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
Welcome to the HR Simplified Participant/WealthCare Portal

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.
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.
Please click “Begin Setup Now”

Please select a personal phrase and a picture.

Registration Instructions

HR Simplified Participant Portal Sign In

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 to 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.

Your privacy is of our responsibility.

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

Passphrase and Security Image

Secure Authentication Setup

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:

Bring in 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 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

Please verify your name and email address.

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 exception only. It is not used for notification purposes.

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

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.
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.
Congratulations!

You have successfully completed the setup process.

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

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

Please select a personal phrase and a picture.
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 challenge questions.

Please remember: You can register more than one computer, but we don’t recommend registering public computers.
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.
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.
Balance Summary
The Balance Summary page displays a list of all the accounts you have enrolled in along with summary information for each account.

Click review account 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.

### Claims Pending

Listed below are all pending transactions on your accounts.

**View:** Card Transactions

<table>
<thead>
<tr>
<th>Trans. Date</th>
<th>Service Date</th>
<th>Description</th>
<th>Type</th>
<th>Claimant</th>
<th>Account / Plan Year</th>
<th>Status</th>
<th>Amount</th>
<th>Claim / Check Number</th>
<th>Receipt</th>
</tr>
</thead>
<tbody>
<tr>
<td>2/26/2012</td>
<td>3/26/2012-2/26/2012</td>
<td>MERCY HOSPITAL</td>
<td>Card</td>
<td>Dee, John</td>
<td>FSA 1/1/2012-12/31/2012</td>
<td>Pending</td>
<td>$500.00</td>
<td>$500.00</td>
<td>Upload</td>
</tr>
</tbody>
</table>

1 transaction found.

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

1. Reissued Payment.
2. Provider Payment. Housekeeper can see the detailed information.
3. 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.

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.)

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.
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 Submission 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.)

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!
**If you are unable to upload a scanned image of your receipt, the system will automatically prepare a fax cover page for you to use when faxing in your receipt to HR Simplified.**

**Please Note:** Please include the claim receipt submittal form with the necessary receipt or Explanation of Benefits (EOB).

Click the “View Receipt Submittal Form.”

Please note: If you are unable to upload your receipts, print this “Claim Receipt Submittal Form” and fax or mail your receipts or Explanation of Benefits to HR Simplified.
## 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.

<table>
<thead>
<tr>
<th>Service Year</th>
<th>Account:</th>
<th>Description</th>
<th>Type</th>
<th>Claimant</th>
<th>Account / Plan Year</th>
<th>Status</th>
<th>Amount</th>
<th>Claim / Check Number</th>
<th>Receipt</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/27/2012</td>
<td>Doe, John</td>
<td>Prefunded Deposit</td>
<td>Deposit</td>
<td>Doe, John</td>
<td>FSA 1/1/2012-12/31/2012</td>
<td>Approved</td>
<td>$1,500.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3/28/2012</td>
<td>Doe, John</td>
<td>MEDICAL COPAY Claim</td>
<td>Claim</td>
<td>Doe, John</td>
<td>FSA 1/1/2012-12/31/2012</td>
<td>Approved</td>
<td>Total Claim: $50.00</td>
<td>$50.00</td>
<td>Pending</td>
</tr>
<tr>
<td>3/26/2012</td>
<td>Doe, John</td>
<td>MEDICAL COPAY Claim</td>
<td>Claim</td>
<td>Doe, John</td>
<td>FSA 1/1/2012-12/31/2012</td>
<td>Denied</td>
<td>Total Claim: $50.00</td>
<td>$0.00</td>
<td></td>
</tr>
<tr>
<td>3/25/2012</td>
<td>Doe, John</td>
<td>MERCY HOSPITAL Claim</td>
<td>Claim</td>
<td>Doe, John</td>
<td>FSA 1/1/2012-12/31/2012</td>
<td>Approved</td>
<td>Total Claim: $500.00</td>
<td>$500.00</td>
<td>Pending</td>
</tr>
<tr>
<td>3/25/2012</td>
<td>Doe, John</td>
<td>LENS CRAFTERS Claim</td>
<td>Claim</td>
<td>Doe, John</td>
<td>FSA 1/1/2012-12/31/2012</td>
<td>Approved</td>
<td>Total Claim: $500.00</td>
<td>$500.00</td>
<td>Pending</td>
</tr>
<tr>
<td>3/26/2012</td>
<td>Doe, John</td>
<td>MERCY HOSPITAL Card</td>
<td>Card</td>
<td>Doe, John</td>
<td>FSA 1/1/2012-12/31/2012</td>
<td>Pending</td>
<td>Posted</td>
<td>$500.00</td>
<td>$500.00</td>
</tr>
</tbody>
</table>
Benefit Account Details
Displays Balance Summary(s), Account Summary(s), Chart and Plan Date Graphic.

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

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.

**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.

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

Edit Bank Information

Reimbursement Method: Direct Deposit

Account Number: 000000000
Routing Number: 000000000
Bank Account Type: Checking

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.

Routing Number: 1234567890
Check: 03687
Account Number: 0321243549

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.

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.

My Plan's Forms & Documents

Select a form below to download:
- **Reimbursement Form**

Reimbursement Form

Download
Annual Open Enrollment Section
**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.

---

**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 18th, 2011 through December 16th, 2011. Once you have enrolled, you can make changes on-line up to the 30th 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!

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Plan Year</th>
<th>Open Enrollment Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependent Care Plan</td>
<td>4/1/2012 - 3/21/2012</td>
<td>2/20/2012 - 2/25/2012</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>Plan Name</th>
<th>Plan Year</th>
<th>Election</th>
<th>Dependents</th>
<th>Status</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flexible Spending Account</td>
<td>04/01/12 - 03/31/13</td>
<td>$0.00</td>
<td>No</td>
<td>New</td>
<td>Enroll Now</td>
</tr>
<tr>
<td>Dependent Care Plan</td>
<td>04/01/12 - 03/31/13</td>
<td>$0.00</td>
<td>No</td>
<td>New</td>
<td>Enroll Now</td>
</tr>
</tbody>
</table>
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.)
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.)
**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:** $1500.00  

* 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

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

Name ID  Relationship  DOB  SSN  Gender  FT  Phone  Student
Jane  123456789d1 SpouseorCommonLawSpouse 10/15/1979 123456788 Female No
Joe  Address: 112 12th Ave N, Mpls, MN, 55426, United States

Account Details

Annual Election: $1,500.00
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 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