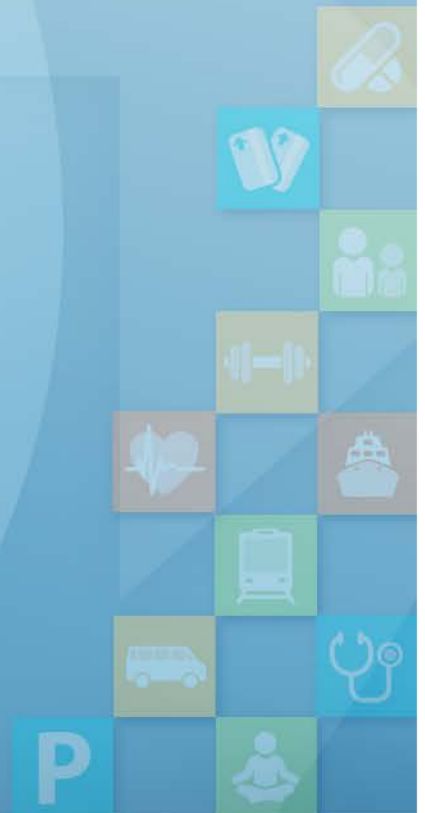
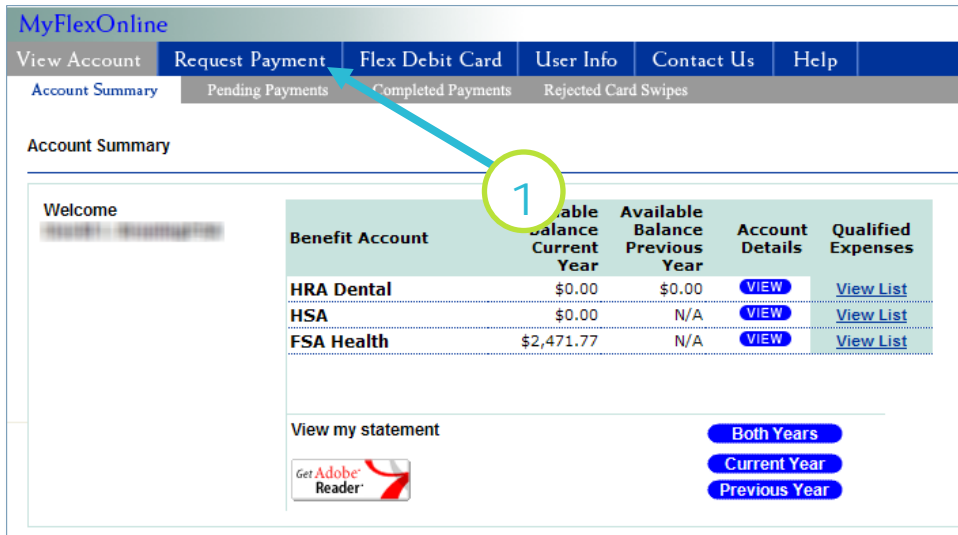


# How to Upload a New Claim from MyFlexOnline

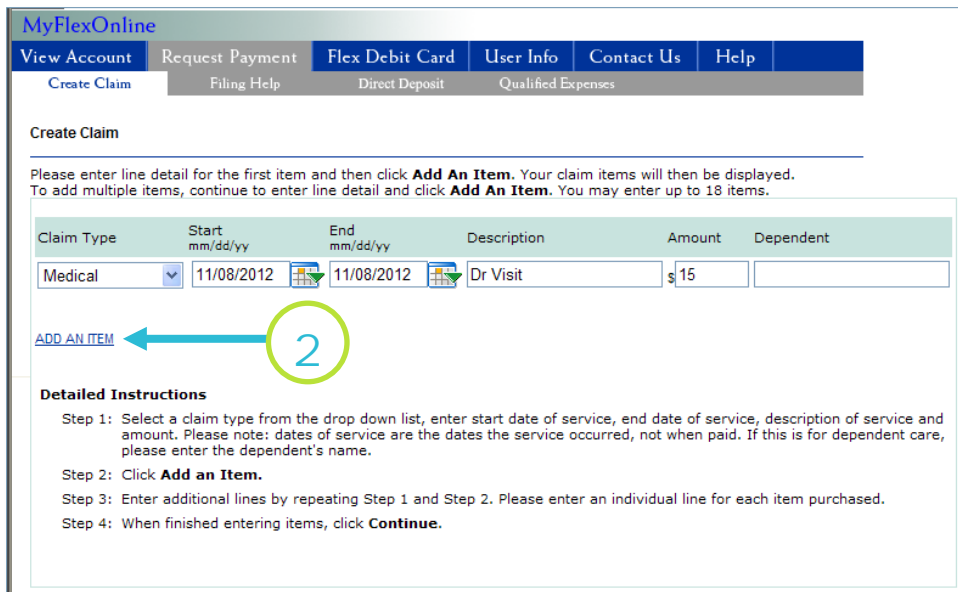


Below are the instructions on how to upload a new claim from MyFlexOnline (MFO).

1. Login into MFO and select **Request Payment** to upload a claim.



2. You will create a claim by selecting your Claim Type, entering the Start and End dates, Description, Amount, and Dependent (if applicable). Click on **ADD AN ITEM** to continue.



- Repeat Step 2 if you need to add additional claims. After entering all claim information click on **Continue**.

Claim Type	Start mm/dd/yy	End mm/dd/yy	Description	Amount	Dependent
Select...				\$	

[ADD AN ITEM](#)

**Detailed Instructions**

Step 1: Select a claim type from the drop down list, enter start date of service, end date of service, description of service and amount. Please note: dates of service are the dates the service occurred, not when paid. If this is for dependent care, please enter the dependent's name.

