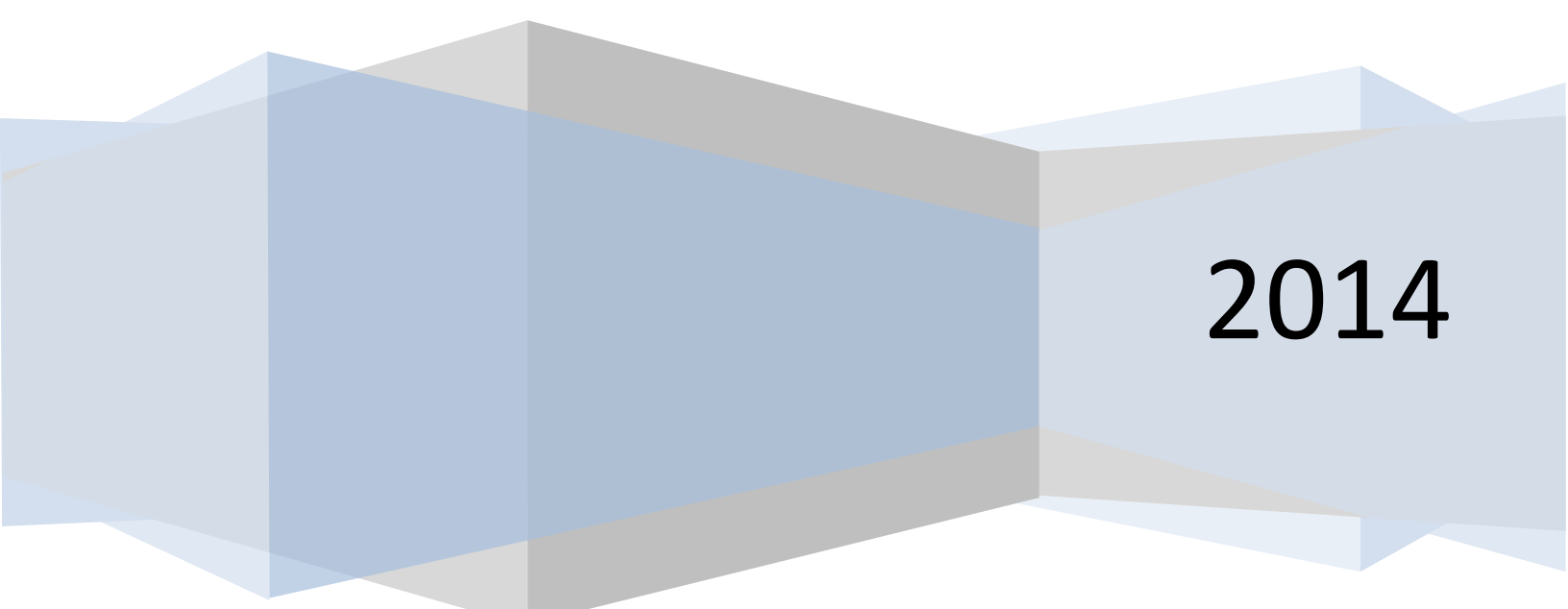


Participant/WealthCare Portal User Guide

MyPreTax System



2014

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www.hrsimplified.com
fsa@hrsimplified.com

Introduction

Welcome! The MyPreTax “Participant Portal/WealthCare Portal User Guide” is designed to give you, the participant, guidance on how to use the participant portal.

As plan participants, this site allows you to create your own account and access information about your benefit plan and current payment status for items in your accounts.

Participant View

The following sections review the portal from the participants’ point of view. This portion of the guide introduces:

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Click on Employee Pre-Tax



Account
Log In

Employer
Pre-Tax

Employee
Pre-Tax

Forgot Password
Create Account
Participant Portal
User Guide

Solutions
Company
News
Contact



HR Simplified is a National Third party Administrator (TPA) and Business Process Outsourcing (BPO) firm specializing in

**PRE-TAX SPENDING ACCOUNTS,
COBRA, PREMIUM BILLING
ADMINISTRATION SERVICES & AUDIT
AND COMPLIANCE SERVICES**



Our people are experts in these areas

PRE-TAX ACCOUNT ADMINISTRATION

- ▶ Flexible Spending Account
- ▶ HRA, HSA and other Medical Reimbursement Plans
- ▶ Commuter / Transportation Reimbursement Plans

COBRA ADMINISTRATION

- ▶ Retiree and Premium Billing Administration

BUSINESS PROCESS OUTSOURCING (BPO)

- ▶ Eligibility Management
- ▶ Consolidated Premium Billing and Reconciliation
- ▶ Dependent Eligibility Verification Audits
- ▶ Payroll Audits / Payroll Check, Premium Check

Mike Melnychuk
Founder & CEO
HR Simplified, Inc.

*..How we perform these services absolutely
sets us apart from the competition*

Join Mailing List

Contact

Customer Service

Toll Free: 1-888-318-7472
Toll Free Fax: 1-877-723-0146
E-mail: info@hrsimplified.com

Live Customer Service Hours (Central Time)

Mon - Thurs > 7:00am - 7:00pm
Friday > 7:00am - 5:00 pm

**COBRA / Retiree and other premium
payments send to:**

HR Simplified, Inc.,
NW 6045, PO Box 1450,
Minneapolis, Minnesota 55485

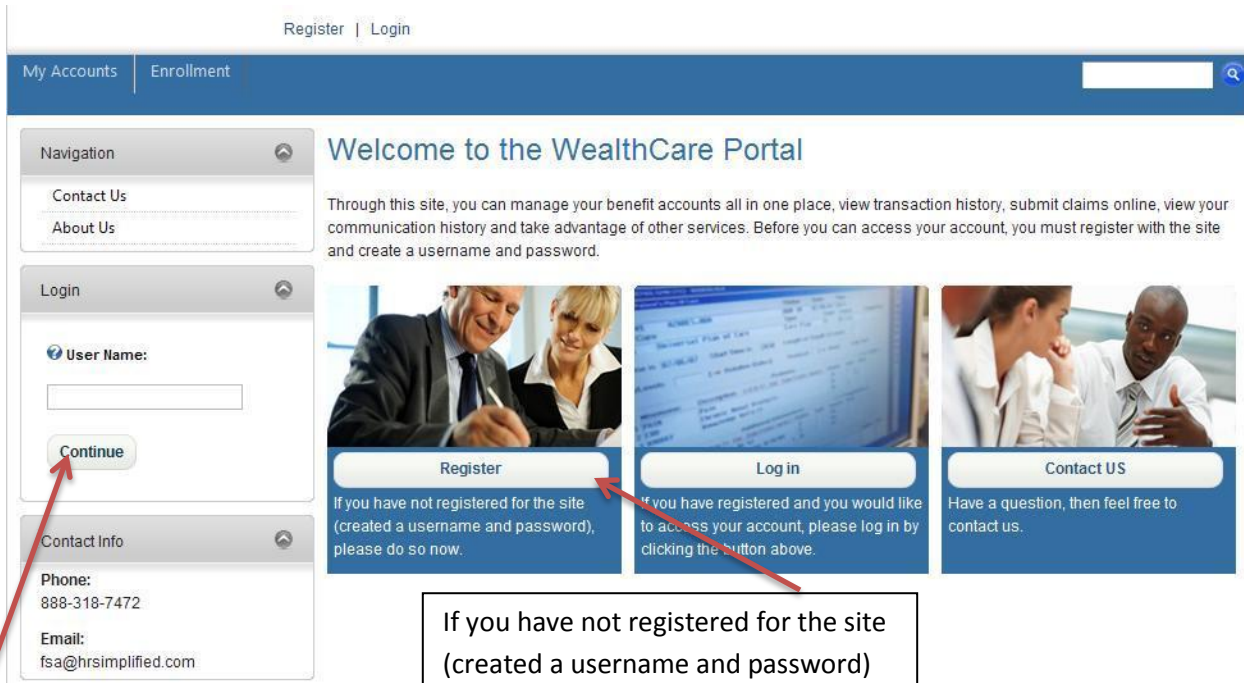
Service Metrics

March 2012 SERVICE STATISTICS

CLAIMS:

Average Processing Time: **1.04 Days**
Processed within 2 Days: **98.2%**

Welcome to the HR Simplified Participant/WealthCare Portal



Register | Login

My Accounts | Enrollment

Navigation

Contact Us

About Us

Login

User Name:

Continue

Contact Info

Phone:
888-318-7472

Email:
fsa@hrsimplified.com

Welcome to the WealthCare Portal

Through this site, you can manage your benefit accounts all in one place, view transaction history, submit claims online, view your communication history and take advantage of other services. Before you can access your account, you must register with the site and create a username and password.

