

# FSA with Elite Benefit Card Participant Website Navigation Guide



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## Welcome to CONEXIS

CONEXIS is pleased you have elected a flexible spending account (FSA). As a valued participant, you will have access to many easy-to-use Web-based tools and expert customer support.

This navigation guide will assist you in learning the basic tools of the CONEXIS website. If you need further assistance, the CONEXIS participant services department is available Monday through Friday 7a.m. to 7 p.m. (CT).

We look forward to supporting your FSA account and providing service of unequalled excellence.

Sincerely,

CONEXIS

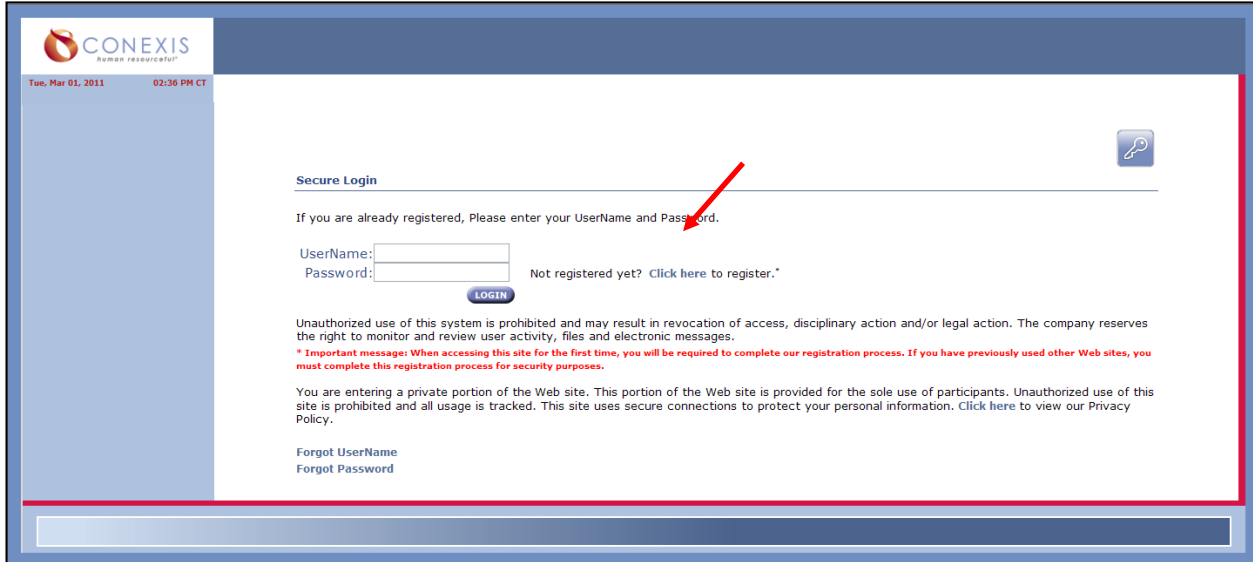
\* Please read the instructions outlined in this guide. The screen captures are subject to change and are for educational purposes only. Information on specific accounts may vary depending on plan details.



## Section 1 – Registering with the CONEXIS Website

Before logging in to your account, you are required to register with the CONEXIS website. To register, go to **<https://mybenefits.conexis.com>**.

Find ***Not Registered Yet?*** and then select ***Click Here***. A new window will open with a registration form.



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Tue, Mar 01, 2011 02:36 PM CT

**Secure Login**

If you are already registered, Please enter your UserName and Password.

UserName:

Password:  Not registered yet? [Click here to register.\\*](#)

**LOGIN**

Unauthorized use of this system is prohibited and may result in revocation of access, disciplinary action and/or legal action. The company reserves the right to monitor and review user activity, files and electronic messages.

**\* Important message: When accessing this site for the first time, you will be required to complete our registration process. If you have previously used other Web sites, you must complete this registration process for security purposes.**

You are entering a private portion of the Web site. This portion of the Web site is provided for the sole use of participants. Unauthorized use of this site is prohibited and all usage is tracked. This site uses secure connections to protect your personal information. [Click here to view our Privacy Policy.](#)

[Forgot UserName](#)  
[Forgot Password](#)



## Sign Up To View Your Healthcare Accounts

Manage your Healthcare accounts simply and securely, anytime and anywhere you have internet access. It takes just a few minutes to sign up. Your security is important and CONEXIS is committed to protecting your privacy. We use techniques to encrypt, safeguard and secure your personal information.

An E-mail address is required as we will send you an E-mail with a link that will allow you to activate your account. Without an E-mail address, you cannot activate your account online.

### Participant Details

First Name \*

Last Name \*

UserName \*  ?

E-mail \*  ?

Birth Date \*  ?

Confirm E-mail \*  ?

Phone No  ?

### Enter Password

Password \*  ?

Confirm Password \*  ?

### Enter Account Number OR Social Security Number

Account No  SSN \*  ?

Where do I find my account number?

### Password Questions

Question 1 \*  ?

Question 3 \*  ?

Answer 1 \*

Answer 3 \*

Question 2 \*  ?

Answer 2 \*

**Register**

Already Registered? [Sign On](#)

Fill in the required information in **Participant Details** and the **Password Questions** sections.

- Your account number is on the top right corner of all communications sent by CONEXIS
- If you have not yet received communications from CONEXIS, simply enter your Social Security number

Click **Register**.

An e-mail address is required to register.

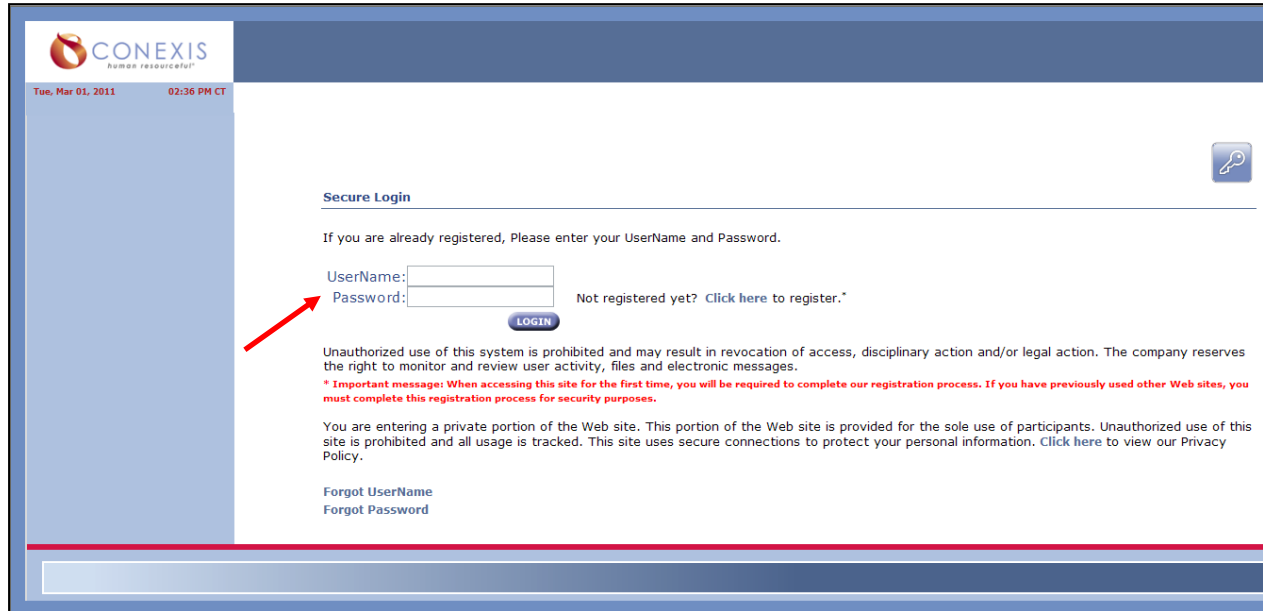
- If you don't have an e-mail address, you can obtain a free e-mail account from sites such as yahoo.com, gmail.com, etc.

You will receive an e-mail to complete the registration process and activate your Web profile. Follow the instructions in the e-mail to activate your account and complete the registration process.

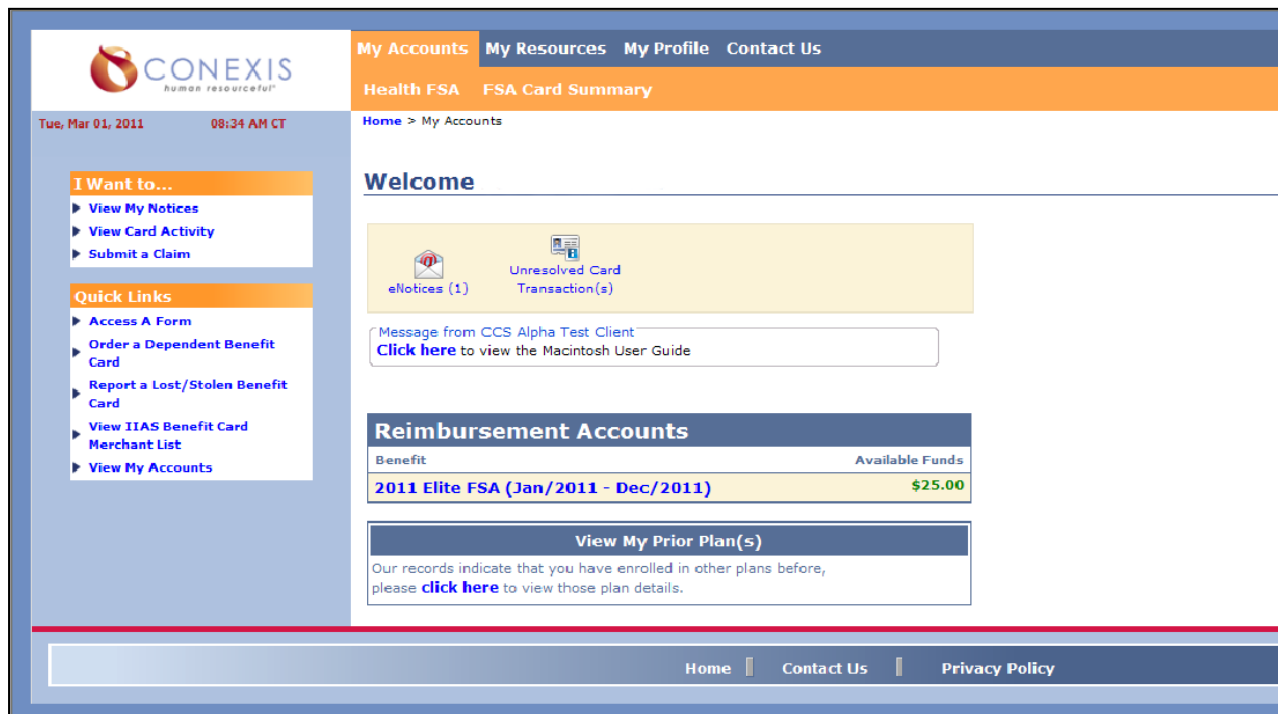


## Section 2 – Logging In and Accessing My Account

To access your account, go to <https://mybenefits.conexis.com>. Enter your username and password.



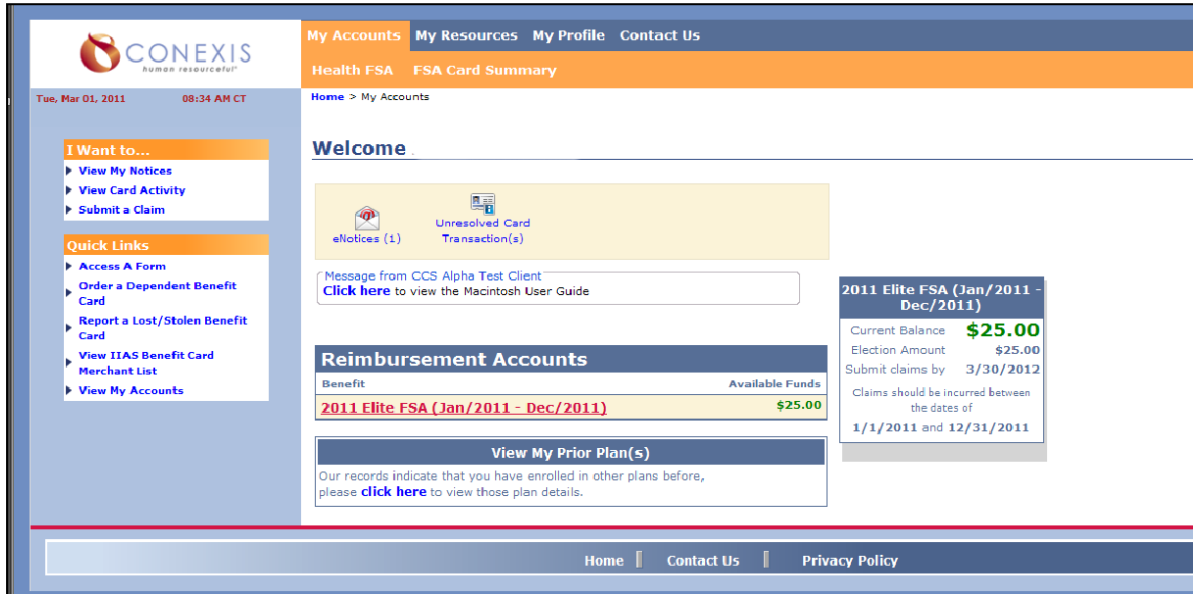
Once logged in, a home page with your specific account information will open.





## Section 3 – Home Page Features

From your home page, you can view notices, sign up for direct deposit, submit claims, and access important forms and additional account information.



The screenshot shows the CONEXIS home page with the following elements:

- Navigation:** My Accounts, My Resources, My Profile, Contact Us
- Sub-navigation:** Health FSA, FSA Card Summary
- Header:** Home > My Accounts
- Left Sidebar:**
  - I Want to...**
    - View My Notices
    - View Card Activity
    - Submit a Claim
  - Quick Links**
    - Access A Form
    - Order a Dependent Benefit Card
    - Report a Lost/Stolen Benefit Card
    - View IIAS Benefit Card Merchant List
    - View My Accounts
- Main Content:**
  - Welcome**
  - Unresolved Card Transaction(s)**
  - Message from CCS Alpha Test Client** (with a link to the Macintosh User Guide)
  - Reimbursement Accounts Table:**

Benefit	Available Funds
<b>2011 Elite FSA (Jan/2011 - Dec/2011)</b>	<b>\$25.00</b>
  - View My Prior Plan(s)** (with explanatory text)
  - 2011 Elite FSA (Jan/2011 - Dec/2011) Summary:**
    - Current Balance: **\$25.00**
    - Election Amount: \$25.00
    - Submit claims by: 3/30/2012
    - Claims should be incurred between the dates of 1/1/2011 and 12/31/2011
- Footer:** Home | Contact Us | Privacy Policy

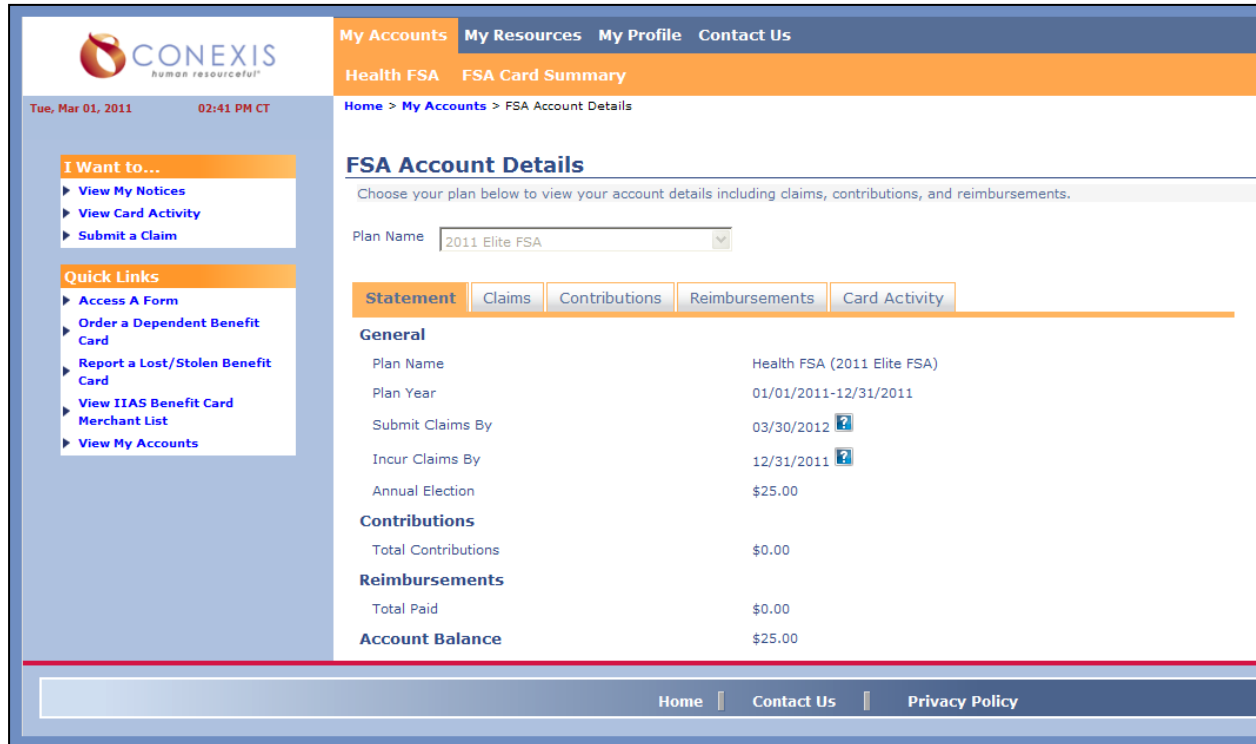
For a quick glance at your account, simply roll your cursor over the plan name. A box will appear with basic account information.