Step 2: Click **Add an Item**.

Step 3: Enter additional lines by repeating Step 1 and Step 2. Please enter an individual line for each item purchased.

Step 4: When finished entering items, click **Continue**.

**Claim Form**

Claim Type	Start mm/dd/yy	End mm/dd/yy	Description	Dependent	Amount
Medical	11/08/2012	11/08/2012	Dr Visit		\$15.00 <a href="#">Remove</a>

**Continue** ← 3

- From the File a Claim screen, select **Upload Receipts**.

**File a Claim**

Please review the claim information, then do one of the following: 4

- Click **Upload Receipts** to upload receipts and claim form. This is the fastest way to process your claim, or
- Click **Print Claim Form** to print a paper claim form that can be faxed or mailed along with copies of your receipts.

Employer: [REDACTED]  
Employee Name: [REDACTED]

Item	Start mm/dd/yy	End mm/dd/yy	Description	Dependent	Amount
Medical	11/08/2012	11/08/2012	Dr Visit		\$15.00
<b>Claim Form Total:</b>					<b>\$15.00</b>

**Upload Receipts** ▶  
**Print Claim Form** ▶

5. Click on **Upload Receipts Now** to start the upload process.

**Upload Your Receipt**

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Use the following instructions to process a new claim:

- Do one or both of the following to save an electronic version of the receipt to your computer.
  - Save an Explanation of Benefits (EOB) document from your health plan's Web site.
  - Scan a paper receipt and save it in TIF, TIFF, JPG, JPEG, GIF, BMP, PNG or PDF format.

You may upload up to 18 files to complete your claim.  
Each file must total no more than 5 MB(5,120 KB) If necessary, you can compress the file.
- Return to this Web site to review the status of the claim and payment.

**You must submit a receipt to complete this claim.**

The next page contains instructions about how to submit a receipt. Verification of the receipt is possible only if you have submitted it by the plan's submission deadline.

Upload Receipts Now ▶
5

Current as of 11/7/2012 7:29:38 PM

6. Select **Browse** to locate the receipt on your computer.

**Upload Your Receipt**

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Claim Type	Start mm/dd/yy	End mm/dd/yy	Description	Dependent	Amount
Medical	11/08/2012	11/08/2012	Dr Visit		\$15.00

You must submit a valid proof of service for the claim, for example an itemized bill or Explanation of Benefits (EOB) document. It must contain:

- Service date
- Description of service
- Provider name
- Amount
- The name of the person receiving care.

Click **Submit Receipts for This Claim** after you have uploaded all relevant receipts.

**Maximum size:** 5 MB (5,120 KB) per file. You may upload up to 18 files.  
**Allowed file types:** TIF, TIFF, JPG, JPEG, GIF, BMP, PNG or PDF.

Upload File

Uploaded Receipt Files for this Claim

7. Next, select the receipt you wish to use. With your receipt selected, click on **Upload File**.

**Upload Your Receipt**

Claim Type	Start mm/dd/yy	End mm/dd/yy	Description	Dependent	Amount
Medical	11/08/2012	11/08/2012	Dr Visit		\$15.00

You must submit a valid proof of service for the claim, for example an itemized bill or Explanation of Benefits (EOB) document. It must contain:

- Service date
- Description of service
- Provider name
- Amount
- The name of the person receiving care.

Click **Submit Receipts for This Claim** after you have uploaded all relevant receipts.

• RECEIPT1.docx
Browse

**Maximum size:** 5 MB (5,120 KB) per file. You may upload up to 18 files.  
**Allowed file types:** TIF, TIFF, JPG, JPEG, GIF, BMP, PNG or PDF.

Upload File
←
7

Uploaded Receipt Files for this Claim

8. Select **Submit Receipts for this Claim** to submit the transaction for processing. When you submit your receipt, you are attesting to the fact the information submitted is accurate and complete (see the **Certification and Authorization** below).

Uploaded Receipt Files for this Claim

1.	RECEIPT1.pdf	65.8 KB	<a href="#">Delete</a>
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8
→
Submit Receipts for this Claim ▶

**CERTIFICATION AND AUTHORIZATION**

I certify that the information on this form is accurate and complete. I am requesting reimbursement for eligible expenses incurred by myself or an eligible dependent while I was a participant in the plan. I have already received these products and services and have not been previously reimbursed for these expenses and I will not seek reimbursement of these expenses from any other plan or party. In addition, the expenses for which reimbursement is sought will not be claimed as tax deductions on my personal tax return. I understand that if an expense is determined to be ineligible, I am responsible for reimbursing the plan(s) for any such expense or for payment of all related income taxes on amounts paid from the plan(s) which relate to such expense. If I am covered under more than one health care account, reimbursement will be made according to the payment order determined by those plans. If I am requesting reimbursement for work-related dependent care expenses incurred for care provided by a valid dependent care provider to an eligible dependent (for children under the age of 13 or other dependents that are physically or mentally incapable of taking care of themselves) it was while I was a participant in the plan. If I am requesting reimbursement for transit or parking benefits, these are my own personal expenses and all expenses for which reimbursement is claimed were incurred for parking at or near the business premises of my employer, or near a location from which I commute to work, and/or for regular daily direct commute from home to work and return. If no receipt is provided for commuter expenses, this service provider does not provide receipts (such as payments made by token/ticket machine, meter or cash box). If this is a Public Transportation expense, then the pass for this service this amount is not available for purchase from my employer or plan service provider. This certification also applies to any Flex Debit Card payments where receipts are submitted for verification.

Current as of 11/7/2012 7:29:38 PM

9. After submitting the claim, you will receive an Internet Claim Entry number for your records. You can click on **here** to view a list of pending payments.

