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.
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.

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.
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.

![Image of claims tab with grid]

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.

![Image of contributions tab with grid]
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.

<table>
<thead>
<tr>
<th>Payment ID/Type</th>
<th>Payment Status</th>
<th>Payment Date</th>
<th>Payment Mailed Date</th>
<th>Payment Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACH</td>
<td>Deposited</td>
<td>02/09/2009</td>
<td>N/A</td>
<td>$265.14</td>
</tr>
<tr>
<td>ACH</td>
<td>Deposited</td>
<td>03/02/2009</td>
<td>N/A</td>
<td>$255.39</td>
</tr>
<tr>
<td>ACH</td>
<td>Deposited</td>
<td>05/03/2009</td>
<td>N/A</td>
<td>$2.22</td>
</tr>
<tr>
<td>ACH</td>
<td>Deposited</td>
<td>03/19/2009</td>
<td>N/A</td>
<td>$5.48</td>
</tr>
<tr>
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<td>Deposited</td>
<td>04/06/2009</td>
<td>N/A</td>
<td>$212.10</td>
</tr>
<tr>
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<td>Deposited</td>
<td>04/08/2009</td>
<td>N/A</td>
<td>$109.50</td>
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<tr>
<td>ACH</td>
<td>Deposited</td>
<td>05/08/2009</td>
<td>N/A</td>
<td>$487.36</td>
</tr>
</tbody>
</table>

Reimbursement Details

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

The details grid will display the details of the reimbursement.
Section 5 – Accessing Forms

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

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.
Benefit Return Form

Select *Return Form, Benefit Card*.

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*. 


- 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.

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**Elite Benefit Card**

**Return Form**

<table>
<thead>
<tr>
<th>Simple Participant</th>
<th>Account Number</th>
<th>Date</th>
<th>Employer ID</th>
<th>Employer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>11/23/2010</td>
<td>32986</td>
<td>CCS Alpha Test Client</td>
</tr>
</tbody>
</table>

**Transactions Requiring Action**

<table>
<thead>
<tr>
<th>Date</th>
<th>Merchant</th>
<th>Action Amount</th>
<th>Transaction Amount</th>
<th>Card Deactivation Data</th>
<th>Check One</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/08/2010</td>
<td>EYEMASTERS #272</td>
<td>$2.15</td>
<td>$2.15</td>
<td>11/23/2010</td>
<td></td>
</tr>
</tbody>
</table>

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 regulations. 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, charge amount, and a service item description.
- For prescription drugs, a pharmacy statement including the name of the pharmacy, patient’s name, date filled, cost, Rx number, and name of the drug.
- Do not send condensed checks, account balance statements, balance forward statements, or credit card receipts.

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**Where to Return Your Form**

<table>
<thead>
<tr>
<th>Fax for form with documentation attached:</th>
<th>Payment mailing address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(800) 800-2010</td>
<td>CONEXIS PPO Receipt Review</td>
</tr>
<tr>
<td></td>
<td>P.O. Box 237472</td>
</tr>
<tr>
<td></td>
<td>Dallas, TX 75222</td>
</tr>
</tbody>
</table>

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

---

**Signature**

[Signature]

**Date**

[Date]

[Identification of the expenses listed for reimbursement are eligible health care expenses under the Internal Revenue Code and my employment Flexible Benefits Plan (“Plan”).]

[Further, certify that all expenses have been incurred by me, my spouse, or my dependent on the dates indicated and have not been submitted previously for reimbursement under the Plan; such a statement will not be misleading any other Plan or program of any employer or other person.]

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CX 6302A 20110309 Proprietary and Confidential 13
Interactive Claim Form

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

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**Interactive Claim Form**

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

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**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 support 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:** 00000000
- **Address:** 233 Main Street
  - **City:** Middleton
  - **State:** TX
  - **Zip:** 99999
- **Daytime Phone:**

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

1. Complete Claim Information (available on the next page) in its entirety. Please ensure your supporting documentation clearly indicates the requested amount.
2. Attach Acceptable Supporting Documentation as described below. (When attaching small receipts, we suggest you tape them to a standard size sheet of paper.)
   a. 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
   b. Explanation of Benefits (EOB) from your insurance carrier or
   c. 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:]*
   - Canceled Check
   - Prescribing physician
   - Credit / cash receipts (An itemized cash register receipt is acceptable for eligible over-the-counter expenses)
   - Balance forward statements
3. Sign form
4. Sign and date Employee Certification
5. To ensure the quickest receipt, review and reimbursement of your claim, please fax this form and any supporting documentation for:
   - **Fax:** (877) 233-2041

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 226195**
- **Dallas, TX 75222**

Please be aware that 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 claim.

---

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:

1. **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.
2. **Click Add Item to save** your entry. Repeat this process to add another claim.
3. **Click Supporting Documentation** box based on product type (EOB, Transit form, Dependent Care receipt, etc.).
4. **Click PRINT PAGE** when completed.

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.

Print, sign, and date the form once you have completed your claim.
Downloadable (PDF) Claim form

If you choose to use the PDF claim form, simply print this form, fill it out, and follow the submission method requirements of your choice.

Once your form has been completed, printed, and signed, you are ready to submit your claim information.

Section 6 – Submitting Claims

Once logged in, click Submit a Claim in the I Want to... navigation box. Clicking this link will open a new window with online claim submission information.
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.

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*.

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

3) Select *Continue Online Submission*. 

---

**Online Claim Submission**

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

- **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 initals and then click Submit.
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*.

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

6. Enter your initials and select **Submit**.
7. View and print confirmation page.
8. To submit another claim, select click here.

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.

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.
   a. Repeat this process to add more files.
4. Then select **Submit**.
5. View and print confirmation page.
6. To submit another claim, select **click here**.
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.

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.

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 account number, click *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**

![Authorization Agreement](image)

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**

![Confirmation](image)
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.

From here, click Order a Dependent Card.
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.

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.

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.

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

*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.

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.

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)**.

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

<table>
<thead>
<tr>
<th>Transaction ID</th>
<th>Transaction Date</th>
<th>Merchant Name</th>
<th>Transaction Amount</th>
<th>Remaining Amount</th>
<th>Transaction Status</th>
<th>Card Debit/Credit ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>12345678</td>
<td>01/01/2023</td>
<td>Conexis</td>
<td>$50.00</td>
<td>$50.00</td>
<td>Action</td>
<td>12345678</td>
</tr>
<tr>
<td>23456789</td>
<td>02/02/2023</td>
<td>Other Merchant</td>
<td>$75.00</td>
<td>$75.00</td>
<td>Action</td>
<td>23456789</td>
</tr>
<tr>
<td>34567890</td>
<td>03/03/2023</td>
<td>Conexis</td>
<td>$25.00</td>
<td>$25.00</td>
<td>Action</td>
<td>34567890</td>
</tr>
</tbody>
</table>

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

---

**Make Payment Now**

Select the amount due, enter the check number, routing and account numbers twice. Click **Make Payment Now**.
After a successful submission, a confirmation page will display. Print this confirmation for your records.

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.

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 IIAS 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 IIAS Benefit Card Merchant List*. 
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.
Section 10 – My Resources

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

### My Account Profile

Your current contact information is listed below. You may update your e-mail address and phone number by clicking on the appropriate link below.

- **Name:** Best, Tracy
- **Account Number:** 05008002169
- **Address:** 6101 North State Highway 161 Ste 400 Irving, TX 75038
- **Phone Number:** 2145551212
- **E-mail Address:** kem@conexis.com
- **Employer:** CONEXIS Sample Company

Mailing address cannot be updated online. If you need to update your mailing address, please contact the HR Department at your employer.

### Change Your Password

This screen allows you to change your password.

- **Enter Your Current Password:** *
- **Enter Your New Password:** *
- **Confirm Your New Password:** *

[CHANGE PASSWORD] [CANCEL]
Sign Up for Real-time Communications

Elite Benefit cardholders can receive real-time e-mailed alerts on specific activities related 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.

For Customer Service, contact us at:

- Click here to submit a support request online.
- (Click Here To Hide Details...)

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

- Toll Free Phone: 1-866-279-6385
- Claims Fax: (888) 866-3312
- Claims Mailing Address:
  P.O. Box 237197
  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.

* 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.