You may also view information from previous plan years from your home page. A link is located at the bottom of the page.



## Section 4 – FSA Account Details

To view more detailed account information, click the plan name on the home page. Links to your plans are also on the top of the page on the **My Accounts** tab. From this tab, you can view your **FSA Statement, Claims, Contributions, and Reimbursements**.



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**I Want to...**

- ▶ View My Notices
- ▶ View Card Activity
- ▶ Submit a Claim

**Quick Links**

- ▶ Access A Form
- ▶ Order a Dependent Benefit Card
- ▶ Report a Lost/Stolen Benefit Card
- ▶ View IIAS Benefit Card
- ▶ Merchant List
- ▶ View My Accounts

My Accounts | My Resources | My Profile | Contact Us

Health FSA | FSA Card Summary

Home > My Accounts > FSA Account Details

### FSA Account Details

Choose your plan below to view your account details including claims, contributions, and reimbursements.

Plan Name: 2011 Elite FSA

**Statement** | Claims | Contributions | Reimbursements | Card Activity

**General**

Plan Name	Health FSA (2011 Elite FSA)
Plan Year	01/01/2011-12/31/2011
Submit Claims By	03/30/2012 ?
Incur Claims By	12/31/2011 ?
Annual Election	\$25.00

**Contributions**

Total Contributions	\$0.00
---------------------	--------

**Reimbursements**

Total Paid	\$0.00
------------	--------

**Account Balance**

Account Balance	\$25.00
-----------------	---------

Home | Contact Us | Privacy Policy





### Claims Tab

Click the **Claims** tab to display a summary of your manual claims; including claim ID, service dates, and dollar amounts. There will also be a link to the **Details** screen, where you will see a breakdown of payments for each claim.

Choose your plan below to view your account details including claims, contributions, and reimbursements.

Plan Type

Statement **Claims** Contributions Reimbursements

Claim Id	Service Start	Service End	Item Amount	Amount Paid	Original Overpaid Amount	Remaining Overpaid Amount	Payment Status	
466118	12/10/2008	12/10/2008	\$10.00	\$10.00	N/A	N/A	Paid	<a href="#">Details</a>

**Reimbursement Details**

Check Number	Payment Type	Status	Amount
N/A	Card Offset	Approved	\$10.00

The details grid will display reimbursement information for the claim, including check number (if applicable), payment type, status, and amount. If the payment type displays “Card Offset,” then this claim was not reimbursed but was applied towards an ineligible card claim.

### Contributions Tab

The **Contributions** tab lists all participant contributions by type, date, and amount.

Choose your plan below to view your account details including claims, contributions, and reimbursements.

Plan Type

Statement Claims **Contributions** Reimbursements

Contribution Type	Date Processed	Pay Date	Amount
Payroll Deduction	05/30/2008	05/30/2008	\$15.00
Payroll Deduction	05/15/2008	05/15/2008	\$15.00
Payroll Deduction	04/30/2008	04/30/2008	\$15.00
Payroll Deduction	04/15/2008	04/15/2008	\$15.00
Payroll Deduction	03/31/2008	03/31/2008	\$15.00
Payroll Deduction	03/14/2008	03/14/2008	\$15.00
Payroll Deduction	02/29/2008	02/29/2008	\$15.00
Payroll Deduction	02/15/2008	02/15/2008	\$15.00
Payroll Deduction	01/31/2008	01/31/2008	\$15.00
Payroll Deduction	01/15/2008	01/15/2008	\$15.00



### Reimbursements Tab

The **Reimbursements** tab lists any manual claims that have been reimbursed including Payment ID/Type, Status, Date, Mailed Date, and Amount. Click **Details** to view the reimbursement detail information.

Payment ID/Type	Payment Status	Payment Date	Payment Mailed Date	Payment Amount	
ACH	Deposited	02/09/2009	N/A	\$266.14	<a href="#">Details</a>
ACH	Deposited	03/02/2009	N/A	\$256.39	<a href="#">Details</a>
ACH	Deposited	03/03/2009	N/A	\$22.62	<a href="#">Details</a>
ACH	Deposited	03/19/2009	N/A	\$6.48	<a href="#">Details</a>
ACH	Deposited	04/06/2009	N/A	\$212.10	<a href="#">Details</a>
ACH	Deposited	04/08/2009	N/A	\$109.50	<a href="#">Details</a>
ACH	Deposited	05/08/2009	N/A	\$487.36	<a href="#">Details</a>

### Reimbursement Details

Claim Id	Item Id	Service Start	Service End	Item Amount	Amount To Be Paid	Main Category	Sub Category
574890	4614663	01/25/2009	01/25/2009	\$35.00	\$35.00	Prescription	Copay
574890	4614664	01/25/2009	01/25/2009	\$35.00	\$35.00	Prescription	Copay
574890	4614665	01/22/2009	01/22/2009	\$6.10	\$6.10	Prescription	Copay
574890	4614666	01/22/2009	01/22/2009	\$10.00	\$10.00	Prescription	Copay
574890	4614660	01/20/2009	01/20/2009	\$30.00	\$30.00	Prescription	Copay
574890	4614661	01/20/2009	01/20/2009	\$60.00	\$60.00	Prescription	Copay
574890	4614662	01/14/2009	01/14/2009	\$35.00	\$35.00	Prescription	Copay
574890	4614667	01/09/2009	01/09/2009	\$35.00	\$35.00	Prescription	Copay
574890	4614669	01/05/2009	01/05/2009	\$20.04	\$20.04	Prescription	Over-the-counter medication

The details grid will display the details of the reimbursement.



## Section 5 – Accessing Forms

Log in to your account. Select *Access a Form*.

The screenshot shows the 'My Accounts' page with the following elements:

- Navigation:** My Accounts, My Resources, My Profile, Contact Us
- Sub-navigation:** Health FSA, Dependent Care, FSA Card Summary
- Header:** Tue, Nov 23, 2010 02:44 PM CT; Home > My Accounts; Home | Logout
- Left Sidebar:**
  - I Want to...**
    - View My Notices
    - View My Outstanding Card Transactions
    - Submit a Claim
  - Quick Links**
    - Access A Form** (highlighted with a red arrow)
    - Order a Dependent Benefit Card
    - Report a Lost/Stolen Benefit Card
    - View IIAS Benefit Card Merchant List
    - View My Accounts
- Main Content:**
  - Welcome**
  - 5 Action Required Card Transaction(s)**
  - Notice:** Our offices will be closed on November 25th and 26th in observance of the Thanksgiving Holiday. We will resume regular business hours Monday, November 29th.
  - Message from CCS Alpha Test Client:** Click here to view the Macintosh User Guide
  - Reimbursement Accounts Table:**

Benefit	Available Funds
Medical FSA 2010 (Jan/2010 - Dec/2010)	\$26.22
DCAP 2010 (Jan/2010 - Dec/2010)	\$6.26
  - View My Prior Plan(s)**: Our records indicate that you have enrolled in other plans before, please [click here](#) to view those plan details.

Select the appropriate form. From this page, select either an *Interactive Claim Form* or *PDF Form* for the reimbursement type that you are requesting (Benefit Card, Health FSA, Dependent Care, Commuter, etc.).

Medical Determination forms are also available on this screen.

The screenshot shows the 'Access A Form' page with the following elements:

- Navigation:** My Accounts, My Resources, My Profile, Contact Us
- Sub-navigation:** Health FSA, Dependent Care, FSA Card Summary
- Header:** Tue, Nov 23, 2010 02:47 PM CT; Home > My Resources > Access a Form; Home | Logout
- Left Sidebar:**
  - I Want to...**
    - View My Notices
    - View My Outstanding Card Transactions
    - Submit a Claim
  - Quick Links**
    - Access A Form**
    - Order a Dependent Benefit Card
    - Report a Lost/Stolen Benefit Card
    - View IIAS Benefit Card Merchant List
    - View My Accounts
- Main Content:**
  - Access A Form**: Speed up the claims submission process by using one our interactive claim forms that has your account information already filled in. You can also download claim forms PDFs for offline use.
  - Interactive Claim Forms**
    - Request for Reimbursement, **Health FSA**
    - Return Form, **Benefit Card**
    - Request for Reimbursement, **Dependent Care Spending Account**
  - PDF Forms**
    - Request for Reimbursement, **Health FSA**
    - Medical Determination Form**
    - Request for Reimbursement, **Dependent Care Spending Account**



## Benefit Return Form

Select **Return Form, Benefit Card**.



**Access A Form**

Speed up the claims submission process by using one our interactive claim forms that has your account information already filled in. You can also download claim forms PDFs for offline use.

**Interactive Claim Forms**

- Request for Reimbursement, [Health FSA](#)
- Return Form, [Benefit Card](#)**
- Request for Reimbursement, [Dependent Care Spending Account](#)

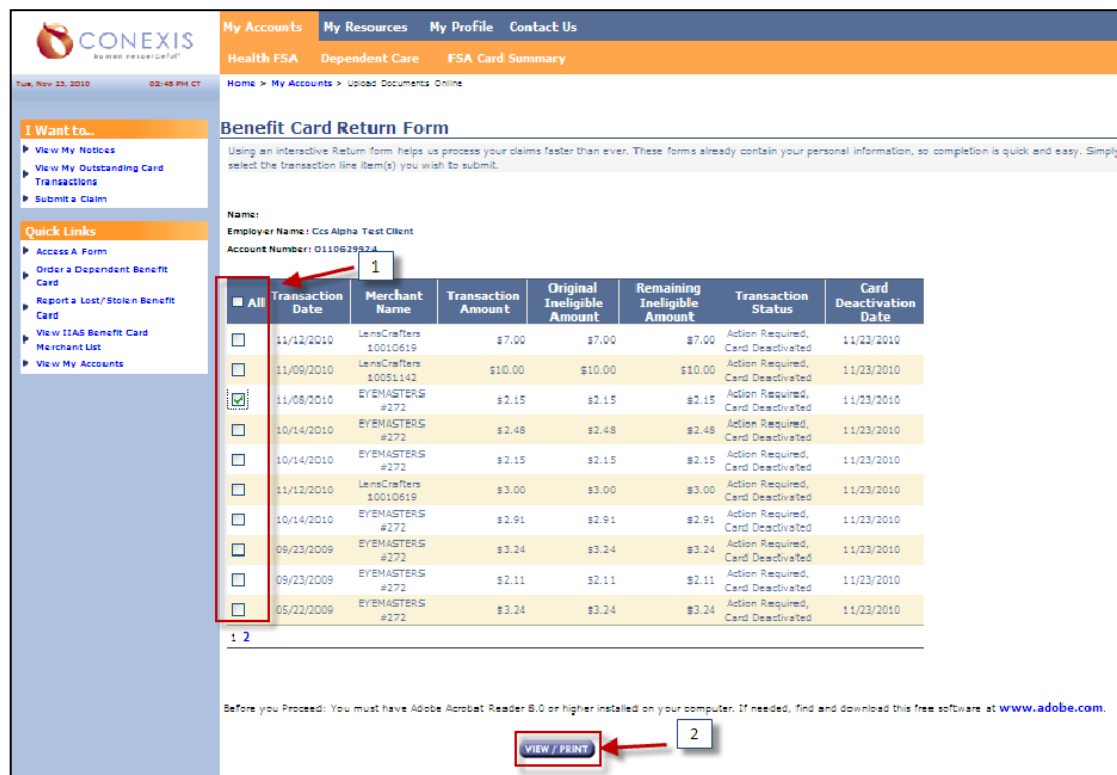
To use these forms below, you must have Adobe Acrobat Reader 8.0 or higher installed on your computer. You may obtain the most up-to-date version of the free Acrobat Reader software at [www.adobe.com](http://www.adobe.com).

**PDF Forms**

- Request for Reimbursement, [Health FSA](#)
- Medical Determination Form**
- Request for Reimbursement, [Dependent Care Spending Account](#)

From the **Benefit Card Return Form** screen:

1. Select unresolved transaction(s). You may select one or more transactions at this time.
2. Click **View/Print** to view the **Return Form PDF**.



**Benefit Card Return Form**

Using an interactive Return form helps us process your claims faster than ever. These forms already contain your personal information, so completion is quick and easy. Simply select the transaction line item(s) you wish to submit.

Name: \_\_\_\_\_  
 Employer Name: Ccs Alpha Test Client  
 Account Number: 0110629824

<input type="checkbox"/>	Transaction Date	Merchant Name	Transaction Amount	Original Ineligible Amount	Remaining Ineligible Amount	Transaction Status	Card Deactivation Date
<input type="checkbox"/>	11/12/2010	LensCrafters 10010619	\$7.00	\$7.00	\$7.00	Action Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	11/09/2010	LensCrafters 10051142	\$10.00	\$10.00	\$10.00	Action Required, Card Deactivated	11/23/2010
<input checked="" type="checkbox"/>	11/08/2010	EYEMASTERS #272	\$2.15	\$2.15	\$2.15	Action Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	10/14/2010	EYEMASTERS #272	\$2.48	\$2.48	\$2.48	Action Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	10/14/2010	EYEMASTERS #272	\$2.15	\$2.15	\$2.15	Action Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	11/12/2010	LensCrafters 10010619	\$3.00	\$3.00	\$3.00	Action Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	10/14/2010	EYEMASTERS #272	\$2.91	\$2.91	\$2.91	Action Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	09/23/2009	EYEMASTERS #272	\$3.24	\$3.24	\$3.24	Action Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	09/23/2009	EYEMASTERS #272	\$2.11	\$2.11	\$2.11	Action Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	05/22/2009	EYEMASTERS #272	\$3.24	\$3.24	\$3.24	Action Required, Card Deactivated	11/23/2010

1 2


Before you Proceed: You must have Adobe Acrobat Reader 8.0 or higher installed on your computer. If needed, find and download this free software at [www.adobe.com](http://www.adobe.com).

**VIEW / PRINT**



- You may save or print PDF.
- You should also send the completed **Return Form** to CONEXIS via online, fax, or mail along with supporting documentation or payment.

## Elite Benefit Card Return Form



Sample Participant 6191 N State Hwy 161 STE 400 Irving, TX 75038	Account Number: 0110629924 Form: CLF18	Date: 11/23/2010 Employer ID: 32986 Employer: CCS Alpha Test Client
--	---	---

Transactions Requiring Action

Date	Merchant	Action Required Amount	Transaction Amount	Card Deactivation Date	Check One
11/08/2010	EYEMASTERS #272	\$2.15	\$2.15	11/23/2010	<input type="checkbox"/> Documentation <input type="checkbox"/> Payment

The information reflected in this notice is current as of the end of last month. If you have recently submitted supporting documentation or payment to clear the item(s) listed above, please disregard this notice.