Register

If you have not registered for the site (created a username and password), please do so now.

Log in

If you have registered and you would like to access your account, please log in by clicking the button above.

Contact US

Have a question, then feel free to contact us.

If you have registered and you would like to access your account, please type in your User ID and click continue.

If you have not registered for the site (created a username and password) please do so now.

Create Account – First time users

Click on the Employee/Pretax blue arrow.

Begin account creation by clicking on the “Register” button.

If you already have an account created, please go to page 11 for help with access and use of your account.

Register

User Registration

Important: To register with this site, you must have an **Employee ID** and a **Registration ID**, which is either your Employer's Employee ID or your Benefit Debit Card Number.

Instructions

1. Please enter your desired **User Name**.
2. Enter your **First Name** and **Last Name** as they were provided to your employer at enrollment.
3. Provide an **Email Address**.
4. Enter a **password** with at least 8 characters and at least 1 non-alpha character. Please do not use your name within your password.
5. Enter your **Employee ID**.
6. For **Registration ID**, select the ID type you wish to use and then enter your Employer's Registration ID or your Benefit Debit Card Number.
7. Check the **Accept the Terms of Service** check box.
8. Click **Register**.

All fields marked with a red arrow are required. - (**Note:** - Registration may take several seconds. Once you click the Register button please wait until the system responds.)

User Name:

First Name:

Last Name:

Email Address:

Enter a password. Your password must be at least 8 characters in length with at least one non-alpha character.

Password:

Confirm Password:

Employee ID

Registration ID Employer ID

Accept the [Terms of Service](#) ☐

[Register](#) [Cancel](#)

Important - to register on this site you will need:

1. An Employee ID which is your Social Security Number with no dashes or an Employee ID that is assigned by your employer.
2. An Employer ID (supplied by HR Simplified in your Welcome Letter) or your Benefit Debit Card Number.

Registration ID is your Employer ID (supplied by HR Simplified in your Welcome Letter) or your Benefit Debit Card Number. You may select the drop down if you have your card number.

If you have not received a Welcome Letter, please call HR Simplified at 888.318.7472 for assistance.

Registration Instructions

HR Simplified Participant Portal Sign In

Secure Authentication Setup

[FAQs](#)

To protect your privacy, HR Simplified Participant Portal implements Secure Authentication. Setup is easy and only takes a few minutes. Here is what to expect:

- **Step 1 – Select a picture and personal phrase.** These visual cues are displayed when you sign on and are your assurance that it is safe to enter your access information.
- **Step 2 – Provide answers to challenge questions.** These questions may be asked during the sign on process to confirm that an authorized individual can access account information online.
- **Step 3 – Register your computer (or not).** We allow you to register computers you commonly use to access your account information online. This authorization helps us ensure that only recognized locations are accessing your information.
- **Step 4 – Verify Email Address.** We ask you to verify your name and email address.

Click "Begin Setup Now" to start. This process takes only a few minutes to complete and is vital in our efforts to prevent fraudulent activity.

[Begin Setup Now](#)

Please click "Begin Setup Now"

Your privacy is our responsibility.

We will maintain the confidentiality of your personal information in accordance with our privacy policy.



Passphrase and Security Image

Secure Authentication Setup

[FAQs](#)

Step 1 – Select a picture and personal phrase

Please select a picture and passphrase. These visual cues are displayed when you sign on and are your assurance that it is safe to enter your access information. You can use the default picture next to your personal phrase, or choose a different picture. Please be sure to enter a personal phrase before clicking "Continue Setup".

Enter a personal phrase:

Your personal phrase will always appear alongside your picture when you sign on. A phrase can be up to 40 characters long.

[Continue Setup](#)

Please select a personal phrase and a picture.

You may select a different picture by clicking on the picture you wish to use.



You can browse through additional pictures by category. Simply select the category and click "Browse".

Category: [Select a Category](#) [Browse](#)

Need To Cancel? We encourage you to complete the authentication setup now. If you cancel setup, you'll need to start from the beginning the next time you login.

Setup Security Questions and Answers

Secure Authentication Setup

FAQs

Step 2 – Provide answers to challenge questions.

Please use the following drop-down lists to choose four questions which are relevant to you, and then enter answers to those questions. These questions may be asked during the sign on process to confirm that an authorized individual can access account information online. When you are done, click "Continue Setup".

Note: We recommend you provide answers which you can easily remember. For best results, do not enter made-up or fake answers, and avoid answers with tricky spelling or punctuation.

Question:

Answer:

Question:

Answer:

Question:

Answer:

Question:

Answer:

[Continue Setup](#)

[Need To Cancel](#) ? We encourage you to complete the authentication setup now. If you cancel setup, you'll need to start from the beginning the next time you login.

Option to Register Computer to bypass Security Questions

Secure Authentication Setup

FAQs

Step 3 – Register your computer (or not).

With your permission, we can automatically register this computer as a location that is authorized to access your account information. When we recognize a computer that is registered to you, you'll be able to sign on quickly without having to answer challenge questions. *Please remember:* You can register more than one computer, but we don't recommend registering public computers.

- ☒ **Register this computer.** Check this option if you wish to register this computer as a location that is authorized to access your account information. A registered computer allows for faster sign on.
- ☐ **Do Not Register This Computer.** Check this option if you do not want to have this computer identified as a registered location for accessing your information. Instead, challenge questions will be asked when you sign on to protect your personal information.

[Continue Setup](#)

[Need To Cancel](#) ? We encourage you to complete the authentication setup now. If you cancel setup, you'll need to start from the beginning the next time you login.

Please use the following drop-down lists to choose four questions which are relevant to you, and then enter answers to those questions.

Please note: We recommend you provide answers which you can easily remember.

Register your computer:
With your permission, we can automatically register this computer as a location that is authorized to access your account information. When we recognize a computer that is registered to you, you'll be able to sign on quickly without having to answer your security questions.

Please remember: You can register more than one computer, but we don't recommend registering public computers.

Confirm Information

Secure Authentication Setup

[FAQs](#)

Step 4 – Verify Email Address.

Please verify your name and email address below. You may change your email address directly on this page. When you are done, click "Continue Setup".

The email address entered is used for security encryption only. It is not used for solicitation purposes.

First Name: John
 Last Name: Doe
 Email:

[Continue Setup](#)

[Need To Cancel?](#) We encourage you to complete the authentication setup now. If you cancel setup, you'll need to start from the beginning the next time you login.

Please verify your name and email address.

Setup Confirmation

Set Up Secure Authentication

[FAQs](#)

Your setup information has not yet been submitted. Please verify your information below and enter your password before clicking "Submit Setup Information". If you need to make a change before submitting, click the appropriate "Change Information" link.

Picture and Personal Phrase

[Change information](#)



Spring is here!

Questions and Answers

[Change information](#)

In what year were you married? (YYYY)	2009
In what month did you get married?(spell out)	March
In what city were you born? (city name only)	Los Angeles
In what year did you graduate from high school? (YYYY)	1998

Computer Registration

[Change information](#)

Register this computer.

Personal Information

[Change information](#)

First Name:	John
Last Name:	Doe
Email Address:	John.Doe@gmail.com

Password

Your password is a key part of Secure Authentication and must be submitted with your setup request. You may reuse your existing password or choose a new password. The password should be 8-16 characters long and include at least one alpha and numeric characters.

Password:

Confirm Password:

[Submit Setup Information](#)

[Need To Cancel?](#) We encourage you to complete the authentication setup now. If you cancel setup, you'll need to start from the beginning the next time you login.

Your setup information has not yet been submitted.

Please verify your information below and enter your password before clicking "Submit Setup Information." If you need to make a change before submitting, click the appropriate "Change Information" link.

Setup Confirmed

Set Up Secure Authentication FAQs

You have successfully completed the setup process.
You are now set up for Secure Authentication into *HR Simplified Participant Portal*. The next time you sign on to access your account information:

- You will be asked for your username.
- We will then display your picture and personal phrase (so you know it's us).
- After verifying your picture and personal phrase, you will be asked for your password.

In addition, when you sign on from a computer that is not registered, you will also be asked challenge questions. Thank you for helping us make a *HR Simplified Participant Portal* more secure.

