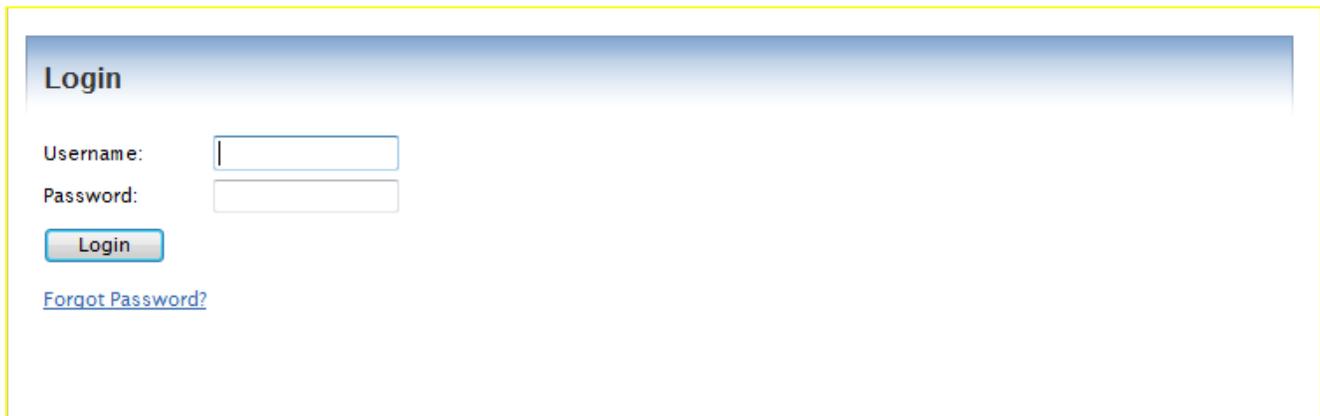
Plan Year:

Online claims filing is effective for the **current** plan year. **Claims for the prior plan year must be submitted using the previous method of submission, whether online or on paper.**

HOW TO LOGIN:

1. Open your web browser (e.g. MS Explorer) and log into the following website:

<https://flexsourceoneparticipant.lh1ondemand.com>



2. **Login using the following if you have not previously set-up your login and password:**

Employer Code: This will be obtained from your HR Department.

Username: **Your first initial followed by your last name**

Temporary Password: Use the last 4 digits of your social security number

You will be prompted immediately to create a new, unique password before entering the site.

*Please be sure to record your password as **FlexSource** does not record your password but can work with you to create a new one should you forget.*

Change Username and Password

Please change your login information

Username:*	tconsumer
New Password:*	<input type="text"/>
Confirm Password:*	<input type="text"/>
Security Question:*	What is your mother's maiden name? ▼
Answer:*	<input type="text"/>
Email:	<input type="text"/>

By providing an email address, you will receive communications from Heidi Administrator electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

HOW TO FILE A CLAIM:

1. Click the **File Claim** under the Actions column for your available account type.

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS LINKS Ernie George [Logout](#)

Welcome, Ernie

Welcome to your single source for all you need to know about your pre-tax benefits. Request payment, check payment status, view account balance and summary information, access important notifications about your account, and more!

Action Required:
[1 receipt\(s\) needed](#) to approve your claims [?](#)

Accounts [View Account Summary](#)

Account	Available Balance ?	Final Service Date ?	Final Filing Date ?	Actions
Medical Flex 1/1/2009-12/31/2009	\$1,972.02	12/31/2009	1/30/2010	File Claim View Claim History

Mid-Year HSA Enrollment
You can still enroll in a Health Savings Account and take advantage of the tax savings. Simply click "Enroll" below to begin the process of saving money!

Plan Year	Accounts	Actions
1/1/2009-12/31/2009	HSA 2009	Enroll

OR

Questions?
Contact Customer Service at: (123) 123-1234 Or toll free at: (800) 123-1234 or nobody@lighthouse1.com.