CONEXIS is required to review Benefit Card transactions and verify that all purchases meet federal tax regulation guidelines. The transaction(s) listed above require verification. To verify your transaction(s), please submit this return form along with the appropriate supporting documentation. See below for a list of acceptable documentation. When submitting documentation to CONEXIS, please be sure to check "Documentation" (above) next to all applicable transactions.

If you do not have the appropriate supporting documentation or your transaction(s) is ineligible per federal guidelines, please submit this return form along with payment to CONEXIS at the address below. When submitting payment to CONEXIS, please be sure to check "Payment" (above) next to all applicable transactions.

If CONEXIS does not receive supporting documentation or payment by the card deactivation date listed above, your card may be deactivated and/or manual claims may be applied against this expense to resolve the balance due.

Per federal guidelines acceptable forms of documentation include:

- Explanation of Benefits (EOB) from your health, dental, or vision plan.
- Itemized receipt from your doctor or other health care provider that includes the date of service, provider's name, dollar amount, and a service/item description.
- For prescription drugs, a pharmacy statement including the name of the pharmacy, patient's name, date of fill, cost, Rx number, and name of the drug.
- Do not send canceled checks, account balance statements, balance forward statements, or credit card receipts.

Where to Return Your Form


Fax form with documentation attached:	(888) 888-8812
Payment mailing address:	CONEXIS FSA Receipt Review P.O. Box 227197 Dallas, TX 75222

*Please keep all original documentation for your records and only send copies to CONEXIS.*

Signature

Date

I certify the expenses listed for reimbursement are eligible health care expenses under the Internal Revenue Code and my employer's Flexible Benefits Plan ("Plan"). I further certify the listed expenses have been received by me, my spouse, or my dependent on the dates indicated and have not been submitted previously for reimbursement under the Plan; such items have not and will not be covered by any other Plan or program of any employer or other person.





## Interactive Claim Form

The first page of the *Interactive Claim Form* lists the participant's information and gives the instructions.

### Request for Reimbursement - Health FSA

Please be sure to carefully follow the instructions and guidelines outlined below to ensure your claims submission meets IRS requirements regarding acceptable supporting documentation. Failure to follow these guidelines may result in the rejection of your claim.

#### Employee Information

**Name:** Tracy Best  
**Employer Name:** Sample Company  
**Account Number:** 99999999  
**Address:** 123 Main Street  
**City:** Middletown      **State:** TX      **Zip:** 99999  
**Daytime Phone:**

#### Request for Reimbursement - Health Flexible Spending Account Instructions

- Complete Claim Information (available on the next page) in its entirety. Please ensure your supporting documentation clearly indicates the requested amount.
- Attach Acceptable Supporting Documentation as described below. (When attaching small receipts, we suggest you tape them to a standard size sheet of paper.)
  - Itemized Statement or bill from your provider including:
    - Provider name
    - Patient name
    - Description of service
    - Original date of service (the date of service, not the date of payment must fall within the plan year for which you are enrolled and while you are a participant in the plan)
    - Patient portion of charge(s); or
  - Explanation of Benefits (EOB) from your insurance carrier; or
  - Pharmacy Statement including:
    - Patient name
    - Prescribing physician
    - RX number
    - Name of the drug
    - Date the RX was filled
    - Co-payment amount

**\*Unacceptable Documentation includes the following:**

    - Cancelled Checks
    - Prescribing physician
    - Credit / cash receipts (An itemized cash register receipt is acceptable for eligible over-the-counter expenses)
    - Balance forward statements
- Print form
- Sign and date **Employee Certification**
- To ensure the quickest receipt, review and reimbursement of your claim, please fax this form and any supporting documentation to:  
**Fax: (877) 233-7041**

Claims may also be submitted by mail to the address below. All mailed claims must adhere to our submission guidelines available for [click here](#).

Flexible Spending Accounts  
P. O. Box 226190  
Dallas, TX 75222

Please be aware the claims submitted by mail may be subject to delays in receipt and review. For quicker turnaround of your claim, please submit your claim and supporting documentation by fax.

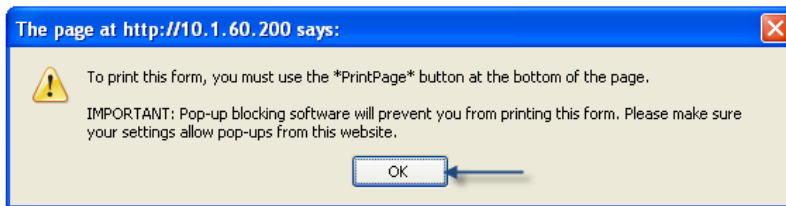
**NOTE:** If you fax your reimbursement claim, please do not also mail the form. Submitting duplicate claims can lead to significant delays in the processing of your claims.

**NEXT** ←

Read the filing instructions and select *NEXT*.



Upon clicking *NEXT*, a pop-up window will appear:



You will be informed that you must use the “Print Page” button to print the completed form. It will also remind you to change settings if necessary to allow pop-ups. Make sure your pop-up blocker allows pop-up from this site or you will not be able to print your Claim Form.

You may now fill out your *Interactive Claim Form*.

To fill out the form you must:

- a) Select the *Patient Name* and *Claim Type*; enter *Amount Requested*, *Service Start Date*, and *Service End Date*. Please note: If the eligible dependent is listed in the drop-down box, select the dependent name. If the eligible dependent is not listed, you must select *Unlisted Eligible* for dependent expenses.
- b) Click *Add Item* to **save** your entry. Repeat this process to **add** another claim.
- c) Click **Supporting Documentation** box based on product type (EOB, Transit form, Dependent Care receipt, etc.).
- d) Click *PRINT PAGE* when completed

Step 2: Interactive Form

### Request for Reimbursement - Health FSA

Using an interactive claim form helps your administrator process your claims faster than ever. Interactive forms are pre-populated with your personal information, which makes completion quick and easy. Simply enter the claim line items you wish to submit, then print and fax the form for quick and accurate processing.

**Name:** Jan Doe  
**Employer Name:** Potlatch Corporation  
**Account Number:** 0110097961

Patient Name	Claim Type	Amount Requested	Service Start Date	Service End Date	
Unlisted Eligible	Medical	20.00	2/1/2010	2/1/2010	<div style="text-align: right; font-size: x-small;">To delete a line, click the red X.</div> <div style="text-align: center;"> <span style="color: red; font-weight: bold; font-size: 1.2em;">X</span>  <span style="background-color: red; color: white; padding: 2px 5px; font-weight: bold;">Add Item</span> </div>

Select the check box that indicates what sort of supporting documentation that you have for this claim.

**Total Items: 0**

**Total Amount Requested: \$ 0.00**

The Total Items and Total Amount Requested will help you ensure you have added all claims

Enter all claim information and click **Add Item**. Continue to add lines for as many claims as you have to submit.

**Supporting Documentation**

I have attached copies of Explanation of Benefits (EOB) for deductible and coinsurance requests.

I have attached itemized bills for any expenses not covered by medical, dental or vision insurance.

To use these forms, you must have Adobe Acrobat Reader 8.0 or higher installed on your computer. You may obtain the most up-to-date version of the free Acrobat Reader software at [www.adobe.com](http://www.adobe.com).


If you have difficulty with this page, please make sure your pop-up blocker is off, or use the form listed under [PDF Forms](#).

PRINT PAGE
CANCEL

When you click *PRINT PAGE*, a claim form will generate and appear in a new window.



When viewing the claim form, you may go back to the Interactive Forms page and make changes as needed. Simply click the orange header on the website that reads **Step 2: Interactive Claim Form** to return and make any changes necessary. When changes are made, click **PRINT PAGE** again to generate a new Claim form for printing.



**Request for Reimbursement**  
**Health Flexible Savings Account**

**Employee Information**

Employer Name: Ipsos Insight, Inc

Employee Name: Jane Doe Account Number / SSN: 0105425721

Street Address: 121 Wonder Lane Daytime Phone Number: \_\_\_\_\_

City: Dallas State: TX Zip Code: 75053

Do you want to know if CONEXIS received and processed your claim? Please provide your e-mail address:

E-mail address: eriveraqa@conexisqa.com

Patient Name	Service Start Date	Service End Date	Amount Requested	Claim Type
Unlisted Eligible	02/02/2010	02/02/2010	\$50.00	Medical
<b>Total Amount Requested:</b>			<b>\$50.00</b>	

**Supporting Documentation**

I have attached copies of Explanation of Benefits (EOBs) for deductible and coinsurance requests.

I have attached itemized bills for expenses not covered by medical, dental or vision insurance.

**Employee Certification**

- I certify the expenses listed for reimbursement are eligible healthcare expenses under the Internal Revenue Code and my employer's Flexible Benefits Plan ("Plan");
- I certify the services listed above have been received by me, my spouse, or my dependent on the dates indicated;
- I certify these expenses have not been submitted previously for reimbursement under the Plan and such items have not and will not be covered by any other plan or program of any employer or other person;
- I certify the services listed above were not purchased with my CONEXIS Flexible Spending Benefit Card (if applicable);
- I understand my employer does not accept responsibility for direct payment to any individuals other than the employee;
- I understand the expenses reimbursed may not be used to claim any federal income tax deduction or credit;
- I understand any unused contributions will be forfeited to my employer at the end of the plan year;
- I understand that I may be required to provide further details about some expenses, including a statement from a medical practitioner that the expense is for a specific medical condition;
- If my employer has adopted a grace period, I understand eligible expenses incurred and approved during a grace period will be paid first from any available amounts remaining in the plan year to which the grace period applies and then from the current plan year. If claims are submitted out of order, CONEXIS will provide a one-time recalculation at the end of the run-out period;
- In the event of an erroneous or excess reimbursement, I understand I am required to reimburse the Plan for the improperly paid amount. I further understand failure to repay the Plan could result in adverse income tax consequences;
- By providing my e-mail address, I authorize CONEXIS to send account information to me via e-mail.

Medical expenses which have been reimbursed under this plan are not deductible for income tax purposes.


**\* Only the total amount supported by the attached documentation (receipts) will be paid.**

Employee Signature

Date

Web: <http://mybenefits.conexis.com>

Fax: (888) 866-3312 Phone: (866) 279-8385



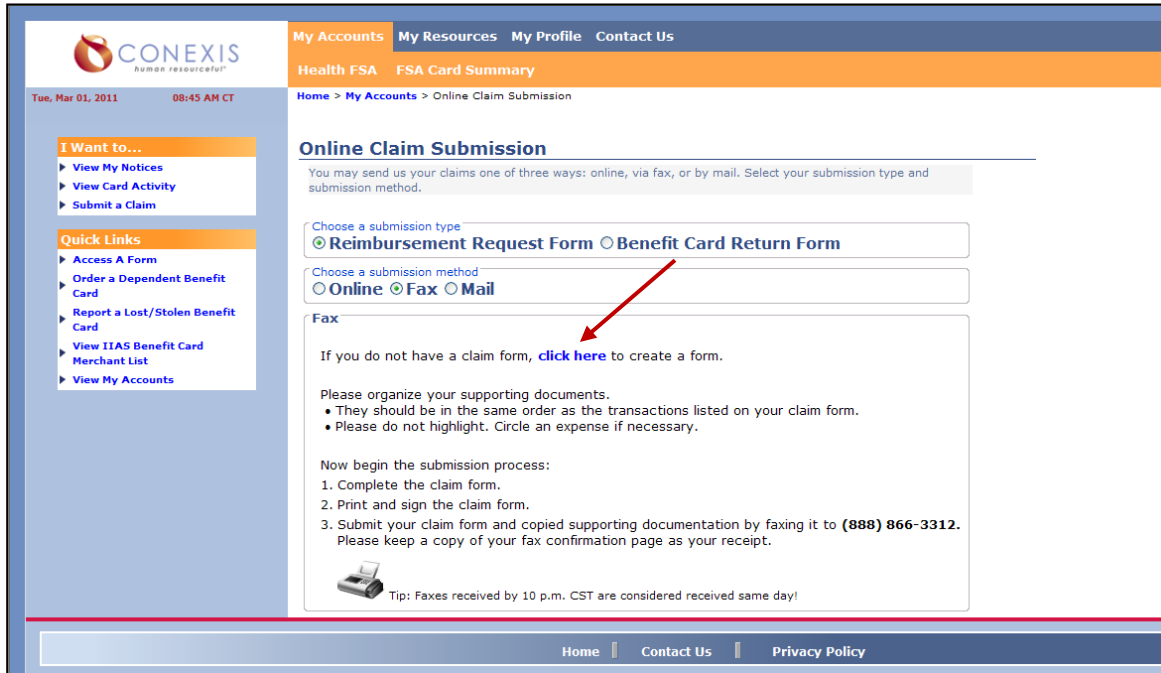
Print, sign, and date the form once you have completed your claim.







From this page, choose a Reimbursement Request Form or Benefit Card Return Form for the submission type and then select your preferred claim submission method – fax, mail, or online. If you choose to submit your claim using the online submission process, please skip to page 20 for step-by-step instructions. If you choose fax or mail and need a form, select *click here* to access the appropriate form. For information on Accessing Forms, please see page 11.



## Fax Submissions

To submit by fax, include your completed form, all supporting documentation (receipts, EOBs, etc.), and fax to the number on your *Fax Claim Submission* screen.





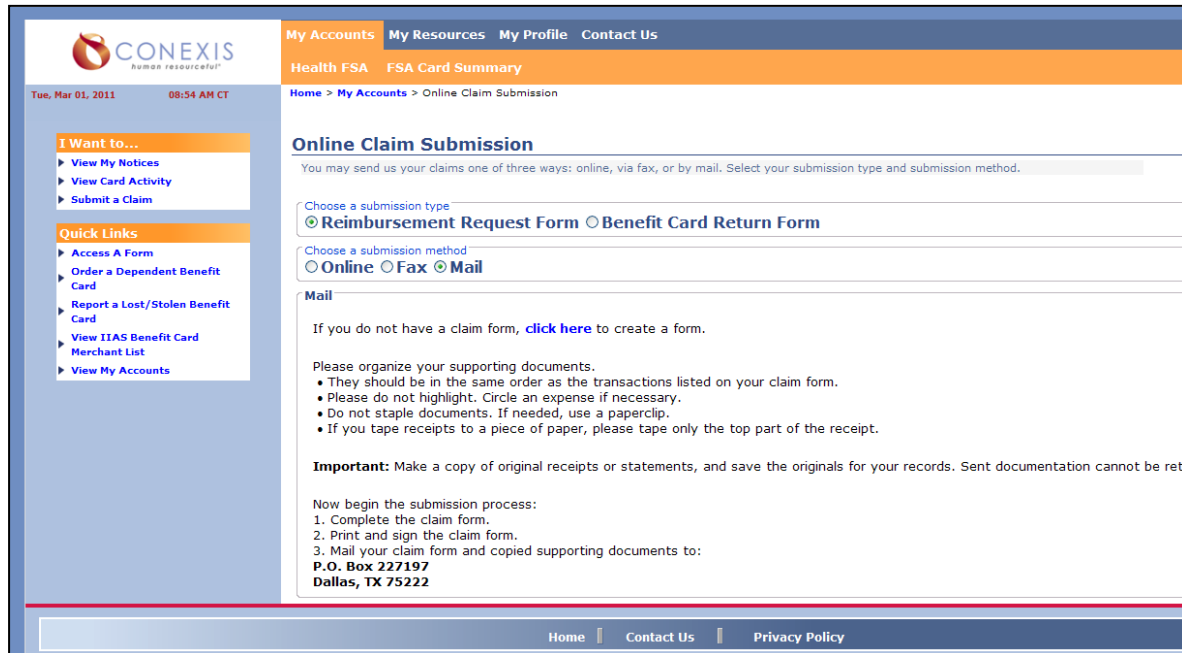
Please allow one to three days for processing. Your claim status will be posted in your online account.

*Note: Always save your fax confirmation sheet. Keeping this will allow CONEXIS to quickly locate your transmission if there are any issues (e.g., unreadable, missing information).*

### Mail Submissions

To submit by mail, include your form, copies of your supporting documentation\* (receipts, EOBs, etc.), and mail to the address found on your **Mail Claim Submission** screen.