[Sign Off](#) [Proceed to Account](#)

Congratulations!

You have successfully completed the setup process.

You are now set up for Secure Authentication into HR Simplified Participant/WealthCare Participant Portal.

HR Simplified Participant/WealthCare Portal New User Registration

John Doe

From: FSA@hrsimplified.com
Sent: Monday, March 26, 2012 10:00 AM
To: John Doe
Subject: HR Simplified Participant Portal New User Registration

Dear John Doe,

Thank you for registering your username and password with HR Simplified Participant Portal.

You may access your account immediately. You may change your password at any time for your security, please keep username and password in a secure, safe place.

Website: www.mywealthcareonline.com/hrparticipant

User ID: johndoe2012

Password: *****

Thank you,

HR Simplified Participant Portal

Please note you will receive an email confirmation to the email address entered upon Registration.

Account already created with HR Simplified

If you already have a user name and password created you will need to complete a few necessary steps.

See below:

HR SIMPLIFIED Register | Login

My Accounts | Enrollment

Welcome to the WealthCare Portal

Through this site, you can manage your benefit accounts all in one place, view transaction history, submit claims online, view your communication history and take advantage of other services. Before you can access your account, you must register with the site and create a username and password.

Navigation

- Contact Us
- About Us

Login

User Name:

Johndoe2012

Continue

Register

If you have not registered for the site (created a username and password), please do so now.

Login

If you have registered and you would like to access your account, please log in by clicking the button above.

Contact US

Have a question, then feel free to contact us.

Contact Info

Phone: 888-318-7472

Email: fsa@hrsimplified.com

HR SIMPLIFIED Register | Login

My Accounts | Enrollment

Enter Password

Enter your password below to sign in to
HR Simplified Participant Portal

Spring is here!

This picture and personal phrase are displayed every time you access this page. If you don't recognize them, please contact us for assistance and do not enter your personal information.

Password:

Sign In Cancel

[Forgot your password?](#)

Your privacy is our responsibility.

We will maintain the confidentiality of your personal information in accordance with our privacy policy.

VeriSign Trusted

Registration Instructions

HR Simplified Participant Portal Sign In

Secure Authentication Setup

FAQs

To protect your privacy, HR Simplified Participant Portal implements Secure Authentication. Setup is easy and only takes a few minutes. Here is what to expect:

- **Step 1 – Select a picture and personal phrase.** These visual cues are displayed when you sign on and are your assurance that it is safe to enter your access information.
- **Step 2 – Provide answers to challenge questions.** These questions may be asked during the sign on process to confirm that an authorized individual can access account information online.
- **Step 3 – Register your computer (or not).** We allow you to register computers you commonly use to access your account information online. This authorization helps us ensure that only recognized locations are accessing your information.
- **Step 4 – Verify Email Address.** We ask you to verify your name and email address.

Click "Begin Setup Now" to start. This process takes only a few minutes to complete and is vital in our efforts to prevent fraudulent activity.

Begin Setup Now

Your privacy is our responsibility.

We will maintain the confidentiality of your personal information in accordance with our privacy policy.



Please note: When signing on for the first time to the Participant/WealthCare Participant Portal, you will need to complete a few necessary steps before logging into your account.

Passphrase and Security Image

Secure Authentication Setup

FAQs

Step 1 – Select a picture and personal phrase

Please select a picture and passphrase. These visual cues are displayed when you sign on and are your assurance that it is safe to enter your access information. You can use the default picture next to your personal phrase, or choose a different picture. Please be sure to enter a personal phrase before clicking "Continue Setup".

Enter a personal phrase:



Spring is here!

Your personal phrase will always appear alongside your picture when you sign on. A phrase can be up to 40 characters long.

Continue Setup

You may select a different picture by clicking on the picture you wish to use.



You can browse through additional pictures by category. Simply select the category and click "Browse".

Category: Select a Category

Browse

Need To Cancel? We encourage you to complete the authentication setup now. If you cancel setup, you'll need to start from the beginning the next time you login.

Please select a personal phrase and a picture.

Setup Security Questions and Answers

Secure Authentication Setup

FAQs

Step 2 – Provide answers to challenge questions.

Please use the following drop-down lists to choose four questions which are relevant to you, and then enter answers to those questions. These questions may be asked during the sign on process to confirm that an authorized individual can access account information online. When you are done, click "Continue Setup".

Note: We recommend you provide answers which you can easily remember. For best results, do not enter made-up or fake answers, and avoid answers with tricky spelling or punctuation.

Question:

Answer:

Question:

Answer:

Question:

Answer:

Question:

Answer:

[Continue Setup](#)

[Need To Cancel?](#) We encourage you to complete the authentication setup now. If you cancel setup, you'll need to start from the beginning the next time you login.

Please use the following drop-down lists to choose four questions which are relevant to you, and then enter answers to those questions.

Please note: We recommend you provide answers which you can easily remember.

Option to Register Computer to bypass Security Questions

Secure Authentication Setup

FAQs

Step 3 – Register your computer (or not).

With your permission, we can automatically register this computer as a location that is authorized to access your account information. When we recognize a computer that is registered to you, you'll be able to sign on quickly without having to answer challenge questions. *Please remember: You can register more than one computer, but we don't recommend registering public computers.*

- ☒ **Register this computer.** Check this option if you wish to register this computer as a location that is authorized to access your account information. A registered computer allows for faster sign on.
- ☐ **Do Not Register This Computer.** Check this option if you do not want to have this computer identified as a registered location for accessing your information. Instead, challenge questions will be asked when you sign on to protect your personal information.

[Continue Setup](#)

[Need To Cancel?](#) We encourage you to complete the authentication setup now. If you cancel setup, you'll need to start from the beginning the next time you login.

Register your computer: With your permission, we can automatically register this computer as a location that is authorized to access your account information. When we recognize a computer that is registered to you, you'll be able to sign on quickly without having to answer your security questions.

Please remember: You can register more than one computer, but we don't recommend registering public computers.

Setup Confirmation

Set Up Secure Authentication

[FAQs](#)

Your setup information has not yet been submitted. Please verify your information below and enter your password before clicking "Submit Setup Information". If you need to make a change before submitting, click the appropriate "Change Information" link.

Picture and Personal Phrase

[Change information](#)



Spring is here!

Questions and Answers

[Change information](#)

In what year were you married? (YYYY)	2009
In what month did you get married?(spell out)	March
In what city were you born? (city name only)	Los Angeles
In what year did you graduate from high school? (YYYY)	1998

Computer Registration

[Change information](#)

Register this computer.

Personal Information

[Change information](#)

First Name:	John
Last Name:	Doe
Email Address:	John.Doe@gmail.com

Your setup information has not yet been submitted. Please verify your information below and enter your password by clicking "Submit Setup Information." If you need to make a change before submitting, click the appropriate, "Change Information" link.

Password

Your password is a key part of Secure Authentication and must be submitted with your setup request. You may reuse your existing password or choose a new password. The password should be 8-16 characters long and include at least one alpha and numeric characters.

Password:

Confirm Password:

[Need To Cancel](#) ? We encourage you to complete the authentication setup now. If you cancel setup, you'll need to start from the beginning the next time you login.

Change/Forgot Password

If you have forgotten your password, please click on “Forgot your password”

You will have three attempts to try to remember your password on the fourth try; you will be locked out of your account and will have to call HR Simplified for a reset. Once the account has been reset, it requires you to go through the account creation again.

After clicking on the “Forgot your password,” you will be asked two of your four security questions. Please answer, click on submit, and you will then be prompted to reset your password.


[Register](#) | [Login](#)

[My Accounts](#) | [Enrollment](#)

Change/Forgot Password

Forgot Password



Spring is here!
This picture and personal phrase are displayed every time you access this page. If you don't recognize them, please contact us before you continue.

Answer Security Questions

1. What year did you graduate from college? (YYYY)

2. In what year were you married? (YYYY)


[Register](#) | [Login](#)

[My Accounts](#) | [Enrollment](#)

Change/Forgot Password

Forgot Password

New Password:

Confirm Password:

Balance Summary

The Balance Summary page displays a list of all the accounts you have enrolled in along with summary information for each account.

John Doe | Logout

[My Accounts](#)
[Debit Card](#)
[Enrollment](#)
[Resources](#)
[Communications](#)
[My Profile](#)

Last Login: 4/6/2012 8:46 AM

Navigation

- Benefit Account Summary**
- Benefit Account Details
- Transaction History
- Reimbursement Request
- Reimbursement Settings
- Pending Claims
- Frequently Asked Questions
- Announcements
- Forms & Documents
- Contact Us

Benefit Account Summary

Plan Year: All
Select Account: All

Click review account details.