Accounts **Profile** **Notifications** **Forms**

[Account Summary](#) [Profile Summary](#) [Notification History](#)

[Account Activity](#) [Dependents](#)

[File Claims](#)

[Receipts Needed](#)

[Payment History](#)

2. **Enter your claim information** and **submit** the claim. Make sure you have valid receipt(s) for your expenses, as you will need to scan and upload these when filing the claim or fax them with the confirmation page from the system to FlexSource.

Note regarding Dependent Care claims: A qualified dependent is required for Dependent Care claims. You may add your dependent(s) from the Dependent Care Claim Entry screen if necessary.

HOME	ACCOUNTS	PROFILE	NOTIFICATIONS	FORMS	Ernie George Logout
------	----------	---------	---------------	-------	--

File Claim: Medical Flex Claims Basket (0)

Please enter your claim information below. If all or part of your claim is not reimbursable due to auditing factors (i.e. claim exceeds available balance in your account), then you will only be reimbursed the approved amount. You will be notified of any pending or denied claim amounts.

Do you have a valid receipt for this product/service?* Yes No [What is a valid receipt?](#)

Date of Service:*
(mm/dd/yyyy)

Please choose the category and type of product/service that best describes your claim. If "Drugs," you must provide a description below.

Category:*

Type of Product/Service:*

Product/Service Description:

Product/Service Provider:

Person receiving Product/Service:* Ernie George
[Add Dependent](#)

Claim Amount:* \$

Did you drive to receive this product/service?* Yes No [Claiming Mileage](#)
You may claim mileage expense for reimbursement.

Number of Miles:

Mileage Reimbursement:

Total Claim Amount:

If there is more than one Product/Service that seems right, select the one that seems to be the best fit.

Make sure to click Submit!

- If you have more than one claim you'd like to file, you may choose to **File a New Claim** from your claims basket.

Ernie George
[Logout](#)

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS

Claims Basket Claims Basket (1)

[File New Claim](#)

	Date of Service	Plan	Type of Product/Service	Provider	Claim Amount	Approved Amount*	
Update	9/1/2009	Medical Flex	Over-the-Counter Medication	Target	\$27.98	\$27.98	Remove
Total:					\$27.98	\$27.98	

* The approved claim amount will be reimbursed based on your available balance. If a plan requires funds to be contributed prior to the reimbursement of claims, you will be reimbursed as funds become available in your plan account.

Terms and Conditions

I have read and agree to the [Terms and Conditions](#).

You must choose to SUBMIT this basket in order to send these claims for processing.

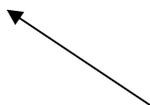
[Submit](#) [Cancel](#)

- Once all claims are entered, you must agree to the **Terms & Conditions** (click on appropriate box) and commit the claim(s) by clicking **Submit**.

5. PRINT AND SEND CONFIRMATION WITH RECEIPTS!

The Confirmation page verifies that all claims have been successfully submitted!

You must print this page and fax or mail it, along with your receipts, to FlexSource.



Claim Confirmation

Ernie George
123456789
ABC Company

You have successfully filed the claim(s) listed below.

You can expect deposit of approved amounts in your account of record in accordance with your employer's reimbursement schedule, subject to the following guidelines: - Substantiation may be required before the associated claims may be paid to your account of record. If this claim is subject to further auditing, you will be contacted. - If this claim exceeds your available balance, only available funds will be reimbursed. Required Receipt(s) must be received within 45 days. If we do not receive the receipt(s) by this date, your reimbursement will have to be paid back in to the appropriate account.

Receipt(s) Required - Fax the Confirmation:

Print this confirmation, attach the required receipts and fax to at **(866) 662-9428**.

If you are unable to print this confirmation:

Send your receipts with a note that includes (a) the name of the company you work for, (b) your name, and (c) the claim number(s) listed below.