*\*Please send copies, not the originals.*



The screenshot shows the 'Online Claim Submission' page on the CONEXIS website. The page is titled 'Online Claim Submission' and provides instructions for submitting claims via mail. It includes a navigation menu with options like 'My Accounts', 'My Resources', 'My Profile', and 'Contact Us'. The main content area is titled 'Online Claim Submission' and contains the following text:

You may send us your claims one of three ways: online, via fax, or by mail. Select your submission type and submission method.

Choose a submission type  
 Reimbursement Request Form  Benefit Card Return Form

Choose a submission method  
 Online  Fax  Mail

**Mail**

If you do not have a claim form, [click here](#) to create a form.

Please organize your supporting documents.

- They should be in the same order as the transactions listed on your claim form.
- Please do not highlight. Circle an expense if necessary.
- Do not staple documents. If needed, use a paperclip.
- If you tape receipts to a piece of paper, please tape only the top part of the receipt.

**Important:** Make a copy of original receipts or statements, and save the originals for your records. Sent documentation cannot be returned.

Now begin the submission process:

1. Complete the claim form.
2. Print and sign the claim form.
3. Mail your claim form and copied supporting documents to:  
**P.O. Box 227197**  
**Dallas, TX 75222**

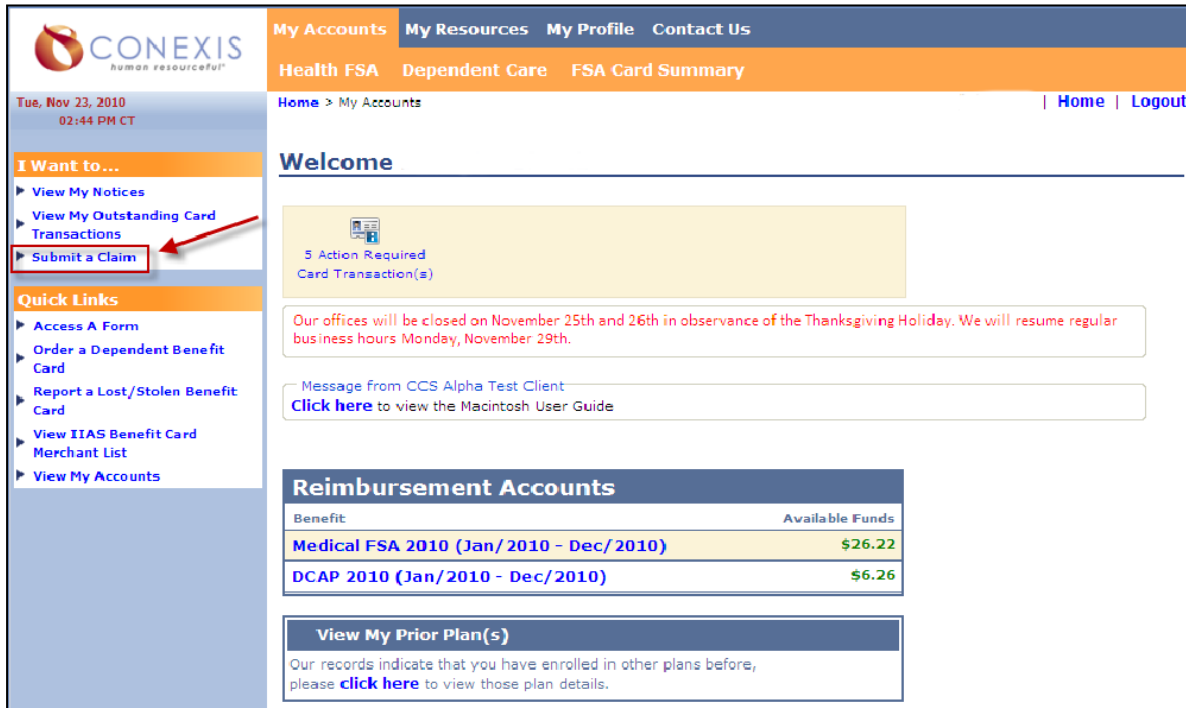
The page also features a sidebar with 'I Want to...' and 'Quick Links' sections, and a footer with 'Home', 'Contact Us', and 'Privacy Policy' links.

Please allow for mailing time and one to three days for processing. Your claim status will be posted in your online account.



## Section 7 – Online Claim Submission

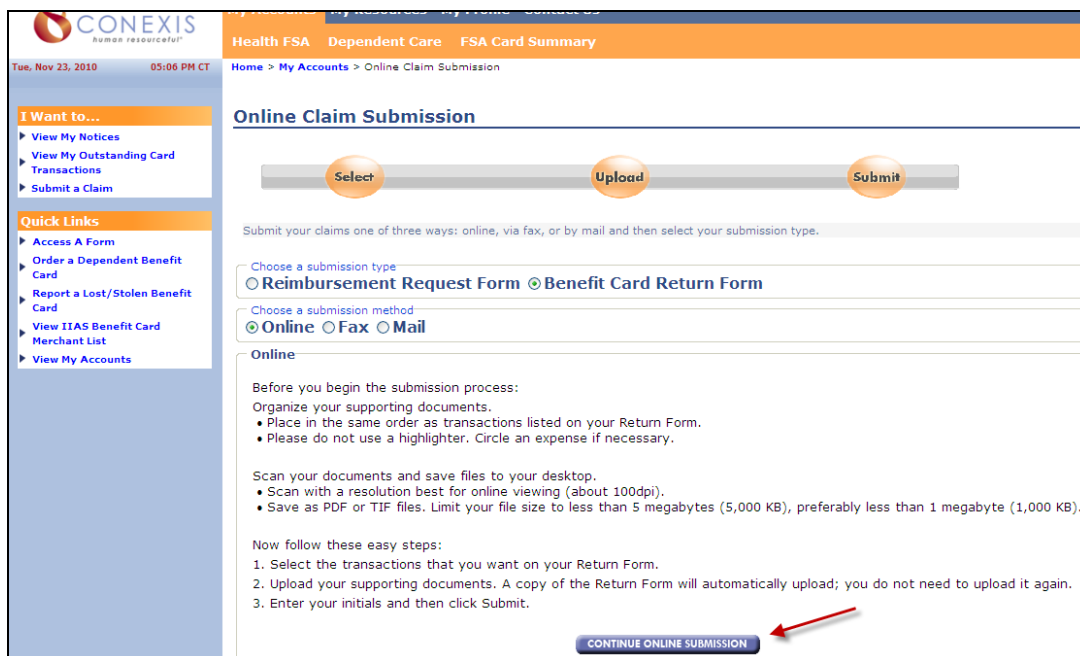
- 1) Log in to your account and then select *Submit a Claim*.



The screenshot shows the CONEXIS user interface. The top navigation bar includes 'My Accounts', 'My Resources', 'My Profile', and 'Contact Us'. Below this, there are links for 'Health FSA', 'Dependent Care', and 'FSA Card Summary'. The main content area is titled 'Welcome' and features a '5 Action Required Card Transaction(s)' notification. A red arrow points to the 'Submit a Claim' link in the 'I Want to...' menu on the left. Below the menu, there are 'Quick Links' and a 'Reimbursement Accounts' table.

Benefit	Available Funds
Medical FSA 2010 (Jan/2010 - Dec/2010)	\$26.22
DCAP 2010 (Jan/2010 - Dec/2010)	\$6.26

- 2) Select the appropriate submission type for your request and *Online* as the submission method.
- 3) Select *Continue Online Submission*.



The screenshot shows the 'Online Claim Submission' page. The top navigation bar includes 'Health FSA', 'Dependent Care', and 'FSA Card Summary'. The main content area is titled 'Online Claim Submission' and features a progress bar with 'Select', 'Upload', and 'Submit' steps. Below the progress bar, there are instructions on how to submit claims and a 'CONTINUE ONLINE SUBMISSION' button highlighted with a red arrow.

Submit your claims one of three ways: online, via fax, or by mail and then select your submission type.

Choose a submission type  
 Reimbursement Request Form  Benefit Card Return Form

Choose a submission method  
 Online  Fax  Mail

**Online**

Before you begin the submission process:

- Organize your supporting documents.
  - Place in the same order as transactions listed on your Return Form.
  - Please do not use a highlighter. Circle an expense if necessary.

Scan your documents and save files to your desktop.

- Scan with a resolution best for online viewing (about 100dpi).
- Save as PDF or TIF files. Limit your file size to less than 5 megabytes (5,000 KB), preferably less than 1 megabyte (1,000 KB).

Now follow these easy steps:

1. Select the transactions that you want on your Return Form.
2. Upload your supporting documents. A copy of the Return Form will automatically upload; you do not need to upload it again.
3. Enter your initials and then click Submit.

**CONTINUE ONLINE SUBMISSION**



When Benefit Return Form is the chosen submission type

Select Transactions

1. You will be prompted to select the unresolved transaction(s) then click **Upload Documentation**.

**Benefit Card Return Form**

Using an interactive Return Form helps us process your claims faster than ever. These forms already contain your personal information, so completion is quick and easy. Simply select the transaction line item(s) you wish to submit.

Name:  
Employer Name: Ccs Alpha Test Client  
Account Number: 0110629234

<input type="checkbox"/>	Transaction Date	Merchant Name	Transaction Amount	Original Ineligible Amount	Remaining Ineligible Amount	Transaction Status	Card Deactivation Date
<input type="checkbox"/>	11/12/2010	LensCrafters 10010619	\$7.00	\$7.00	\$7.00	Action Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	11/09/2010	LensCrafters 10051142	\$10.00	\$10.00	\$10.00	Action Required, Card Deactivated	11/23/2010
<input checked="" type="checkbox"/>	11/08/2010	EYEMASTERS #272	\$2.15	\$2.15	\$2.15	Action Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	10/14/2010	EYEMASTERS #272	\$2.48	\$2.48	\$2.48	Action Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	10/14/2010	EYEMASTERS #272	\$2.15	\$2.15	\$2.15	Action Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	11/12/2010	LensCrafters 10010619	\$3.00	\$3.00	\$3.00	Action Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	10/14/2010	EYEMASTERS #272	\$2.91	\$2.91	\$2.91	Action Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	09/23/2009	EYEMASTERS #272	\$3.24	\$3.24	\$3.24	Action Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	09/23/2009	EYEMASTERS #272	\$2.11	\$2.11	\$2.11	Action Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	05/22/2009	EYEMASTERS #272	\$3.24	\$3.24	\$3.24	Action Required, Card Deactivated	11/23/2010

1 2

Before you Proceed: You must have Adobe Acrobat Reader 6.0 or higher installed on your computer. If needed, find and download this free software at [www.adobe.com](http://www.adobe.com).

**VIEW / PRINT**

2. Read the pop-up, it will inform you that the **Return Form** will automatically upload.

**Claim Upload**

Select Upload Submit

To upload your scanned document(s), click Browse and find the files on your computer. Select Add to upload files; they will appear in the box below. If you need to Delete a File, select it and then click Remove. When you have uploaded all files, select Submit. You will receive a confirmation number once files have been submitted.

**Important Note:** Uploading large files will affect upload times. Preferred size is less than 100 KB. In order to get your scanned files to meet this size, they should be scanned at 100 dpi and saved as black-and-white PDF or TIF files.

Browse... ADD REMOVE

967b8ba0-bb6a-4a7b-bcac9-c61599a8d77d.pdf  
2WavConnct.pdf (152 KB)


I certify the expenses listed for reimbursement are eligible health care expenses under the Internal Revenue Code and my employer's Flexible Benefits Plan. I further certify the listed expenses have been received by me, my spouse, or my dependent on the dates indicated and have not been submitted previously for reimbursement under the Plan; such items have not and will not be covered by any other Plan or program of any employer or other person.

Enter your initials and then click Submit.  **SUBMIT**

Add initials and select Submit



3. Click **Browse**.
4. Locate your supporting documentation file, and select **open** to place document in browser box.
5. Click **Add** to move document to upload box.
  - a. Repeat his process to add more files.



**Claim Upload**

To upload your scanned document(s), click **Browse** and find the files on your computer. Select **Add** to upload files; they will appear in the box below. If you need to delete a file, select it and then click **Remove**. When you have uploaded all files, select **Submit**. You will receive a confirmation number once files have been submitted.

**Important Note:** Uploading large files will affect upload times. Preferred size is less than 100 KB. In order to get your scanned files to meet this size, they should be scanned at 100 dpi and saved as black-and-white PDF or TIF files.

I certify the expenses listed for reimbursement are eligible health care expenses under the Internal Revenue Code and my employer's Flexible Benefits Plan. I further certify the listed expenses have been received by me, my spouse, or my dependent on the dates indicated and have not been submitted previously for reimbursement under the Plan; such items have not and will not be covered by any other Plan or program of any employer or other person.

Enter your initials and then click **Submit**.

6. Enter your initials and select **Submit**.



**Claim Upload**

To upload your scanned document(s), click **Browse** and find the files on your computer. Select **Add** to upload files; they will appear in the box below. If you need to delete a file, select it and then click **Remove**. When you have uploaded all files, select **Submit**. You will receive a confirmation number once files have been submitted.

**Important Note:** Uploading large files will affect upload times. Preferred size is less than 100 KB. In order to get your scanned files to meet this size, they should be scanned at 100 dpi and saved as black-and-white PDF or TIF files.

567b8ba0-bb6a-d9a7b-bac9-c61995a8d77d.pdf  
2WayConnect.pdf (152 KB)

I certify the expenses listed for reimbursement are eligible health care expenses under the Internal Revenue Code and my employer's Flexible Benefits Plan. I further certify the listed expenses have been received by me, my spouse, or my dependent on the dates indicated and have not been submitted previously for reimbursement under the Plan; such items have not and will not be covered by any other Plan or program of any employer or other person.

Enter your initials and then click **Submit**.

Add initials and select **Submit**



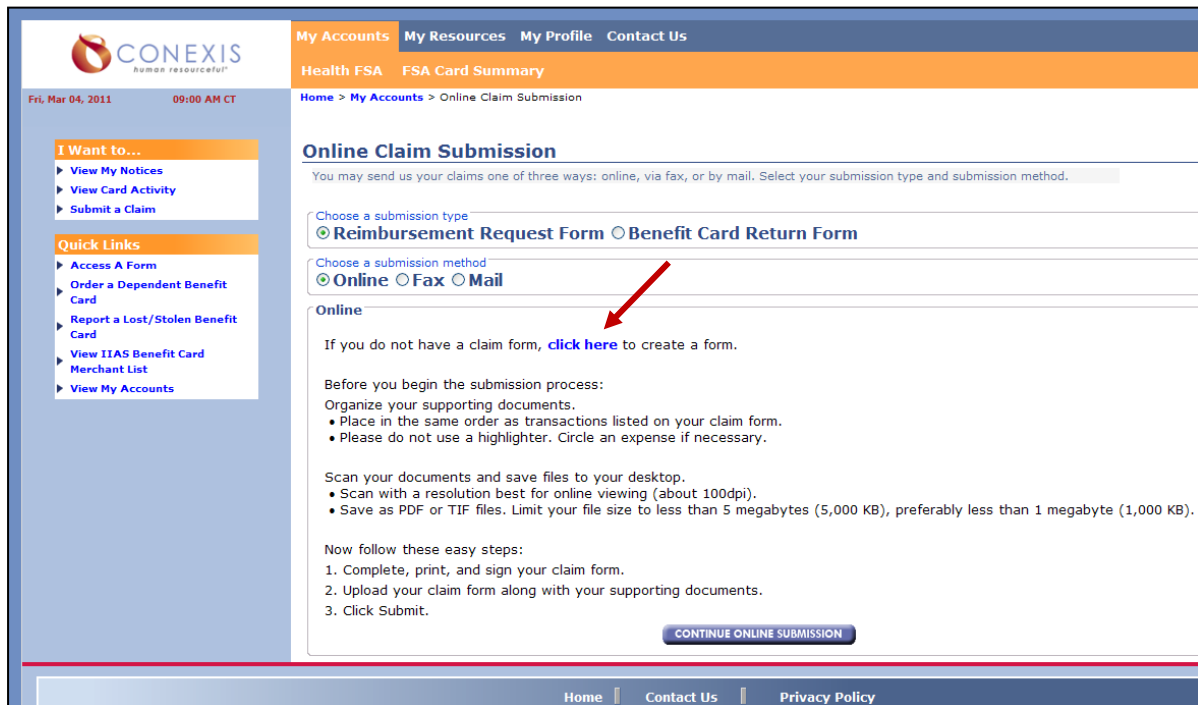
7. View and print confirmation page.
8. To submit another claim, select *click here*.