Plan Year	Annual Election	Total Contributions	Additional Deposits	Payments	Balance	Details
01/01/2011 - 12/31/2011	\$1,200.00	\$1,200.00	\$0.00	\$0.00	\$1,200.00	View Details

Plan Year	Annual Election	Total Contributions	Additional Deposits	Payments	Balance	Details
01/01/2012 - 12/31/2012	\$3,000.00	\$615.38	\$0.00	\$2,075.00	\$925.00	View Details

					Balance	Details
					\$609.00	View Details

View Claims Pending

The View Claims Pending page will display card transactions that require you to submit an itemized statement or Explanation of Benefits.


John Doe | Logout

[My Accounts](#) |
 [Debit Card](#) |
 [Enrollment](#) |
 [Resources](#) |
 [Communications](#) |
 [My Profile](#)



Last Login: 3/27/2012 11:47 AM

Claims Pending

Listed below are all pending transactions on your accounts.

View: Card Transactions

Claims that are displayed with a yellow highlight are claims that were split between multiple benefit accounts.

Tran. Date	Service Date	Description	Type	Claimant	Account / Plan Year	Status	Amount	Claim/Check Number	Receipt
3/26/2012	3/26/2012-3/26/2012	MERCY HOSPITAL	Card	Doe, John	FSA 1/1/2012-12/31/2012	Pending	Posted: \$500.00 Approved: \$500.00		Upload

1 transaction found.

Claims that are displayed with a yellow highlight are claims that were split between multiple benefit accounts.

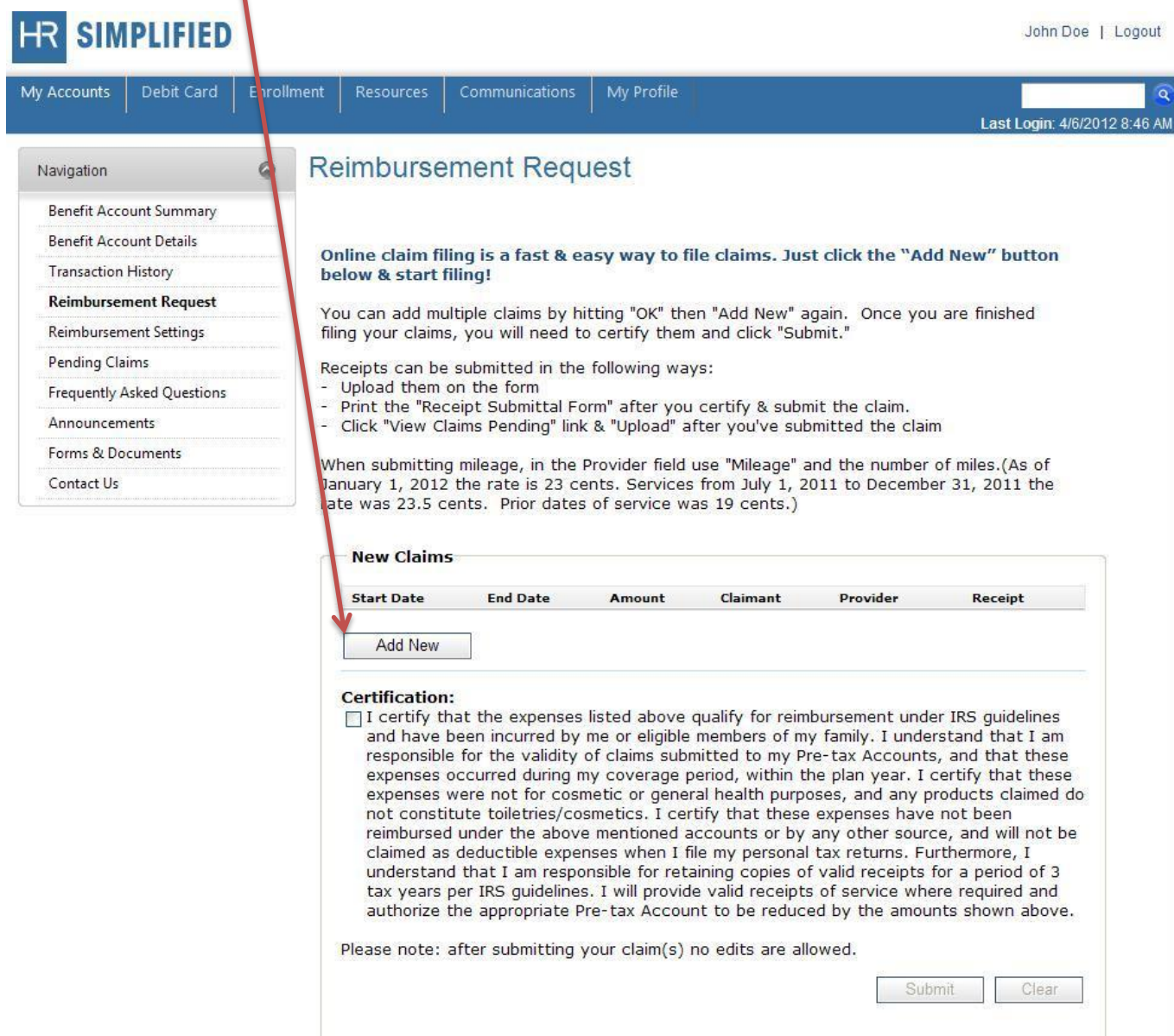
^r Reissued Payment.

^p Provider Payment. Mouseover p can see the detailed information.

^f Payroll Funded Deposit.

Request Reimbursement

The Request Reimbursement page allows you to file claims online. You can add multiple claims by clicking "OK" then "Add New" again. This form will also allow you to upload a scanned image of your receipt.





John Doe | Logout

My Accounts
Debit Card
Enrollment
Resources
Communications
My Profile

Last Login: 4/6/2012 8:46 AM

Navigation

- Benefit Account Summary
- Benefit Account Details
- Transaction History
- Reimbursement Request**
- Reimbursement Settings
- Pending Claims
- Frequently Asked Questions
- Announcements
- Forms & Documents
- Contact Us

Reimbursement Request

Online claim filing is a fast & easy way to file claims. Just click the "Add New" button below & start filing!

You can add multiple claims by hitting "OK" then "Add New" again. Once you are finished filing your claims, you will need to certify them and click "Submit."

Receipts can be submitted in the following ways:

- Upload them on the form
- Print the "Receipt Submittal Form" after you certify & submit the claim.
- Click "View Claims Pending" link & "Upload" after you've submitted the claim

When submitting mileage, in the Provider field use "Mileage" and the number of miles.(As of January 1, 2012 the rate is 23 cents. Services from July 1, 2011 to December 31, 2011 the rate was 23.5 cents. Prior dates of service was 19 cents.)

New Claims

Start Date	End Date	Amount	Claimant	Provider	Receipt
Add New					

Certification:

☐ I certify that the expenses listed above qualify for reimbursement under IRS guidelines and have been incurred by me or eligible members of my family. I understand that I am responsible for the validity of claims submitted to my Pre-tax Accounts, and that these expenses occurred during my coverage period, within the plan year. I certify that these expenses were not for cosmetic or general health purposes, and any products claimed do not constitute toiletries/cosmetics. I certify that these expenses have not been reimbursed under the above mentioned accounts or by any other source, and will not be claimed as deductible expenses when I file my personal tax returns. Furthermore, I understand that I am responsible for retaining copies of valid receipts for a period of 3 tax years per IRS guidelines. I will provide valid receipts of service where required and authorize the appropriate Pre-tax Account to be reduced by the amounts shown above.

Please note: after submitting your claim(s) no edits are allowed.

Submit

Clear



John Doe | Logout

My Accounts
Debit Card
Enrollment
Resources
Communications
My Profile

Last Login: 4/6/2012 8:46 AM

Navigation

- Benefit Account Summary
- Benefit Account Details
- Transaction History
- Reimbursement Request**
- Reimbursement Settings
- Pending Claims
- Frequently Asked Questions
- Announcements
- Forms & Documents
- Contact Us

Reimbursement Request

Add/Edit Claim
X

Please complete the below information and select "OK" when finished.

To upload your receipt, you will first need to scan the document(s) and save them to your computer. Once you complete this step, you can then "Browse" your computer to locate the file and attach.

Service Dates:

Start Date*
End Date

Claim Amount *:

Claimant *:

Provider:

Account Type*:

Receipt File:

* = required

1. Enter the service date(s) of your expense.
2. Enter the claim amount.
3. Enter the provider of the service.
4. Enter the claimant (person who incurred the expense).
5. Select the account to be reimbursed from.
6. If you have a scanned image of your receipt, you may upload the receipt and attach it to this claim. Just click the "Browse" button and locate your scanned image on your computer.
7. Add any notes about the claim.
8. Click "OK".

Reimbursement Request

Online claim filing is a fast & easy way to file claims. Just click the "Add New" button below & start filing!

You can add multiple claims by hitting "OK" then "Add New" again. Once you are finished filing your claims, you will need to certify them and click "Submit."

Receipts can be submitted in the following ways:

- Upload them on the form
- Print the "Receipt Submittal Form" after you certify & submit the claim.
- Click "View Claims Pending" link & "Upload" after you've submitted the claim

When submitting mileage, in the Provider field use "Mileage" and the number of miles. (As of January 1, 2012 the rate is 23 cents. Services from July 1, 2011 to December 31, 2011 the rate was 23.5 cents. Prior dates of service was 19 cents.)

New Claims

Start Date	End Date	Amount	Claimant	Provider	Receipt
1/5/2012	1/5/2012	\$25.00	Doe, John	CVS	Edit
2/5/2012	2/5/2012	\$50.00	Doe, John	Medical Copay	Edit
3/15/2012	3/15/2012	\$500.00	Doe, John	Mercy Hospital	Edit

Add New

Certification:

☐ certify that the expenses listed above qualify for reimbursement under IRS guidelines and have been incurred by me or eligible members of my family. I understand that I am responsible for the validity of claims submitted to my Pre-tax Accounts, and that these expenses occurred during my coverage period, within the plan year. I certify that these expenses were not for cosmetic or general health purposes, and any products claimed do not constitute toiletries/cosmetics. I certify that these expenses have not been reimbursed under the above mentioned accounts or by any other source, and will not be claimed as deductible expenses when I file my personal tax returns. Furthermore, I understand that I am responsible for retaining copies of valid receipts for a period of 3 tax years per IRS guidelines. I will provide valid receipts of service where required and authorize the appropriate Pre-tax Account to be reduced by the amounts shown above.

Please note: after submitting your claim(s) no edits are allowed.

Submit

Clear

Once you are finished filing your claims, you will need to "Certify" them and click "Submit". If you don't "Certify" your claims, they will not be sent to HR Simplified.

1. Click the Certification box.
2. Click the "Submit" button.
3. You're all done!

Transaction History

The Transactions tab allows you to manage card transactions and manual claims, set up manual claim reimbursement, and process manual claim reimbursements.

Transaction History

Listed below are recent transactions for your accounts. You can filter the results by Year and/or Account Type.

Service Year: Account:

Printer Friendly View

Claims that are displayed with a yellow highlight are claims that were split between multiple benefit accounts.

Tran. Date	Service Date	Description	Type	Claimant	Account / Plan Year	Status	Amount	Claim/Check Number	Receipt
3/27/2012	3/27/2012-3/27/2012	Prefunded Deposit	Deposit	Doe, John	FSA 1/1/2012-12/31/2012	Approved	Deposit: \$1,500.00		
3/26/2012	2/5/2012-2/5/2012	MEDICAL COPAY	Claim	Doe, John	FSA 1/1/2012-12/31/2012	Approved	Total Claim: \$50.00 Approved: \$50.00		Pending
3/26/2012	2/5/2012-2/5/2012	MEDICAL COPAY	Claim	Doe, John	FSA 1/1/2012-12/31/2012	Denied	Total Claim: \$50.00 Approved: \$0.00		
3/26/2012	3/15/2012-3/15/2012	MERCY HOSPITAL	Claim	Doe, John	FSA 1/1/2012-12/31/2012	Approved	Total Claim: \$500.00 Approved: \$500.00		Pending
3/26/2012	3/15/2012-3/15/2012	LENS CRAFTERS	Claim	Doe, John	FSA 1/1/2012-12/31/2012	Approved	Total Claim: \$500.00 Approved: \$500.00		Pending
3/26/2012	3/26/2012-3/26/2012	MERCY HOSPITAL	Card	Doe, John	FSA 1/1/2012-	Pending	Posted: \$500.00 Approved: \$500.00		

Benefit Account Details

Displays Balance Summary(s), Account Summary(s), Chart and Plan Date Graphic.

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Benefit Account Details

Plan Year: Current
Select Account: FSA (01/01/2012 - 12/31/2012)

Flexible Spending Account

Plan Year	Annual Election	Total Contributions	Additional Deposits	Payments	Balance
01/01/2012 - 12/31/2012	\$3,000.00	\$615.38	\$0.00	\$2,075.00	\$925.00

[Recent Transactions](#)
[Account Details](#)
[Payroll Info](#)
[Family Details](#)

Balance Summary

Spent	\$2,075.00
Remaining Balance	\$925.00
Balance Due	\$0.00

Account Summary

Account Dates Chart

Account Dates Chart: Provides guidance on what dates of service are eligible for reimbursement for this account.

- **Start Date:** The earliest date of service for which you may be reimbursed for eligible services.
- **End Date:** This date is the end date for this plan.
- **Last Day for Spending:** Latest date of service for which you may be reimbursed for eligible services.
- **Last Day to Submit Claims:** You must submit claims by this date to be considered for reimbursement. The claim date of service must be within the green area of this chart.

Payroll Info

John Doe | Logout

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Benefit Account Details

Plan Year: Current
Select Account: FSA (01/01/2012 - 12/31/2012)

Flexible Spending Account

Plan Year	Annual Election	Total Contributions	Additional Deposits	Payments	Balance
01/01/2012 - 12/31/2012	\$3,000.00	\$615.38	\$0.00	\$2,075.00	\$925.00

Recent Transactions

Account Details

Payroll Info

Family Details

Employee Contribution Information

Payroll Cycle	BiWeekly
Employer Per Pay Period Contribution Election	\$0.00
Employee Per Pay Period Contribution Election	\$134.62

Contribution To Date

Annual Contribution \$2,999.00

Contributed So Far: \$615.00
Remaining to Contribute: \$2,384.00

Payroll Cycle: Displays the calendar type associated with cycle (weekly, bi-weekly, monthly, etc.)

- **Employer Per Pay Period Contributions:** Displays the employer contributions per each pay period.
- **Employee Per Pay Period Contributions:** Displays the employee contribution per each pay period.
- **Contribution Chart:** Displays how much has been contributed to date and the amount remaining to contribute.

Family Details

Provides details for individual amount balances/deductibles or the family members linked to the account.

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Benefit Account Details

Plan Year: Current Select Account: FSA (01/01/2012 - 12/31/2012)

Flexible Spending Account

Plan Year	Annual Election	Total Contributions	Additional Deposits	Payments	Balance
01/01/2012 - 12/31/2012	\$3,000.00	\$615.38	\$0.00	\$2,075.00	\$925.00

Recent Transactions | Account Details | Payroll Info | **Family Details**

The following family members are linked to this account:

Name	Current Status
John Doe*	Active

*This participant is the primary account holder.

Name: Participant or Dependents name.

Current Status: Displays the status per dependent. Active, Inactive (Employee/Dependent Account Status: Temporary Inactive, Terminated.)

Card Status

The Card Status page will display a list of cards that are issued to you and any dependents.

Cardholder	Card #	Card Status	Issue Status	Mailed Date	Is Dependent
Joe, Jane	XXXX-XXXX-XXXX-8362	New	Issue		Yes
Doe, John	XXXX-XXXX-XXXX-8354	New	Issue		No

Report Lost/Stolen Card

The Report Lost/Stolen Card page will allow you to report your card lost or stolen. This will deactivate the card. You will also have the option to request a new card at this time.

Card Number: XXXX-XXXX-XXXX-8354 - Doe, John

Issue New Card: ☒

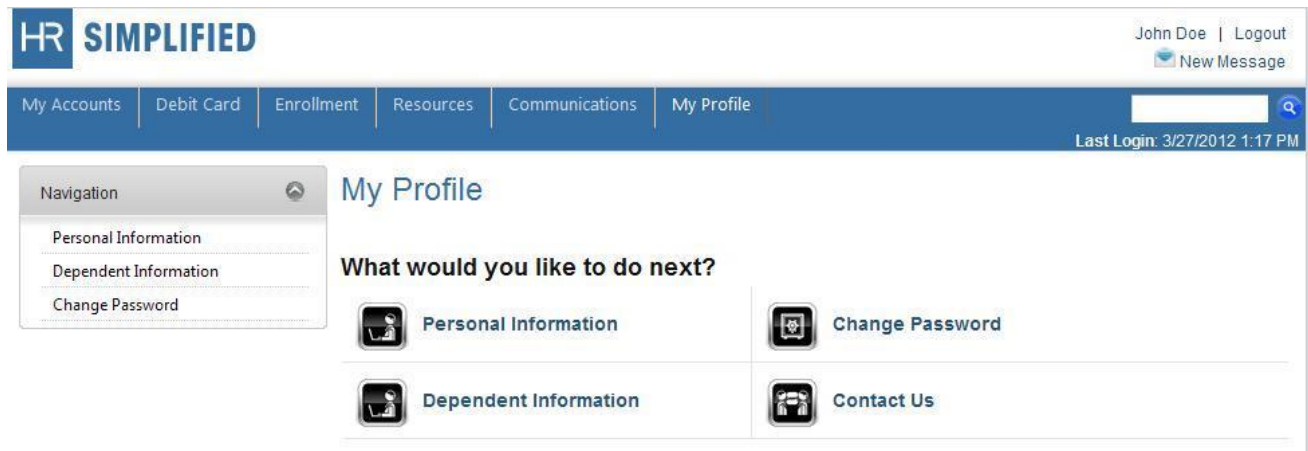
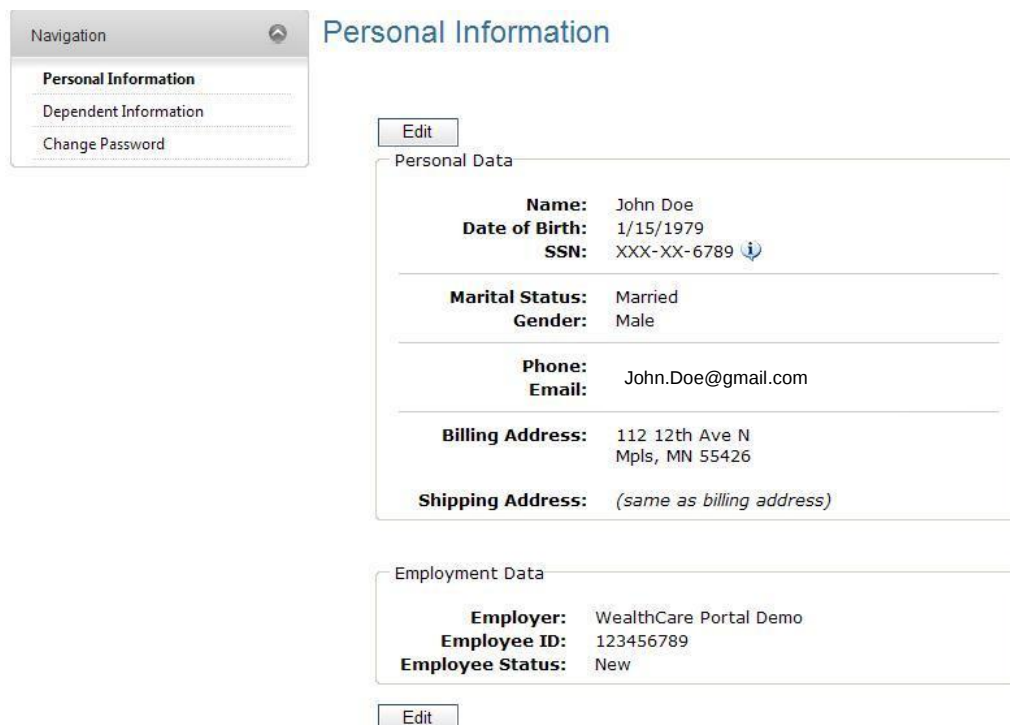
Note: There may be a cost to issue a new card. For questions regarding possible costs please contact your administrator.

Submit

Personal Information

The Personal Information page will allow you to view your demographic information.

** Please keep in mind that your employer may not allow changes to be done at the employee level. In these cases, please contact your local Human Resource Department to update this information. **

Personal Data

Name:	John Doe
Date of Birth:	1/15/1979
SSN:	XXX-XX-6789
Marital Status:	Married
Gender:	Male
Phone:	
Email:	John.Doe@gmail.com
Billing Address:	112 12th Ave N Mpls, MN 55426
Shipping Address:	(same as billing address)

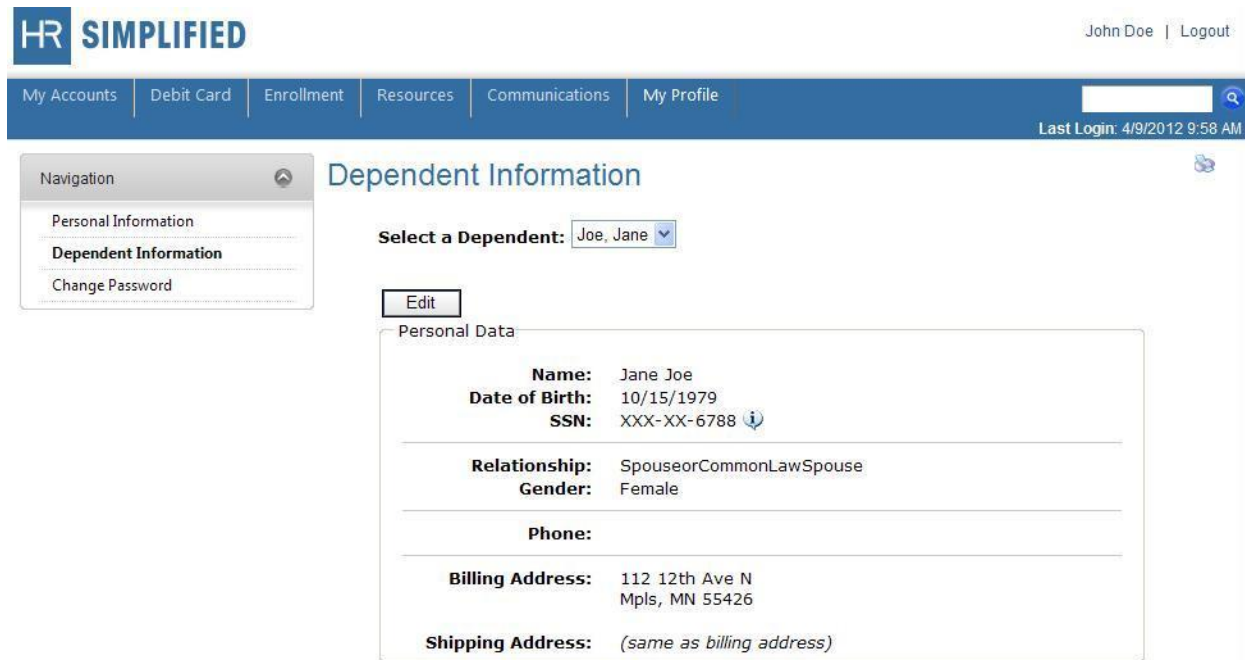
Employment Data

Employer:	WealthCare Portal Demo
Employee ID:	123456789
Employee Status:	New

Dependent Information

Dependent information is not required for your Flexible Spending Account. However, you may see your dependent's name because we may have issued a benefit card to them at your request.

If you would like to provide your dependent's information - Please send in your written request to HR Simplified at FSA@HRSimplified.com or fax to 1-877-723-0146.





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Navigation

Personal Information
Dependent Information
Change Password

Dependent Information

Select a Dependent: Joe, Jane

Edit

Personal Data

Name: Jane Joe
Date of Birth: 10/15/1979
SSN: XXX-XX-6788

Relationship: SpouseorCommonLawSpouse
Gender: Female

Phone:

Billing Address: 112 12th Ave N
Mpls, MN 55426
Shipping Address: (same as billing address)

Direct Deposit Information

The Direct Deposit Information page will allow you to add or edit your direct deposit information.

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Direct Deposit Information

Edit Bank Information

Reimbursement Method:

Account Number:

Routing Number:

Bank Account Type:

Note: By providing my bank account and routing numbers, I agree to allow my administrator to direct deposit plan reimbursements into my account. I understand that I can change this directive at any time.



⑆ 2 1000 308 1 0 38 9 0 3 20 2 1 3 4 4 9 ⑆

Routing Number Check# Account Number

Note: The order of the Routing, Account, and Check numbers will vary from financial institution to financial institution and will not necessarily be in the same order as shown above.

Save

Cancel

Contact Administrator

Please feel free to send an email to HR Simplified by completing this form with any questions or concerns you may have.



John Doe | Logout

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Contact Us

Your Administrator is HR Simplified. You may contact your Administrator by phone at **888-318-7472** or by sending an email below. In order to better assist you, your first name, last name and employer's name will be automatically added to the body of your message.

In order to better assist you, your first name, last name and employer's name will be automatically added to the body of your message.

To:

CC:

From:

Subject:

Body:

Questions about 2011 account.

Send

Clear

Phone:

888-318-7472

Email:

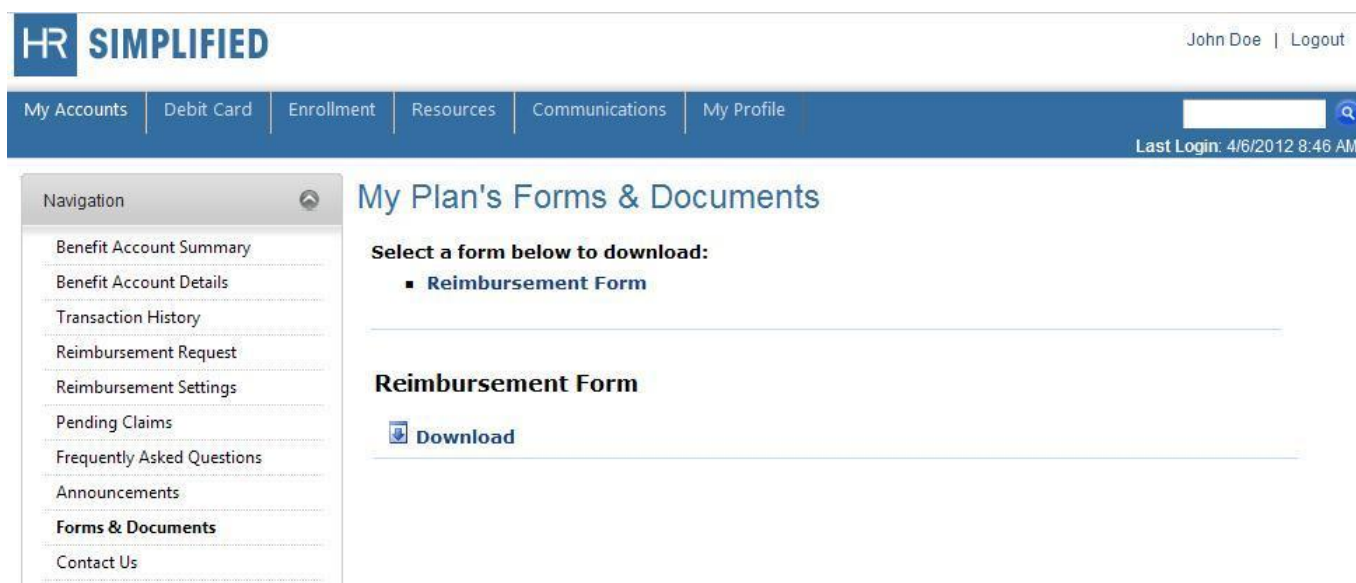
fsa@hrsimplified.com

PLEASE NOTE:

- Multiple CC addresses are allowed.
- The email message does not allow rich text editing. It is plain text.

Forms & Documents

The Download Forms page will allow you to download forms related to each of your plans.



HR SIMPLIFIED John Doe | Logout

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My Plan's Forms & Documents

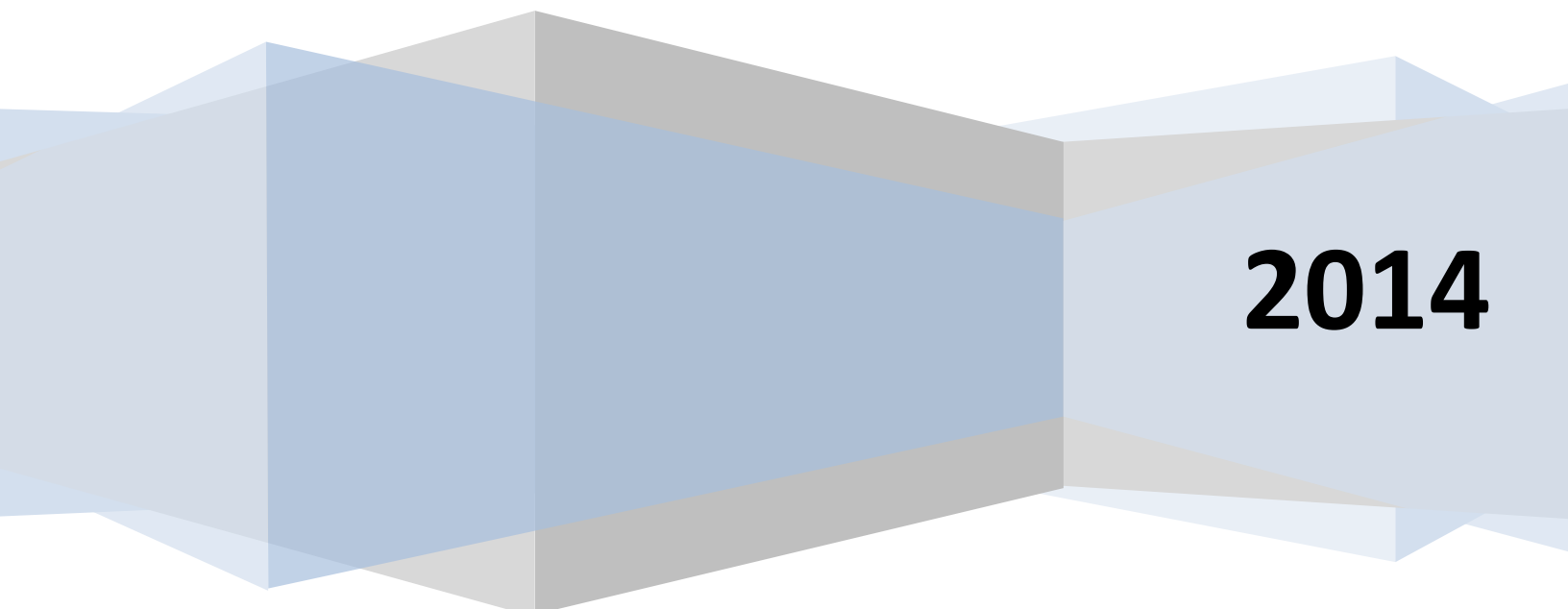
Select a form below to download:

- **Reimbursement Form**

Reimbursement Form

 **Download**

Annual Open Enrollment Section



2014

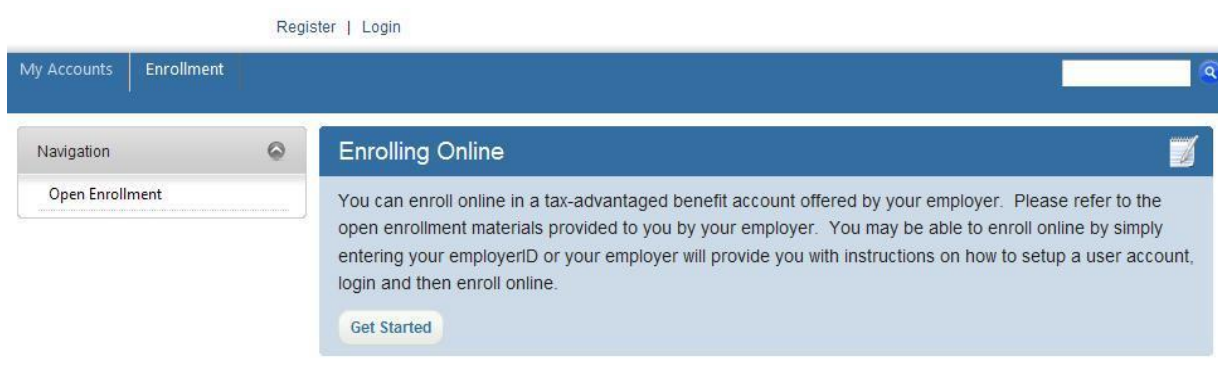
Annual Open Enrollment

To get started click the “Open Enrollment” link. Click “Get Started.”

Next select the plan you want to enroll in.

The Open Enrollment tab is available only during the Open Enrollment period determined by the employer.

Please log onto your account, and click on Enrollment Tab.



Please make sure enroll under the correct plan:

Flexible Spending Account: Medical expenses for you and any eligible Dependents.

Dependent Care Plan: Daycare Expense for children under the age of 13.

John Doe | [Logout](#)
 [New Message](#)

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Navigation

Open Enrollment

Open Enrollment

Open Enrollment occurs once a year. Any plans available for enrollment will be listed below.

[Begin Online Enrollment...](#)

Enroll Online

Welcome to online enrollment for your Flexible Spending benefit plans. HR Simplified is pleased to continue as the administrator for the year 2012.

Open enrollment dates are November 16th, 2011 through December 16th, 2011. Once you have enrolled, you can make changes on-line up to the 16th but the enrollment will be closed on December 17th. Changes or enrollments after that date must be completed through your HR Department.

If you are currently enrolled in the plan and have a debit card, your card will be programmed with your new election on January 1, 2012. If you are enrolling for the first time and would like a card, please complete the Debit Card Request form found in the Forms section of the site.

If you have any questions regarding the open enrollment process, please call 888-318-7472.

Thank you!

Plan Name	Plan Year	Open Enrollment Date
Flexible Spending Account	4/1/2012 - 3/31/2013	3/20/2012 - 3/25/2012
Dependent Care Plan	4/1/2012 - 3/31/2013	3/20/2012 - 3/25/2012

Enrollment Summary

Below are benefit plans that you are eligible to enroll. Please click on the "Enroll Now" or "Waive Now" link under the Action column to either enroll or waive your enrollment for each plan.

Plan Name	Plan Year	Election	Dependents	Status	Action
Flexible Spending Account	04/01/12 - 03/31/13	\$0.00	No	New	Enroll Now Waive Now
Dependent Care Plan	04/01/12 - 03/31/13	\$0.00	No	New	Enroll Now Waive Now

Mandatory fields are marked with an asterisk (*).

- First Name
- Last Name
- Date of Birth
- SSN #
- Email Address
- Home Address (If mailing address is same as Home Address please click in box, if different please do not select this box and add other address.)

John Doe | Logout
New Message

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Navigation
Open Enrollment

Open Enrollment

Open Enrollment occurs once a year. Any plans available for enrollment will be listed below.

Begin Online Enrollment...

 Processing Request... Processing Request...

Please verify/update your demographic information. You are also able to add or update your dependent information by selecting the tab "Dependents".

ed at the end of the open enrollment period.

Participant Demographics

Demographics

First Name*: John

Initial:

Last Name*: Doe

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

SSN*:

Marital Status: Married

Gender: Male

Mother's Maiden Name:

Driver's License Number:

Phone:

Email*: John.Doe@gmail.com

Mother's Maiden Name:

Driver's License Number:

Phone:

Email*: John.Doe@gmail.com

HOME ADDRESS (Not PO Box)*:

Address 1: 112 12th Ave N

Address 2:

City: Mpls

State: Minnesota

Zip: 55426

Country: United States

MAILING ADDRESS: ☒ Same as Home Address

Dependent

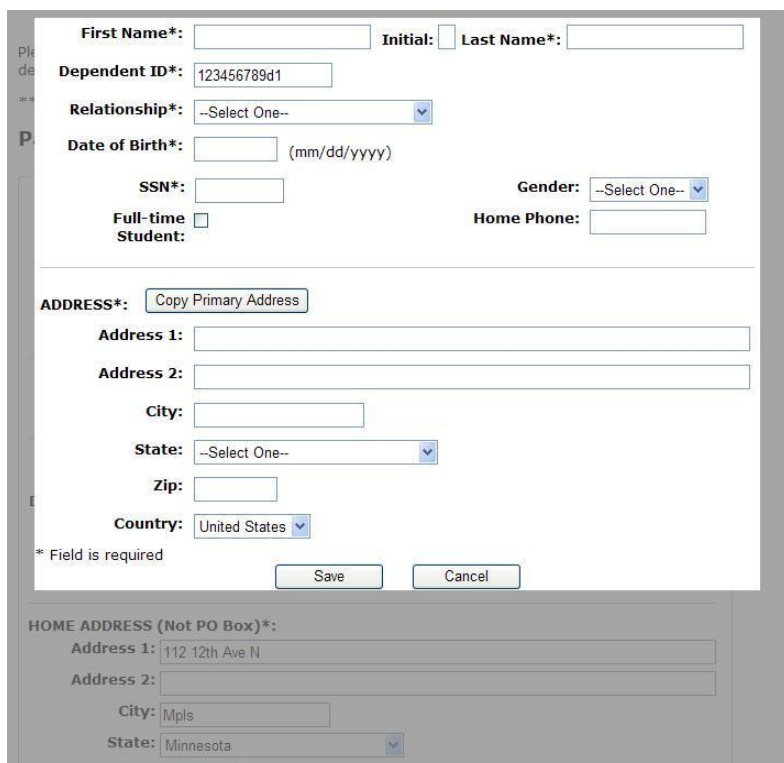
Please click 'Add Dependent' if you would like to add a dependent.
Note: For HSAs, a dependent is referred to as an Authorized signer and a debit card may be issued.

* Field is required

Dependent Information

The Dependent Information page will allow you to edit your dependent demographic information.

- **Mandatory fields are marked with an asterisk (*).**
- First Name
- Last Name
- Date of Birth
- SSN #
- Email Address
- Home Address (If mailing address is same as Home Address please click in box, if different please do not select this box and add other address.)



First Name*: Initial: Last Name*:

Dependent ID*:

Relationship*:

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

SSN*:

Gender:

Full-time Student: ☐

Home Phone:

ADDRESS*:

Address 1:

Address 2:

City:

State:

Zip:

Country:

* Field is required

HOME ADDRESS (Not PO Box)*:

Address 1:

Address 2:

City:

State:

Dependent

To edit or delete information, please click on the dependent's name.

#	Dependent Name	Relationship
1	Jane Joe	SpouseorCommonLawSpouse

**Your demographic information will be updated at the end of the open enrollment period.

Account Details

Plan Description: Flexible Spending Account

Plan Start Date: 4/1/2012

Plan End Date: 3/31/2013

Annual Election:

* Annual election can be from \$0.00 - \$2,500.00

It is important to be aware of the basic rules of this account before enrolling. Make sure you keep these in mind when you are making your elections. We also encourage you to review the Summary Plan Description for more detailed rules regarding this PreTax Account.

1. The money you elect to put in to this account is available at the beginning of the plan year and deductions are taken all year.
2. Changes to the election you make can only be made during the plan year if you have a qualifying event.
3. Reimbursements from this account can only be made of eligible health care expenses.
4. Expenses must be incurred during the plan year. The account is subject to the "use it or lose it" rule.

Please check the following box to accept your enrollment to the plan, then click on the "Next" button:

☐ I certify that my election amount for 2012 will be used for eligible medical expenses only.

Enrollment Application

Plan Description: Flexible Spending Account

Plan Start Date: 4/1/2012

Plan End Date: 3/31/2013

Participant Demographics

Edit

Name: John Doe

Billing Address: 112 12th Ave N
Mpls, MN 55426
United States

Card Shipping Address: Same as Billing Address

Phone:

Email: John.Doe@gmail.com

Date of Birth: 1/15/1979

Gender: Male

Marital Status: Married

Social Security Number: 123456789

Driver's License Number:

Mother's Maiden Name:

Participant Dependents

Edit

Name	ID	Relationship	DOB	SSN	Gender	FT Student	Phone
Jane Joe	123456789d1	SpouseorCommonLawSpouse	10/15/1979	123456788	Female	No	

Address: 112 12th Ave N, Mpls, MN, 55426, United States

Account Details

Edit

Annual Election: \$1,500.00

Next

Enrollment Complete

You have completed the enrollment application and your account will be opened shortly. You will receive your welcome kit shortly.

Done

Waive Enrollment

Plan Dependent Care Plan Description: Plan Start Date: 4/1/2012 Plan End Date: 3/31/2013 Please check the following box to waive your enrollment, then click on the "Submit" button: ☒ I certify to waive my election for the 2012 plan year.
--

Submit

Cancel