Fax: (866) 662-9428

Mail: 123 Administrator St
Minneapolis, MN 12345

Email: nobody@lighthouse1.com

Claim Number	Plan	Date of Service	Provider/Merchant	Recipient	Receipt Amount	Mileage Amount	Approved Amount*	Receipt Required
ABC122090915P0000101	Medical Flex	9/1/2009	Target	Ernie George	\$27.98	\$0.00	\$27.98	Yes
Totals:					\$27.98	\$0.00	\$27.98	

* The approved claim amount will be reimbursed based on your available balance. If a plan requires funds to be contributed prior to the reimbursement of claims, you will be reimbursed as funds become available in your plan account.

Please send in the Required Receipt(s) listed above within 30 days. If we do not receive the receipt/s by this date, your reimbursement will be denied.

Remember, regardless of which (if any) receipts you are required to submit, you are responsible for retaining a copy of all receipts for three years in the event you or your Pre-tax Account plan are audited by the IRS.

[Print Confirmation](#)

To Upload Receipts

Claim Confirmation

Chicken Hen
0000033984
Azazel

You have successfully filed the claim(s) listed below.

Receipt(s) Required - Print this Page:

Print this confirmation, attach the required receipts and **fax or mail to Olga-Auto** at one of the contacts listed below.

You can also send your receipts electronically from the [Claims Requiring Receipts](#) page located under the **Accounts** tab.

Fax: (888) 888-8887

Mail: TPA Street Address 1 for Participant
TPA Street Address 2 for Participant
Minsk-TPA, CA 12365

Email: Participant@ContactName.com

If you are unable to print this confirmation:

Send your receipts with a note that includes (a) the name of the company you work for, (b) your name, and (c) the claim number(s) listed below.

Claim Number	Plan	Date of Service	Provider/Merchant	Recipient	Receipt Amount	Mileage Amount	Approved Amount*	Receipt Required
Azazel091014P0000101	DependentCare	10/14/2009	Adult Day Care	Dp Hen	\$234.45	\$0.00	\$234.45	Yes
Totals:					\$234.45	\$0.00	\$234.45	

* The approved claim amount will be reimbursed based on your available balance. If a plan requires funds to be contributed prior to the reimbursement of claims, you will be reimbursed as funds become available in your plan account.

Please send in the Required Receipt(s) listed above within 5 days. If we do not receive the receipt/s by this date, your reimbursement will be denied.

Remember, regardless of which (if any) receipts you are required to submit, you are responsible for retaining a copy of all receipts for three years in the event you or your Pre-tax Account plan are audited by the IRS.

[Print Confirmation](#)

Trouble printing your confirmation? Get latest version of Adobe Reader at <http://www.adobe.com> or print from your browser by selecting File | Print in your browser menu.

VIEW YOUR ACCOUNT INFORMATION

Ernie George [Logout](#)

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS

Account Summary
File Claims
Payment History
Election Summary
Plan Descriptions

Consumer Portal has been redesigned. [Learn more about the new features](#)

Action Required:
1 receipt(s) needed to approve your claims

Ernie George [Logout](#)

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS

Account Summary

The "Eligible Amount" shown is the sum of your Annual Election amount, plus certain credits that have been applied to your account. The "Available Balance" reflects your available funds at this time. If you have questions regarding these balances or credits applied, please contact Customer Service.

1/1/2009-12/31/2009

Account	Eligible Amount	Submitted Claims	Paid	Pending	Denied	Plan Year Balance	Available Balance
Medical Flex	\$2,000.00	\$27.98	\$0.00	\$27.98	\$0.00	\$1,972.02	\$1,972.02

- Select the **Profile** tab (Dependents or Summary) to review your personal and dependent information that's on file in the system.
- Select **Payment History** to see a detail of the claims that have been paid. You can click **View Detail** for more information about any claim.
- **Action Required** information will be displayed on the Home page at initial log in or within the Summary.

Plans: Your Pre-tax plan information is available at any time. To view this information, log on and click on the **Plan Descriptions** link from the Accounts dropdown.

Forms: You can download Pre-tax forms at any time. Log on and click on the **Forms** tab, and select the form you would like to download.

The forms are in .pdf format, requiring Adobe Acrobat Reader. You may download a free version of acrobat reader from the Adobe website:

<http://www.adobe.com/products/acrobat/readermain.html>.