The screenshot shows the 'Online Claim Submitted' page. The left sidebar contains navigation links under 'I Want to...' (View My Notices, View My Outstanding Card Transactions, Submit a Claim) and 'Quick Links' (Access A Form, Order a Dependent Benefit Card, Report a Lost/Stolen Benefit Card, View IIAS Benefit Card Merchant List, View My Accounts). The main content area displays a confirmation message: 'Thank you for submitting your claim using the CONEXIS Web site. Your confirmation number is CXD-228750606.' Below this, it states that claims are processed within one to three business days and provides a link to 'click here' to submit another claim. The top navigation bar includes 'My Accounts', 'My Resources', 'My Profile', and 'Contact Us', with sub-links for 'Health FSA', 'Dependent Care', and 'FSA Card Summary'.

When Reimbursement Request Form is the chosen submission type

If you have not already completed a claim form, you can download the appropriate one by selecting *click here*.

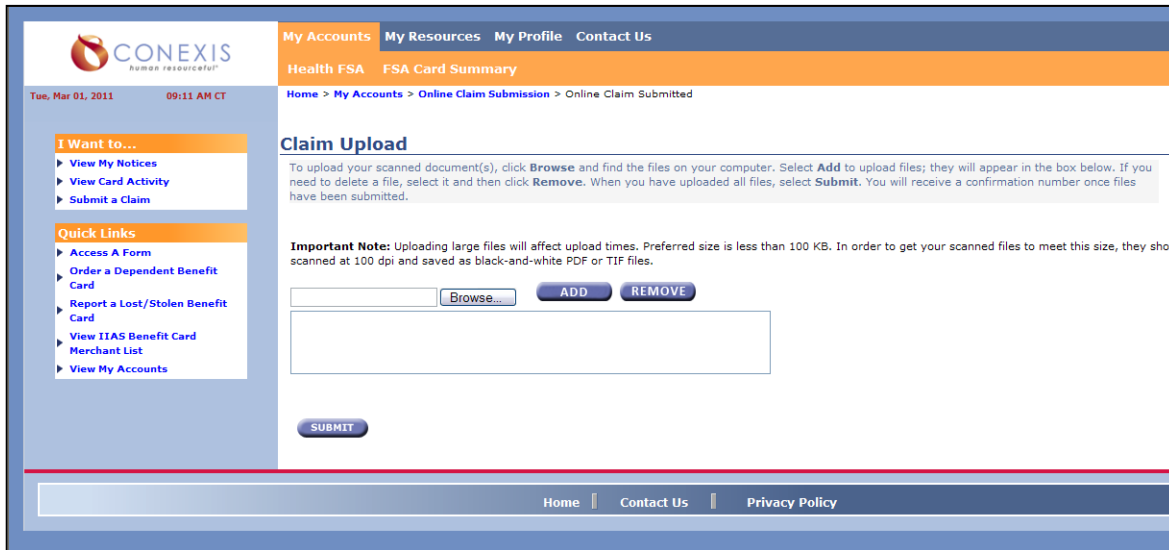


The screenshot shows the 'Online Claim Submission' form. The left sidebar is identical to the previous screenshot. The main content area is titled 'Online Claim Submission' and includes instructions on how to submit claims (online, via fax, or by mail). It features two radio button options for submission type: 'Reimbursement Request Form' (selected) and 'Benefit Card Return Form'. Below this, there are radio button options for submission method: 'Online' (selected), 'Fax', and 'Mail'. A red arrow points to the 'click here' link in the 'Online' section, which says 'If you do not have a claim form, click here to create a form.' The page also provides instructions on organizing supporting documents and scanning them, followed by a 'CONTINUE ONLINE SUBMISSION' button. The bottom navigation bar includes 'Home', 'Contact Us', and 'Privacy Policy'.

Once your form has been completed, printed, and signed, you are ready to submit your claim information. Click *Continue Online Submission*.



1. Click **Browse**.
2. Locate the supporting document file, and select **open** to place document in browser box.
3. Click **Add** to move document to upload box.
  - b. Repeat this process to add more files.
4. Then select **Submit**.



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Tue, Mar 01, 2011 09:11 AM CT

Home > My Accounts > Online Claim Submission > Online Claim Submitted

**Claim Upload**

To upload your scanned document(s), click **Browse** and find the files on your computer. Select **Add** to upload files; they will appear in the box below. If you need to delete a file, select it and then click **Remove**. When you have uploaded all files, select **Submit**. You will receive a confirmation number once files have been submitted.

**Important Note:** Uploading large files will affect upload times. Preferred size is less than 100 KB. In order to get your scanned files to meet this size, they should be scanned at 100 dpi and saved as black-and-white PDF or TIF files.

Browse... ADD REMOVE

SUBMIT

Home | Contact Us | Privacy Policy

5. View and print confirmation page.
6. To submit another claim, select **click here**.



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Thu, Dec 02, 2010 09:29 AM CT

Home > My Accounts > Online Claim Submission > Online Claim Submitted | Home | Logout

Thank you for submitting your claim using the CONEXIS Web site. Your confirmation number is **CXD-228750606**.

Generally, claims are processed and prepared for payment within one to three business days following the date of submission. If your claim is denied or requires further action, you will receive notification from CONEXIS regarding the reason for denial and information regarding the next steps (where applicable).

If you would like to submit another claim, [click here](#)

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I Want to...  
View My Notices  
View My Outstanding Card Transactions  
Submit a Claim

Quick Links  
Access A Form  
Order a Dependent Benefit Card  
Report a Lost/Stolen Benefit Card  
View IIAS Benefit Card Merchant List  
View My Accounts



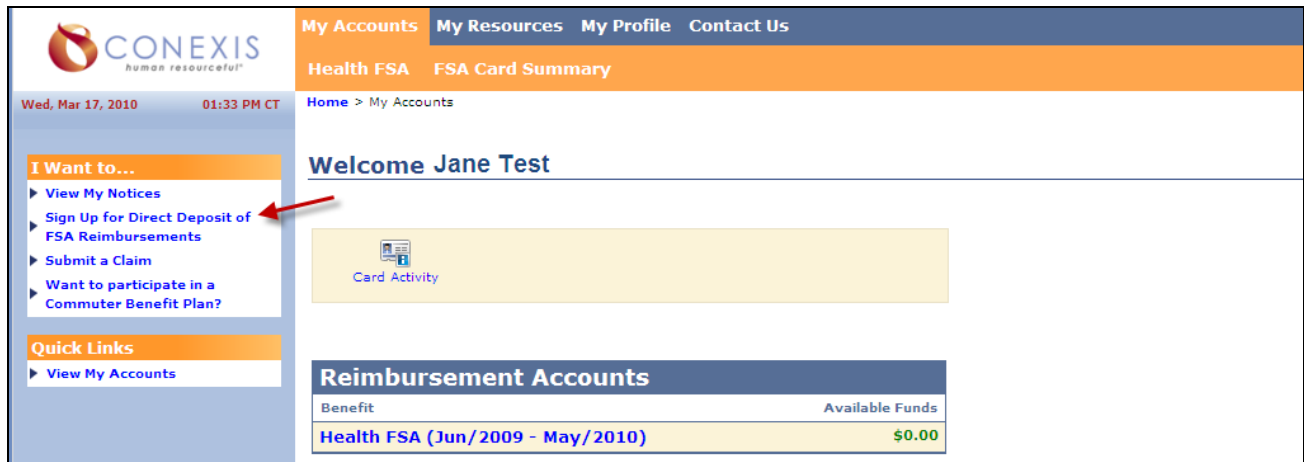


## Section 8 – Setting Up Direct Deposit

Go to <https://mybenefits.conexis.com>. Log in to your account, or register if you are a first-time user (see instructions on page 4).

*Note: Pop-up blockers and ad-aware software should be disabled for the CONEXIS website. CONEXIS contains no advertisements or pop-ups that are not part of the user experience so blockers may be safely disabled.*

Once logged in, click **Sign Up for Direct Deposit of FSA Reimbursements** in the **I Want to...** box.



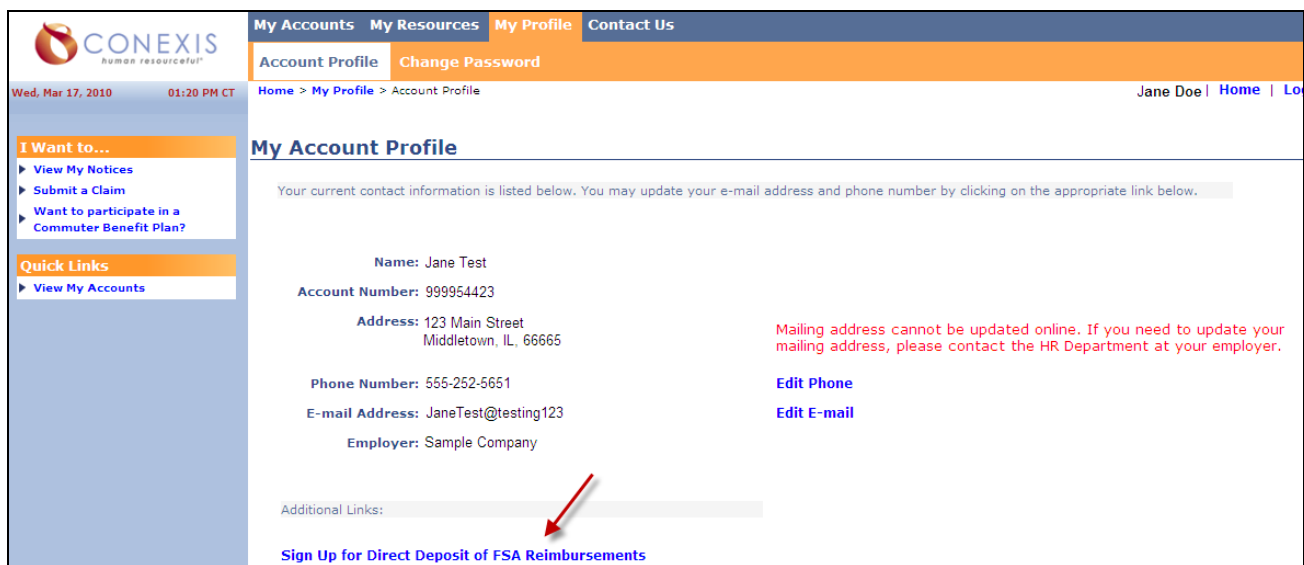
The screenshot shows the 'My Accounts' page. The top navigation bar includes 'My Accounts', 'My Resources', 'My Profile', and 'Contact Us'. Below this, there are tabs for 'Health FSA' and 'FSA Card Summary'. The main content area displays 'Welcome Jane Test' and a 'Card Activity' section. A table titled 'Reimbursement Accounts' shows the following data:

Benefit	Available Funds
Health FSA (Jun/2009 - May/2010)	\$0.00

In the left sidebar, under 'I Want to...', the link 'Sign Up for Direct Deposit of FSA Reimbursements' is highlighted with a red arrow.

This is also accessible from the **My Profile** page, by clicking **Sign Up for Direct Deposit of FSA Reimbursements**.

*Note: Use this link to modify your direct deposit setup information any time in the future.*



The screenshot shows the 'My Account Profile' page. The top navigation bar includes 'My Accounts', 'My Resources', 'My Profile', and 'Contact Us'. Below this, there are tabs for 'Account Profile' and 'Change Password'. The main content area displays 'My Account Profile' and lists the user's contact information:

Name: Jane Test  
 Account Number: 999954423  
 Address: 123 Main Street  
 Middletown, IL, 66665  
 Phone Number: 555-252-5651  
 E-mail Address: JaneTest@testng123  
 Employer: Sample Company

Additional Links: [Sign Up for Direct Deposit of FSA Reimbursements](#)

A red arrow points to the 'Sign Up for Direct Deposit of FSA Reimbursements' link. A note on the right side of the page states: 'Mailing address cannot be updated online. If you need to update your mailing address, please contact the HR Department at your employer.'

1. From this screen, select **Add/Modify**, select the **Bank Account** type, and enter the **Routing Number** and **Bank Account Number**. Click **NEXT** when complete.



If you are unsure where to find the routing and bank about number, click *How do I find my bank account and routing number?*

### Sign Up for Direct Deposit of FSA Reimbursements

You may sign up for direct deposit or modify your existing banking information by choosing 'Add/Modify' below. You may revoke your direct deposit enrollment by choosing 'Revoke.'

**Choose an Option**

Add/Modify

**Authorize Direct Deposit**

**Bank Account Type:**  Checking  Saving

**Bank Routing Number:**

**Confirm Bank Routing Number:**

**Bank Account Number:**

**Confirm Bank Account Number:**

[How do I find my bank account and routing number?](#)



2. Read the **Authorization Agreement for Direct Deposit**. Verify your banking and personal information.
  - a. If everything is correct, check the box that says **I have read and agree to the above terms** and then click **SUBMIT**.
  - b. If you would like a copy of this agreement for your records, click **PRINT PAGE**.
  - c. If you need to make a change to your information from the prior page, click **PREV**.

### Sign Up for Direct Deposit of FSA Reimbursements

Please review all the information on this page. If you agree with the authorization for direct deposit (ACH Credits) or you are revoking the authorization you agreed upon previously continue to the next page by agreeing to the terms and submitting your information.

#### AUTHORIZATION AGREEMENT for Direct Deposit (ACH Credits)

Company Name: Sample Company  
Company ID Number: 9999

I (we) hereby authorize CONEXIS, hereinafter called COMPANY, to initiate credit entries to my (our) checking shown below at the depository financial institution named below, hereinafter called DEPOSITORY. This authorization is for deposit of the dollar amount of eligible and verified claims submitted against my (our) flexible benefits plan. I (we) further authorize COMPANY to reverse any credit entry made in error to my (our) account at the below named DEPOSITORY.

This authorization applies to the account provided.

Bank Name: **Not Available**  
Bank Routing Number: \*\*\*\*\*2333  
Bank Account Number: \*\*\*\*\*6789

The authorization is to remain in full force and effect until COMPANY has received notification via the Web site or in writing from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. COMPANY may terminate this option at any time, as authorized by applicable law. I understand that this is for the reimbursements from my employer-sponsored flexible benefits plan.

All other terms and conditions of my (our) insurance coverage remain as explained in the policy notification(s) previously provided to me (us).

Name(s): Jane Test  
ID Number: 999954423  
Email Address: JaneTest@testing123  
Authorization Date: 3/17/2010 1:51:59 PM

I attest that I am an authorized signatory for the account given above and may be subject to prosecution for fraud if I provide false information.

Please print and retain a copy of this authorization for your records.

I have read and agree with the above terms

PRINT PAGE

PREV

SUBMIT

Upon clicking **SUBMIT**, a confirmation window will appear. Click **PRINT PAGE** to print a copy for your records.

### Sign Up for Direct Deposit of FSA Reimbursements Confirmation

Your direct deposit action is confirmed. You may print a copy of this confirmation page for your records by clicking the 'Print Page' button below.

Action: **Added Direct Deposit**  
Bank Name:  
Account #: \*\*\*\*\*6789  
Routing #: \*\*\*\*\*2333  
Type: **checking**  
Email: JaneTest@testing123  
Date: 3/17/2010 3:04:51 PM

PRINT PAGE

HOME



## Section 9 – Elite Card Online Management Instructions

CONEXIS offers several online features and tools to help you manage your **Elite Benefit Card**. If you need to order a dependent card, report a lost or stolen card, or simply review your account information, the CONEXIS website is available anytime, day or night. Simply log in to your account at <https://mybenefits.conexis.com>.

### Order a Dependent Card

To order a dependent card, click *FSA Card Summary* from your account home page.



