Filing Your Claims Online Is as Easy as 1, 2, 3.

Smart, ***simple*** and ***secure***, Employee Benefits Corporation's online claim-filing tool is the easiest way for you to file your BESTflex℠ Plan or EBC HRA℠ claims.

This guide explains each of the three steps to filing claims using your online account portal, My Account Assistant.

Log in:

Before you can file your claim, you need to activate and log into your account. If you already have a user name and password, you've already activated your account and can log in right away.

Activate your account

If you haven't done so, activate your account.

1. Visit www.ebcflex.com
2. Click the "Participant Log-in" link and follow the instructions to activate your account

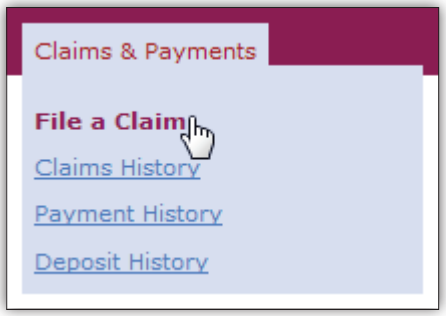
We'll send you two email messages, one with you user name and one with your password, as confirmation. Use your user name and password and log into your account.

Log into your account

1. Visit www.ebcflex.com
2. