

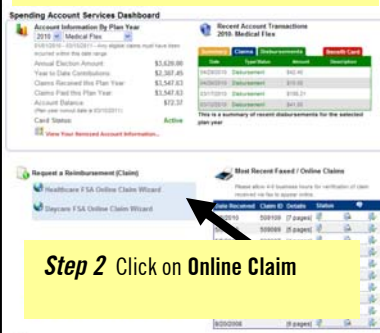
Filing Your Flexible Spending Account Claim

How to file your claim and receive reimbursement from Benesyst

Online FSA Claim Wizard

The **Online FSA Claim Wizard** guides you through each step of the FSA claim submission process, providing online guidance on expense eligibility and giving you the option of uploading scanned documentation or printing a bar-coded cover sheet to submit your documentation. Access your account at www.benesyst.NET

Step 1 Go to the Spending Account Services Dashboard



Step 2 Click on Online Claim

Step 3 Complete the Online Form



Step 4 Submit your itemized receipts by uploading scanned documentation (PDF or image files) online, or print a bar-coded cover sheet for submitting via fax or mail. The cover sheet speeds processing and eliminates the need to put your Social Security Number on the fax.

Print Cover Sheet

Attach copies of documentation/receipts and fax or mail. [View Example]

Upload Scanned Documentation/Receipts

Upload copies of documentation/receipts as image files or PDF documents.



Upload scanned documentation

There is an 8mb maximum for each file. Accepted formats: JPG,GIF,PNG,TIF, BMP, PDF, Excel or Word.



Or Fax toll-free any time to:

(800) 310-8279

To expedite faxed claim processing – please submit copies of receipts on 8 1/2 x 11 paper. Do not highlight the expense on the receipt as this can block the fax transmission.



Or Mail: Benesyst Flex Department
800 Washington Avenue, 8th Floor
Minneapolis, MN 55401-1173

Please keep the original copies of your receipts as any mailed claims will not be returned.

Most Recent Faxed / Online Claims			
Please allow 4-6 business hours for verification of claim received via fax to appear online.			
Date Received	Claim ID	Details	Status
5/6/2010	509109	[7 pages]	
5/5/2010	509089	[5 pages]	
5/5/2010	509097	[4 pages]	
1/22/2010		[3 pages]	
9/30/2009		[3 pages]	

If you have signed up for email alerts, you will receive email confirmation when your fax is received and the status will be available through the **Most Recent Faxed/ Online Claims Tracker** on the Spending Account Services Dashboard.

Documentation

In order to receive reimbursement, the expense must have been incurred during your "Plan Year", the 12-month period in which you may elect a per paycheck amount or an annual election for the plan year's time period. Acceptable documentation includes: copies of any receipt or statement containing the provider's name or store name, a clear description (itemized) of the service being provided or item purchased and the amount you owe (after insurance). The perfect type of receipt to submit is the Explanation of Benefits (EOB).

Documentation that would not be acceptable includes: Credit Card Receipt only showing amount; cancelled/copy of a personal check, blank receipts that show only a payment, statements with estimated insurance amounts and balance forward.

Manual Claims Process

If not using the Online FSA Claim Wizard, to be reimbursed for any eligible expenses (for both Healthcare and Dependent Care FSAs), you must mail or fax (not both) a completed *Easy Reimbursement Request* form along with IRS required documentation.

Forms are available at the Benesyst website at www.benesyst.NET or through your Benefits Department. Please print a new form for each claim (due to the design of the form, do not photocopy). Be sure to check the website or your Benefits Department to be sure you have the most up-to-date form.

Updated Flexible Spending Account Claim Form

Review the updates and discard prior versions today

Flexible Spending Account Claim Form Updates

Our Flexible Spending Account claim form has been updated and features a simplistic format and standardized barcode — no additional fax cover sheet needed!

Please discard all prior forms and replace with the updated FSA claim form. You may obtain the updated form by visiting www.benesyst.net.

Flexible Spending Account claim form features

- New layout—easy to read, complete and fax.
- Pre-printed with a standardized barcode. No cover page necessary.

Four simple steps to complete

1. Complete all employee information in all CAPITAL letters.
2. Sign and date your claim form.
3. Complete the expense information.
4. Fax your completed form and required supporting documentation.

FSA updated claim form

Flexible Spending Account Limited for HSA Enrollees
Easy Reimbursement Request

Account Holder Information
(Please print in ALL CAPITAL letters) (E.g., 12345)

Participant's Expense Phase (with Area Code Area)

Participant's First Name

Participant's Last Name

Participant's Employer Name

Participant's Email Address *Automatic Opt-In to receive information via email from Benesyst. Your address is kept 100% confidential.

Participant's Signature _____ Date _____

Expense Information

Expense Type	Amount	Account
Expense of Provider		
Service Type: Health, RR, Dental, Vision, OTD		
Insured by: Self, Spouse, Child, Covered by Insurance, Yes, No		
Expense of Provider		
Service Type: Health, RR, Dental, Vision, OTD		
Insured by: Self, Spouse, Child, Covered by Insurance, Yes, No		
Expense of Provider		
Service Type: Health, RR, Dental, Vision, OTD		
Insured by: Self, Spouse, Child, Covered by Insurance, Yes, No		
Total Expense		

Please Fax Your Claim To: (800) 224-6279
Or Mail to: Benesyst Claims, 800 Washington Ave, 8th Floor, Minneapolis, MN 55401

Revision 1.0

Dependent care updated claim form

Flexible Spending Account (FSA)
Dependent Care Easy Reimbursement Request

Account Holder Information
(Please print in ALL CAPITAL letters) (E.g., 12345)

Participant's Expense Phase (with Area Code Area)

Participant's First Name

Participant's Last Name

Participant's Employer Name

Participant's Email Address *Automatic Opt-In to receive information via email from Benesyst. Your address is kept 100% confidential.

Participant's Dependent's Name

Participant's Signature _____ Date _____

Dependent Care Information

Expense Provider Information

Expense Provider's Name

Expense Provider's Signature _____ Date _____

Expense Information

Expense Type	Amount	Account
Expense of Provider		
Service Type: Health, RR, Dental, Vision, OTD		
Insured by: Self, Spouse, Child, Covered by Insurance, Yes, No		
Expense of Provider		
Service Type: Health, RR, Dental, Vision, OTD		
Insured by: Self, Spouse, Child, Covered by Insurance, Yes, No		
Expense of Provider		
Service Type: Health, RR, Dental, Vision, OTD		
Insured by: Self, Spouse, Child, Covered by Insurance, Yes, No		
Total Expense		

Please Fax Your Claim To: (800) 224-6279
Or Mail to: Benesyst Claims, 800 Washington Ave, 8th Floor, Minneapolis, MN 55401

Revision 1.0

Questions on the new Flexible Spending Account claim form? Contact us today.