My Accounts | My Resources | My Profile | Contact Us

Health FSA | **FSA Card Summary**

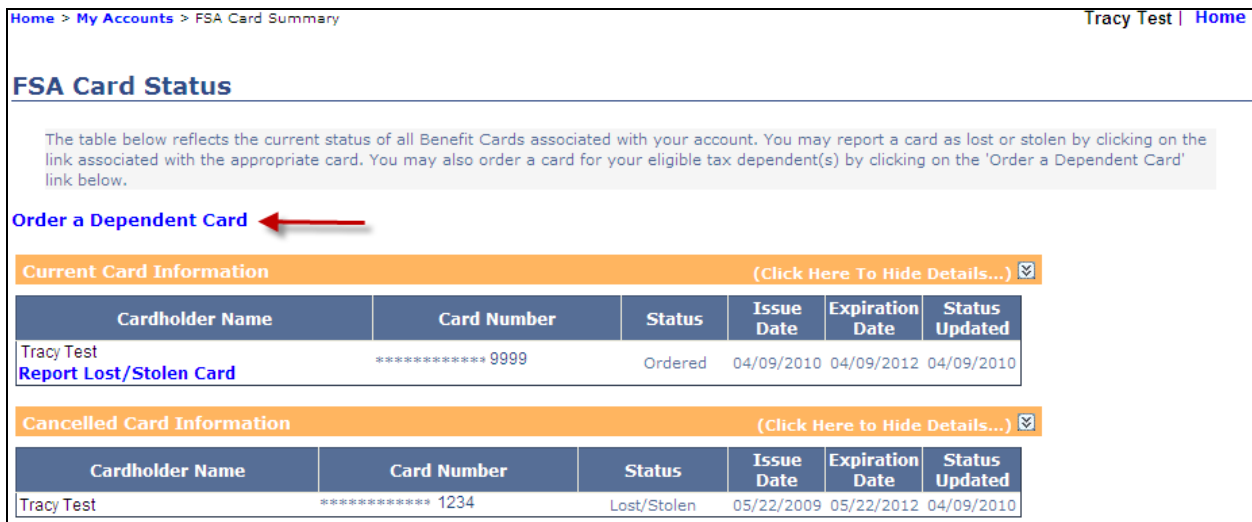
Home > My Accounts

Welcome Tracy Test

Card Activity

Reimbursement Accounts	
Benefit	Available Funds
Health FSA (Jun/2009 - May/2010)	\$0.00

From here, click *Order a Dependent Card*.



Home > My Accounts > FSA Card Summary Tracy Test | Home

### FSA Card Status

The table below reflects the current status of all Benefit Cards associated with your account. You may report a card as lost or stolen by clicking on the link associated with the appropriate card. You may also order a card for your eligible tax dependent(s) by clicking on the 'Order a Dependent Card' link below.

**Order a Dependent Card** ←

Current Card Information <span style="float: right;">(Click Here To Hide Details...) ⌵</span>						
Cardholder Name	Card Number	Status	Issue Date	Expiration Date	Status Updated	
Tracy Test	***** 9999	Ordered	04/09/2010	04/09/2012	04/09/2010	<a href="#">Report Lost/Stolen Card</a>

Cancelled Card Information <span style="float: right;">(Click Here to Hide Details...) ⌵</span>						
Cardholder Name	Card Number	Status	Issue Date	Expiration Date	Status Updated	
Tracy Test	***** 1234	Lost/Stolen	05/22/2009	05/22/2012	04/09/2010	



Enter the required dependent information. By clicking the checkbox, you certify that the dependent is age 18 or older and the card will only be used for eligible expenses.

Click **NEXT** to continue.



**My Accounts** | **My Resources** | **My Profile** | **Contact Us**

**Health FSA** | **FSA Card Summary**

Home > My Accounts > FSA Card Summary > Add Dependent Card

### Request an Additional Benefit Card - Step 1

Please enter the complete dependent details.

First Name:  \*

Last Name:  \*

Date of Birth:  \* (Ex: MM/DD/YYYY)

SSN:  \* (Ex: 999-99-9999)

I certify that the information I am entering is for a primary family member over the age of 18 and that this card will only be used for eligible expenses.

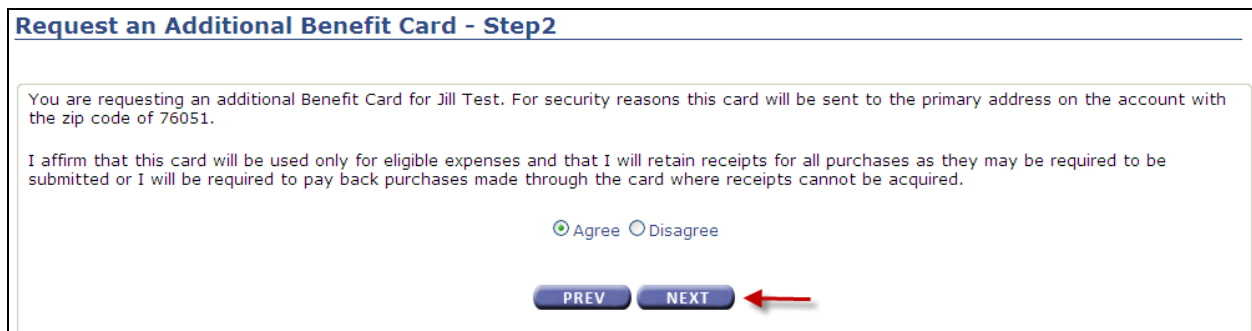
\* Required fields

**NEXT**

The card information listed on the next screen notes that the card will be sent to the **primary address**. You must click the box to affirm that the card will be used only for eligible expenses.

*Note: You can check the primary address that CONEXIS has on file under **My Profile**. If the address on file is not correct, please notify the appropriate contact at your employer so that it can be updated*

If you agree to these terms, click **NEXT** to continue.



### Request an Additional Benefit Card - Step 2

You are requesting an additional Benefit Card for Jill Test. For security reasons this card will be sent to the primary address on the account with the zip code of 76051.

I affirm that this card will be used only for eligible expenses and that I will retain receipts for all purchases as they may be required to be submitted or I will be required to pay back purchases made through the card where receipts cannot be acquired.

Agree  Disagree

**PREV** **NEXT**

You should receive your dependent benefit card in 10 to 15 business days. Your dependent needs to activate the new card prior to use by calling the phone number on the sticker attached to the card.



## Report a Card as Lost or Stolen

To report a card as lost or stolen, click **FSA Card Summary** from your account home page.



My Accounts My Resources My Profile Contact Us

Health FSA **FSA Card Summary**

Home > My Accounts

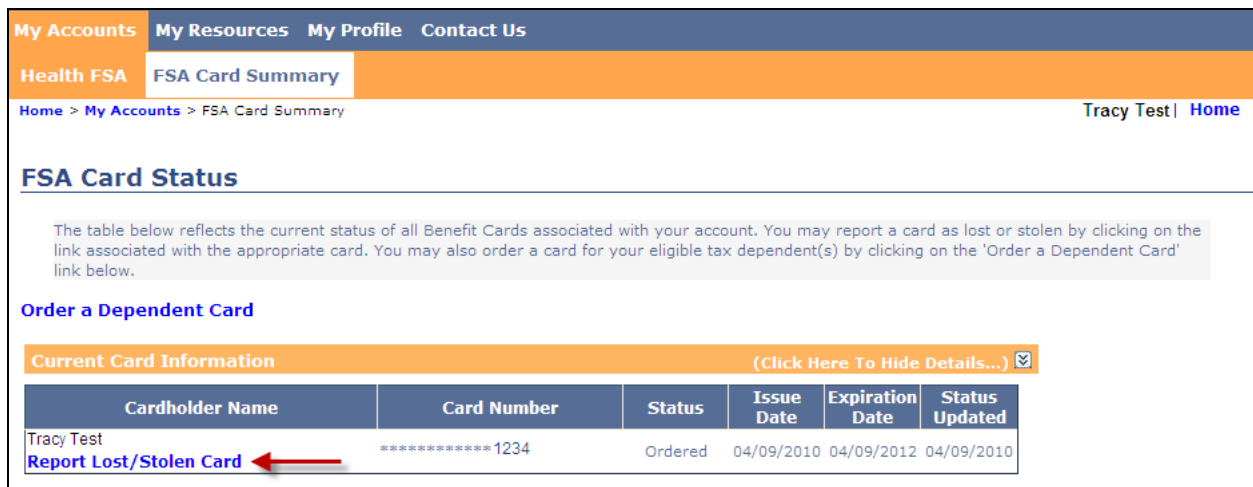
Welcome Tracy Test

Card Activity

**Reimbursement Accounts**

Benefit	Available Funds
Health FSA (Jun/2009 - May/2010)	\$0.00

From here, click **Report Lost/Stolen Card** next to the card that needs to be replaced.



My Accounts My Resources My Profile Contact Us

Health FSA **FSA Card Summary**

Home > My Accounts > FSA Card Summary Tracy Test | Home

**FSA Card Status**

The table below reflects the current status of all Benefit Cards associated with your account. You may report a card as lost or stolen by clicking on the link associated with the appropriate card. You may also order a card for your eligible tax dependent(s) by clicking on the 'Order a Dependent Card' link below.

**Order a Dependent Card**

Current Card Information (Click Here To Hide Details...)

Cardholder Name	Card Number	Status	Issue Date	Expiration Date	Status Updated
Tracy Test	*****1234	Ordered	04/09/2010	04/09/2012	04/09/2010

[Report Lost/Stolen Card](#)

*Note: If there are dependent cards associated with your account, they will be listed on this screen as well. Make sure that you are selecting the correct card to report as lost or stolen.*



From the next screen, select a reason for reporting this card lost or stolen and click ***SUBMIT***. This will automatically deactivate your reported card and order a new card.

Health FSA
FSA Card Summary

Home > My Accounts > FSA Card Summary > Lost / Stolen Card

## Report Lost/Stolen Card

Please select a reason and click on submit to report a card as Lost/Stolen.

**Cardholder Name** Tracy Test

**Card Number** \*\*\*\*\* 1234

**Status** Ordered

**Issue Date** 04/09/2010

**Expiration Date** 04/09/2012

**Card Status Update Date** 04/09/2010

Select a Reason Select a reason

Select a reason

Lost

Stolen

Not Received

\* Please allow 7 business days for new card to arrive.

SUBMIT

When you return to the **FSA Card Summary** page, the reported card will display a “Lost/Stolen” status, and the new card will display an “Ordered” status.

Home > My Accounts > FSA Card Summary Tracy Test | Home | Logout

### FSA Card Status

The table below reflects the current status of all Benefit Cards associated with your account. You may report a card as lost or stolen by clicking on the link associated with the appropriate card. You may also order a card for your eligible tax dependent(s) by clicking on the 'Order a Dependent Card' link below.

[Order a Dependent Card](#)

**Current Card Information**
(Click Here To Hide Details...)

Cardholder Name	Card Number	Status	Issue Date	Expiration Date	Status Updated
Tracy Test	***** 9999	Ordered	04/09/2010	04/09/2012	04/09/2010
<a href="#">Report Lost/Stolen Card</a>					

**Cancelled Card Information**
(Click Here to Hide Details...)

Cardholder Name	Card Number	Status	Issue Date	Expiration Date	Status Updated
Tracy Test	***** 1234	Lost/Stolen	05/22/2009	05/22/2012	04/09/2010

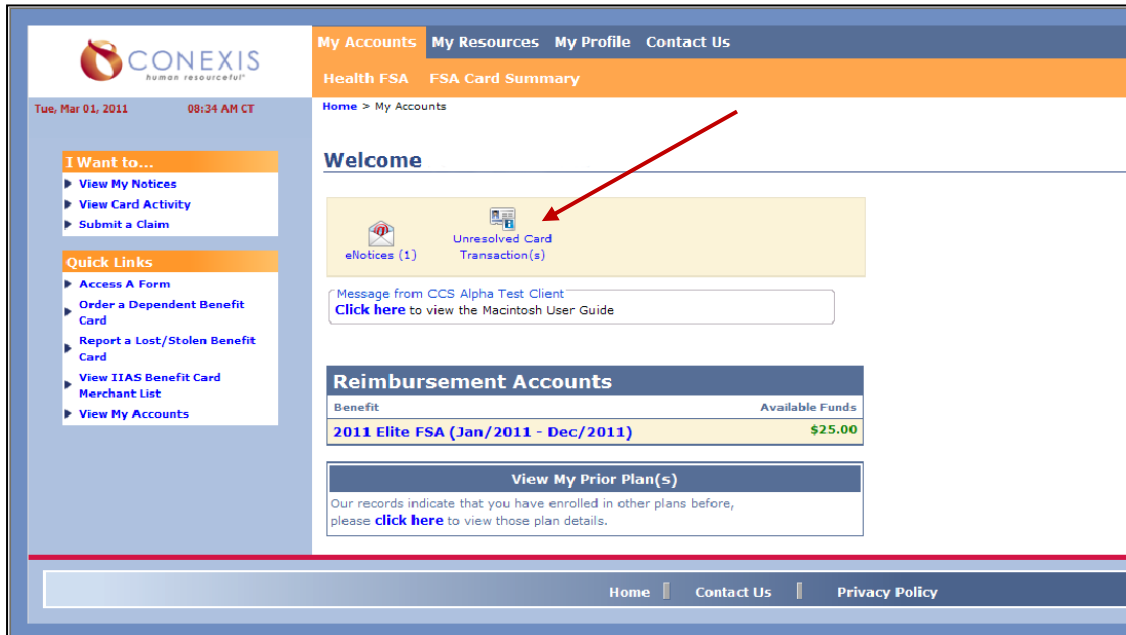
Please allow 10 to 15 business days for receipt of the new card. Once received, activate your new card prior to use by calling the phone number on the sticker attached to the card



## Make an Online Payment

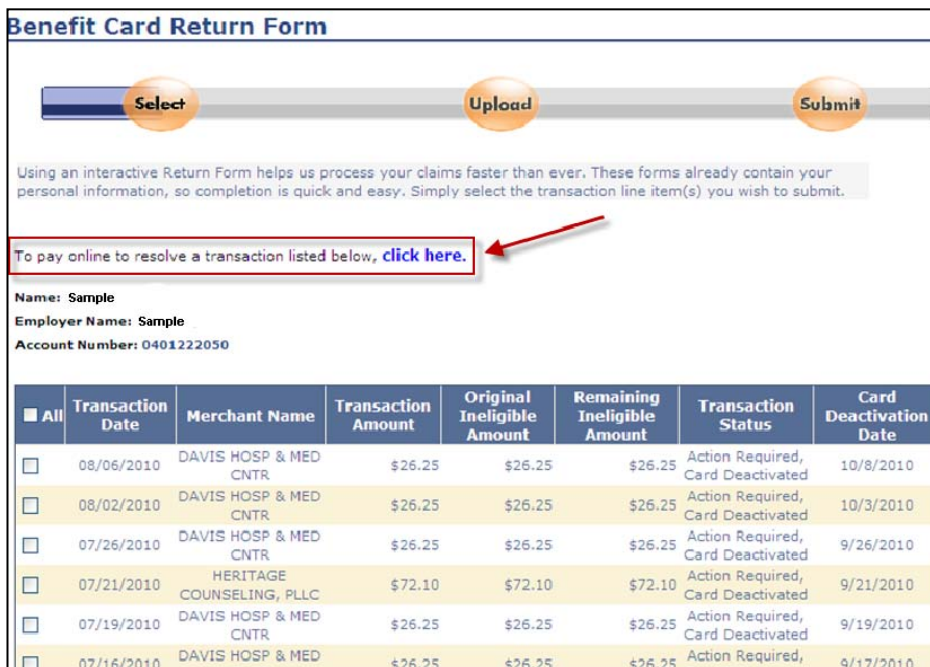
Elite Benefit cardholders can resolve action required transactions by paying online with an electronic check. The electronic check may be from a checking or savings account. Debit or credit cards are not accepted.

Log in to your account and select the *Unresolved Card Transaction(s)*.



The screenshot shows the CONEXIS user interface. At the top, there are navigation tabs for 'My Accounts', 'My Resources', 'My Profile', and 'Contact Us'. Below these are 'Health FSA' and 'FSA Card Summary'. A breadcrumb trail shows 'Home > My Accounts'. The main content area has a 'Welcome' message and a yellow box with 'Unresolved Card Transaction(s)' highlighted by a red arrow. Below this is a message from 'CCS Alpha Test Client' with a 'Click here' link. A 'Reimbursement Accounts' table shows '2011 Elite FSA (Jan/2011 - Dec/2011)' with 'Available Funds' of '\$25.00'. A 'View My Prior Plan(s)' button is also present.

*Benefit Card Return Form* will be displayed. From this form, click *To pay online to resolve a transaction listed below*, [click here](#).



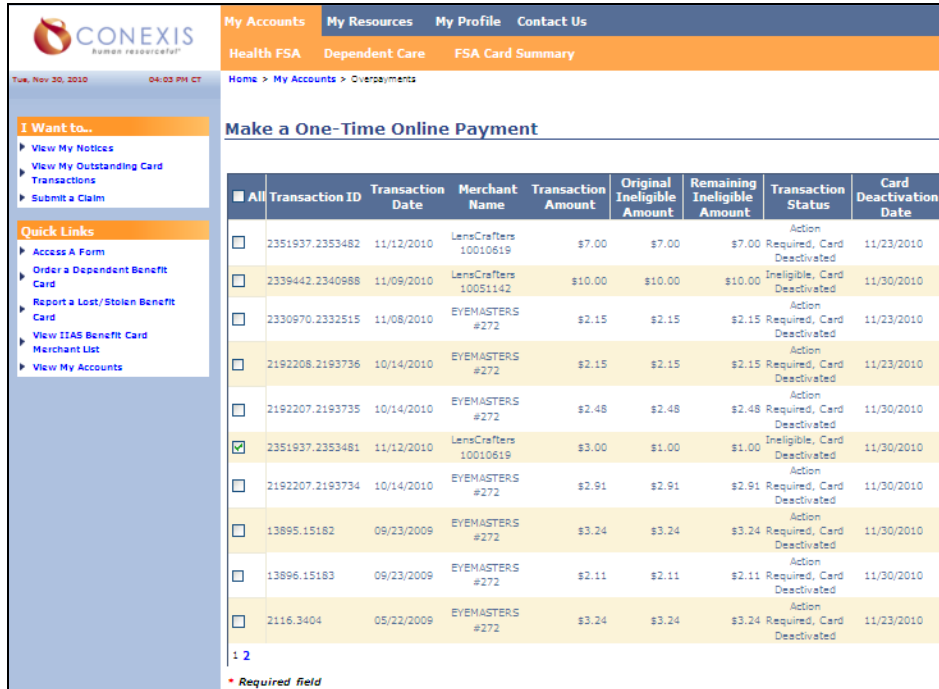
The screenshot shows the 'Benefit Card Return Form' interface. At the top, there are three buttons: 'Select', 'Upload', and 'Submit'. Below these is a text box explaining the form's purpose. A red box highlights the link 'To pay online to resolve a transaction listed below, click here.' with a red arrow pointing to it. Below the link, there is a form with fields for 'Name: Sample', 'Employer Name: Sample', and 'Account Number: 0401222050'. At the bottom, there is a table of transactions.

All	Transaction Date	Merchant Name	Transaction Amount	Original Ineligible Amount	Remaining Ineligible Amount	Transaction Status	Card Deactivation Date
<input type="checkbox"/>	08/06/2010	DAVIS HOSP & MED CNTR	\$26.25	\$26.25	\$26.25	Action Required, Card Deactivated	10/8/2010
<input type="checkbox"/>	08/02/2010	DAVIS HOSP & MED CNTR	\$26.25	\$26.25	\$26.25	Action Required, Card Deactivated	10/3/2010
<input type="checkbox"/>	07/26/2010	DAVIS HOSP & MED CNTR	\$26.25	\$26.25	\$26.25	Action Required, Card Deactivated	9/26/2010
<input type="checkbox"/>	07/21/2010	HERITAGE COUNSELING, PLLC	\$72.10	\$72.10	\$72.10	Action Required, Card Deactivated	9/21/2010
<input type="checkbox"/>	07/19/2010	DAVIS HOSP & MED CNTR	\$26.25	\$26.25	\$26.25	Action Required, Card Deactivated	9/19/2010
<input type="checkbox"/>	07/16/2010	DAVIS HOSP & MED	\$26.25	\$26.25	\$26.25	Action Required,	9/17/2010





The **Make a One-Time Online Payment** box will appear displaying all transactions requiring action. Select the transaction(s) to be resolved by clicking in the checkbox next to the transaction. To resolve all transactions, click the **All** checkbox at the top of the list of transactions.

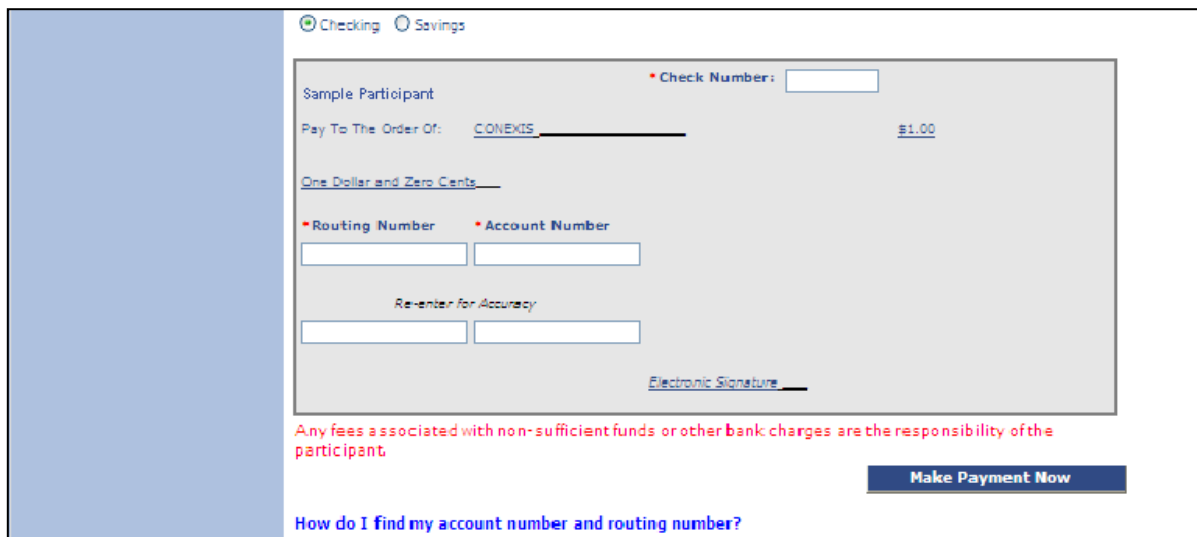


**Make a One-Time Online Payment**

<input type="checkbox"/> All	Transaction ID	Transaction Date	Merchant Name	Transaction Amount	Original Ineligible Amount	Remaining Ineligible Amount	Transaction Status	Card Deactivation Date
<input type="checkbox"/>	2351937.2353482	11/12/2010	LensCrafters 10010619	\$7.00	\$7.00	\$7.00	Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	2339442.2340988	11/09/2010	LensCrafters 10051142	\$10.00	\$10.00	\$10.00	Ineligible, Card Deactivated	11/30/2010
<input type="checkbox"/>	2330970.2332515	11/08/2010	EYEMASTERS #272	\$2.15	\$2.15	\$2.15	Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	2192208.2193736	10/14/2010	EYEMASTERS #272	\$2.15	\$2.15	\$2.15	Required, Card Deactivated	11/23/2010
<input type="checkbox"/>	2192207.2193735	10/14/2010	EYEMASTERS #272	\$2.48	\$2.48	\$2.48	Required, Card Deactivated	11/30/2010
<input checked="" type="checkbox"/>	2351937.2353481	11/12/2010	LensCrafters 10010619	\$3.00	\$1.00	\$1.00	Ineligible, Card Deactivated	11/30/2010
<input type="checkbox"/>	2192207.2193734	10/14/2010	EYEMASTERS #272	\$2.91	\$2.91	\$2.91	Required, Card Deactivated	11/30/2010
<input type="checkbox"/>	13895.15182	09/23/2009	EYEMASTERS #272	\$3.24	\$3.24	\$3.24	Required, Card Deactivated	11/30/2010
<input type="checkbox"/>	13896.15183	09/23/2009	EYEMASTERS #272	\$2.11	\$2.11	\$2.11	Required, Card Deactivated	11/30/2010
<input type="checkbox"/>	2116.3404	05/22/2009	EYEMASTERS #272	\$3.24	\$3.24	\$3.24	Required, Card Deactivated	11/23/2010

1 2  
\* Required field

The electronic check will automatically calculate the amount due. Enter check number then routing and account numbers twice. Select **Make Payment Now**.



Checking    Savings

Sample Participant      \* Check Number:

Pay To The Order Of: CONEXIS \_\_\_\_\_      \$1.00

One Dollar and Zero Cents \_\_\_\_\_

\* Routing Number      \* Account Number

Re-enter for Accuracy

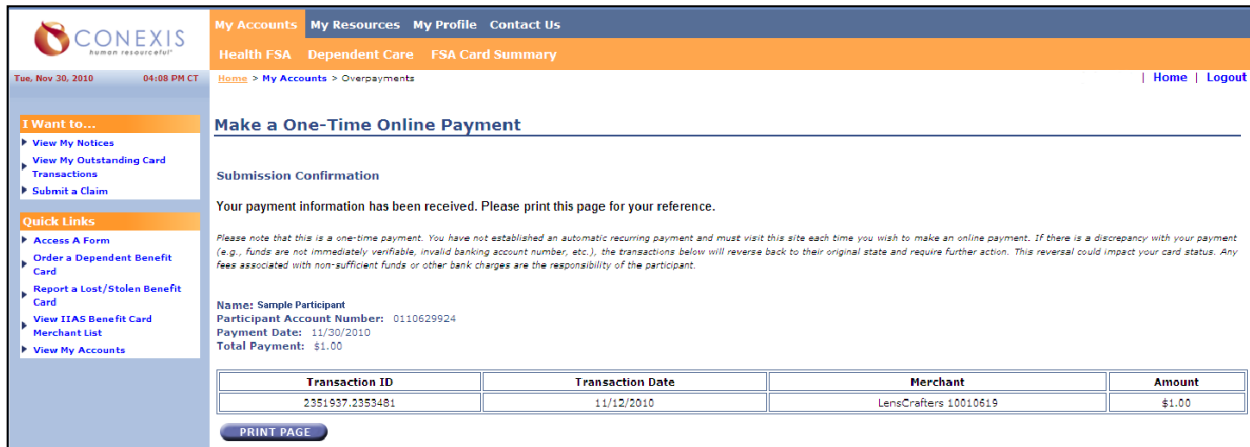
Electronic Signature \_\_\_\_\_

Any fees associated with non-sufficient funds or other bank charges are the responsibility of the participant.

[How do I find my account number and routing number?](#)



After a successful submission, a confirmation page will display. Print this confirmation for your records.



The screenshot shows a confirmation page for a one-time online payment. The page includes a navigation menu, a sidebar with 'I Want to...' and 'Quick Links' sections, and a main content area with the following details:

**Submission Confirmation**  
 Your payment information has been received. Please print this page for your reference.

*Please note that this is a one-time payment. You have not established an automatic recurring payment and must visit this site each time you wish to make an online payment. If there is a discrepancy with your payment (e.g., funds are not immediately verifiable, invalid banking account number, etc.), the transactions below will reverse back to their original state and require further action. This reversal could impact your card status. Any fees associated with non-sufficient funds or other bank charges are the responsibility of the participant.*

Name: Sample Participant  
 Participant Account Number: 0110629924  
 Payment Date: 11/30/2010  
 Total Payment: \$1.00

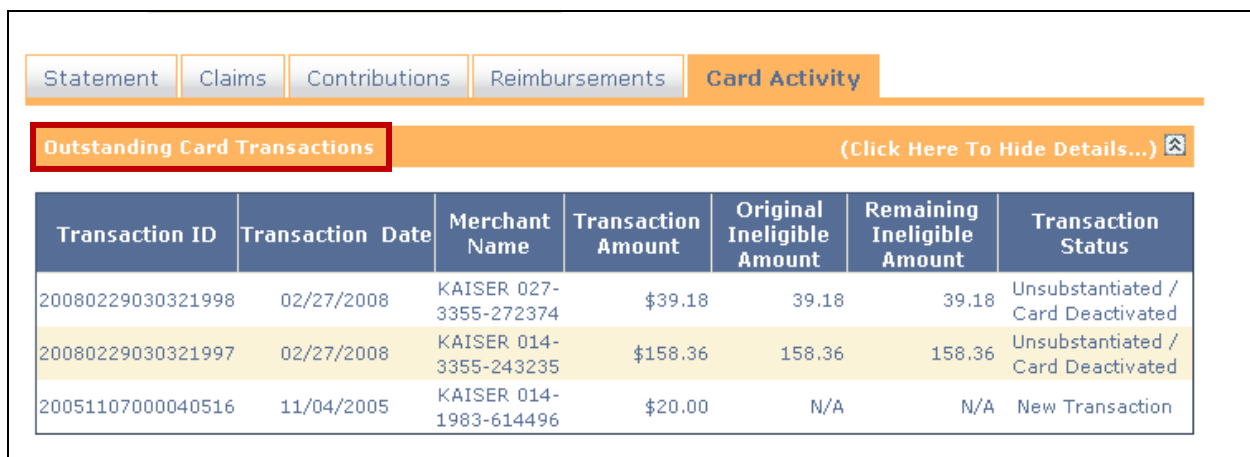
Transaction ID	Transaction Date	Merchant	Amount
2351937.2353481	11/12/2010	LensCrafters 10010619	\$1.00

PRINT PAGE

### View Outstanding Transactions

If you have any outstanding transactions requiring action on your part, you will see a link on the **Card Activity** tab to view **Outstanding Card Transactions**. This link will display a grid of transactions that require your attention.

In the example below, there are three card transactions requiring action. The grid displays the transaction ID, date, merchant name, amount, ineligible amount, and status.



The screenshot shows a grid of outstanding card transactions. The grid is titled 'Outstanding Card Transactions' and includes a '(Click Here To Hide Details...)' link. The grid displays the following data:

Transaction ID	Transaction Date	Merchant Name	Transaction Amount	Original Ineligible Amount	Remaining Ineligible Amount	Transaction Status
20080229030321998	02/27/2008	KAISER 027-3355-272374	\$39.18	39.18	39.18	Unsubstantiated / Card Deactivated
20080229030321997	02/27/2008	KAISER 014-3355-243235	\$158.36	158.36	158.36	Unsubstantiated / Card Deactivated
20051107000040516	11/04/2005	KAISER 014-1983-614496	\$20.00	N/A	N/A	New Transaction

You are responsible for resolving all outstanding transactions. The required documentation for benefit card transactions is the same documentation required for traditional paper claims. Therefore, **you must retain copies of all itemized receipts for each benefit card transaction**. We recommend you keep all documentation in a separate envelope.

To resolve outstanding transactions, you must submit appropriate documentation to CONEXIS using the **Return Form** included in your monthly card activity statement. This includes documentation for services and items such as:



- **For office visits** – Your health plan's Explanation of Benefits (EOB) statement or an itemized receipt or bill from the provider that includes the patient's name, a description of the service, the original date of service and your portion of the charge.
- **For prescription drugs**– A pharmacy statement or receipt from your pharmacy including the patient's name, the Rx number, the name of the drug, the date the prescription was filled, and the amount.
- **For over-the-counter medicines** – A written or electronic OTC prescription along with an itemized cash register receipt that includes the merchant name, name of the OTC medicine or drug, purchase date, and amount, OR a printed pharmacy statement or receipt from a pharmacy that includes the patient's name, the Rx number, the date the prescription was filled, and the amount.
- **For over-the-counter health care-related products** – An itemized cash register receipt with the merchant name, name of the item/product, date, and amount

In some cases, a letter of medical necessity from a health care provider may be required.

**Credit card receipts, canceled checks, and balance forward statements do not meet the requirements for acceptable documentation.**

If you do not have the supporting documentation, or if your expense is ineligible under the plan, you may repay the plan using a personal check (see Make an Online Payment on page 33). Failure to submit proper documentation or payment will result in the deactivation of your card.

[View IAS Benefit Card Merchant List](#)

The IRS-approved *Inventory Information Approval System (IIAS)* is used to check eligible health care expenses at the checkout register. The *IIAS Benefit Card Merchant List* shows merchants that use the SIGIS standard for an *Inventory Information Approval System (IIAS)*.

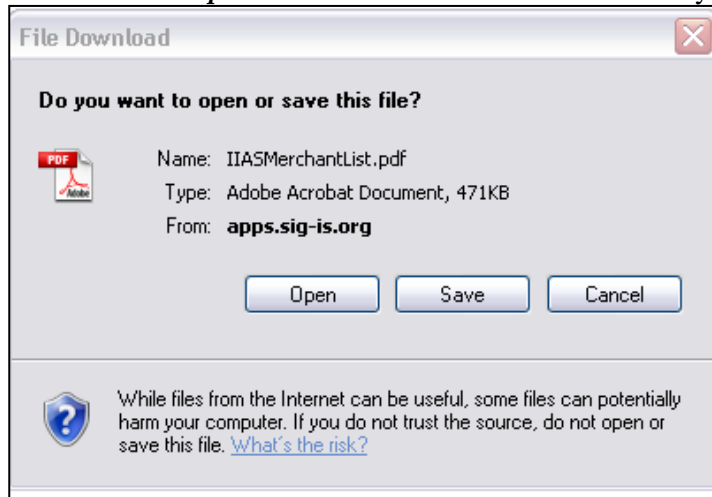
To view the current list, click **My Resources**, then select **View IAS Benefit Card Merchant List**.



The screenshot shows the CONEXIS website interface. At the top, there is a navigation bar with 'My Accounts', 'My Resources', 'My Profile', and 'Contact Us'. Below this, the page title is 'Home > My Resources'. The main content area is titled 'My Resources' and contains a list of links under the heading 'FSA Resources'. The links include: 'Health FSA FAQs', 'FSA Expenses Guide', 'Over-the-counter Drugs and Other items', 'Access a Form', 'Calculate FSA Savings', and 'View IAS Benefit Card Merchant List'. On the left side, there is a sidebar with 'I Want to...' and 'Quick Links' sections. The 'Quick Links' section includes 'View IAS Benefit Card Merchant List'. At the bottom of the page, there is a footer with 'Home', 'Contact Us', and 'Privacy Policy' links.



Select to either **Open** the file or **Save** it to a destination on your computer.



The *IIAS Merchant List* is updated regularly so check back often to make sure you have up-to-date information.

Please note: Some merchants, including Walgreens, have implemented a custom IIAS solution and do not appear on this list. You may use your card at these merchants as well. If your chosen vendor does not appear on this list, ask them for confirmation prior to using your card.

**NOTE: This is a list of merchants intending to implement the SIGIS IIAS standard. The planned merchant implementation dates shown have been provided by the merchants and may be subject to change. This list will be continually updated as additional merchants are certified and implementation dates change. Check back often!**

**Merchants Supporting a SIGIS Standard for an Inventory Information Approval System (IIAS)  
(This list does not include Merchants adopting an IIAS solution other than the SIGIS Standard)**

**Updated As of Thursday, April 08, 2010**

Merchant Name	Certification Status	Planned Merchant Implementation Date	Supporting Prescription Subtotal <sup>2</sup>
To Search: Hit (Control; F)			
16th Avenue Pharmacy Inc	CERTIFIED	Live	<input checked="" type="checkbox"/>
1st America Prescription Drugs Inc	CERTIFIED	Live	<input checked="" type="checkbox"/>
200 Chestnut St. LLC	CERTIFIED	Live	<input checked="" type="checkbox"/>
2027 Lebanon Church Rd., West Mifflin, PA 15122	CERTIFIED	TBD	<input checked="" type="checkbox"/>
2550 Mosside Blvd. Ste 210, Monroeville, PA 15146	CERTIFIED	TBD	<input checked="" type="checkbox"/>
38TH STREET PHARMACY	CERTIFIED	Live	<input checked="" type="checkbox"/>
3C Healthcare, Inc. dba Medicap Pharmacy	CERTIFIED	Live	<input checked="" type="checkbox"/>
4 S Pharmacy Inc. DBA MacPhail Pharmacy	CERTIFIED	Live	<input checked="" type="checkbox"/>
50 Plus Pharmacy	CERTIFIED	Live	<input checked="" type="checkbox"/>
58TH STREET PHARMACY, INC.	CERTIFIED	Live	<input checked="" type="checkbox"/>
7 CORNERS PHARMACY	CERTIFIED	Live	<input checked="" type="checkbox"/>
70th O Street Neighborhood Pharmacy, Inc.	CERTIFIED	TBD	<input checked="" type="checkbox"/>
731 PHARMACY CORP	CERTIFIED	Live	<input checked="" type="checkbox"/>



## Section 10 – My Resources

The **My Resources** tab offers links to frequently asked questions and various forms, including a savings calculator.



The screenshot shows the 'My Resources' page on the CONEXIS website. The page has a blue header with navigation tabs: 'My Accounts', 'My Resources' (selected), 'My Profile', and 'Contact Us'. Below the header, the page title is 'Home > My Resources'. The main content area is titled 'My Resources' and features a list of links under the heading 'FSA Resources'. The links include: 'Health FSA FAQs', 'FSA Expenses Guide', 'Over-the-counter Drugs and Other items', 'Access a Form', 'Calculate FSA Savings', and 'View IIAS Benefit Card Merchant List'. A '(Click Here To Hide Details...)' link is also present. On the left side, there is a sidebar with two sections: 'I Want to...' containing 'View My Notices', 'View Card Activity', and 'Submit a Claim'; and 'Quick Links' containing 'Access A Form', 'Order a Dependent Benefit Card', 'Report a Lost/Stolen Benefit Card', 'View IIAS Benefit Card Merchant List', and 'View My Accounts'. The footer contains links for 'Home', 'Contact Us', and 'Privacy Policy'. The date and time 'Tue, Mar 01, 2011 03:21 PM CT' are displayed in the top left corner of the page content.



## Section 11 – My Profile

The **My Profile** tab allows you to edit personal information. It is important to ensure your information is accurate at all times.

<a href="#">My Accounts</a>	<a href="#">My Resources</a>	<a href="#">My Profile</a>	<a href="#">Contact Us</a>
<a href="#">Account Profile</a> <a href="#">Change Password</a>			
<a href="#">Home</a> > <a href="#">My Profile</a> > Account Profile			
<b>My Account Profile</b>			
Your current contact information is listed below. You may update your e-mail address and phone number by clicking on the appropriate link below.			
<b>Name:</b> Best, Tracy			
<b>Account Number:</b> 05008502169			
<b>Address:</b> 6191 North State Highway 161 Ste 400 Irving, TX-75038	<i>Mailing address cannot be updated online. If you need to update your mailing address, please contact the HR Department at your employer.</i>		
<b>Phone Number:</b> 2145551212	<a href="#">Edit Phone</a>		
<b>E-mail Address:</b> ksmull@conexis.com	<a href="#">Edit E-mail</a>		
<b>Employer:</b> CONEXIS Sample Company			
Additional Links:			
<a href="#">Sign Up for Direct Deposit of FSA Reimbursements</a>			

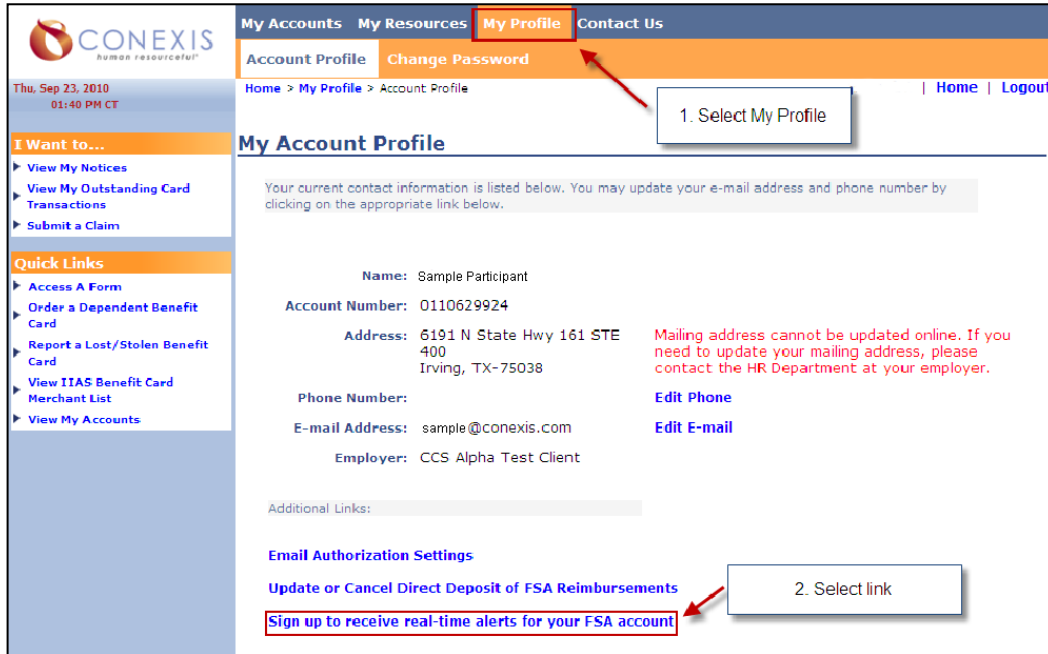
## Change Your Password

<a href="#">My Accounts</a>	<a href="#">My Resources</a>	<a href="#">My Profile</a>	<a href="#">Contact Us</a>
<a href="#">Account Profile</a> <a href="#">Change Password</a>			
<a href="#">Home</a> > <a href="#">My Profile</a> > Change Password			
<b>Change Your Password</b>			
This screen allows you to change your password.			
Enter Your Current Password: *	<input type="password"/>		
Enter Your New Password: *	<input type="password"/>		
Confirm Your New Password: *	<input type="password"/>		
			<a href="#">CHANGE PASSWORD</a> <a href="#">CANCEL</a>



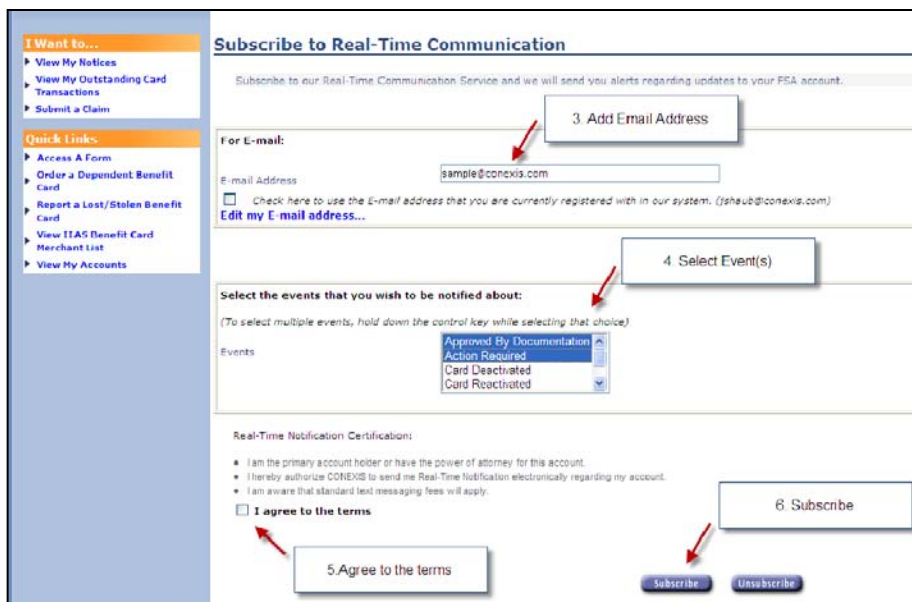
## Sign up for Real-time Communications

Elite Benefit cardholders can receive real-time e-mailed alerts on specific activities relates to their benefit cards. Select ***Sign up to receive real-time alerts for your FSA account.***



1. Enter a valid e-mail address or check the box if you want to use an e-mail address already registered.
2. Select ***Events***. To select multiple events, hold down the control key.
3. Click ***I agree to the terms*** checkbox.
4. Click ***Subscribe***.

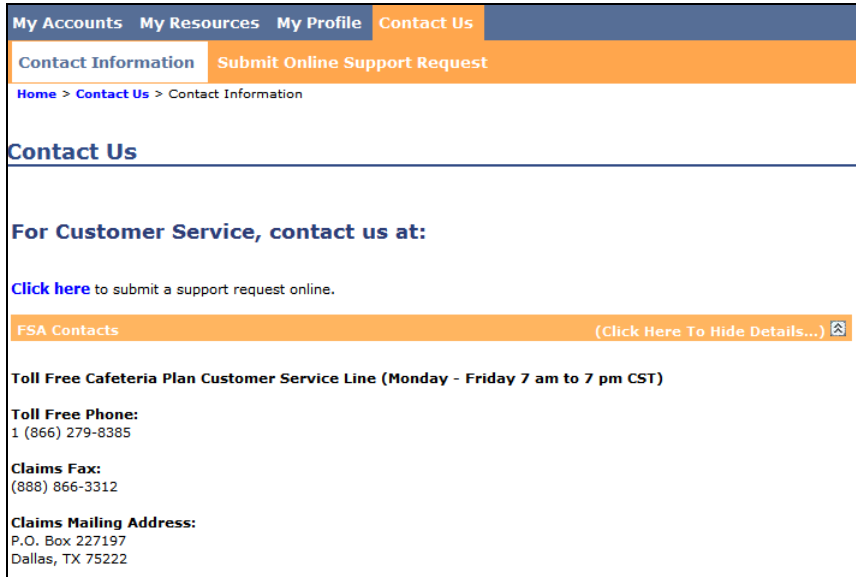
You will then begin receiving e-mail alerts for the event types selected.





## Section 12 – Contact Us

Under the **Contact Us** tab, there are two sub-tabs, **Contact Information** and **Submit Online Support Request**. The **Contact Us** tab provides important CONEXIS contact information.



My Accounts My Resources My Profile **Contact Us**

Contact Information **Submit Online Support Request**

Home > Contact Us > Contact Information

### Contact Us

**For Customer Service, contact us at:**

[Click here](#) to submit a support request online.

FSA Contacts (Click Here To Hide Details...)

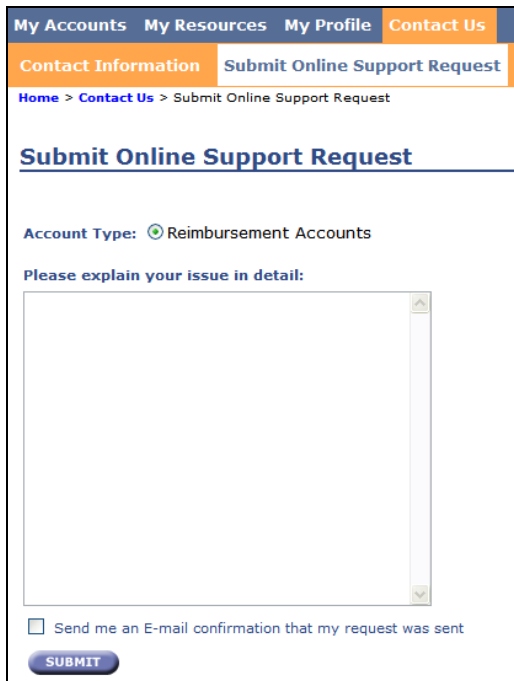
**Toll Free Cafeteria Plan Customer Service Line (Monday - Friday 7 am to 7 pm CST)**

**Toll Free Phone:**  
1 (866) 279-8385

**Claims Fax:**  
(888) 866-3312

**Claims Mailing Address:**  
P.O. Box 227197  
Dallas, TX 75222

The **Submit Online Support Request** tab allows you to submit requests, questions, and comments directly to CONEXIS. You will receive a response to online requests within one business day.



My Accounts My Resources My Profile **Contact Us**

Contact Information **Submit Online Support Request**

Home > Contact Us > Submit Online Support Request

### Submit Online Support Request

Account Type:  Reimbursement Accounts

Please explain your issue in detail:

Send me an E-mail confirmation that my request was sent

**SUBMIT**

\* Please read the instructions outlined in this guide. The screen captures are subject to change and are for educational purposes only. Information on specific accounts may vary depending on plan details.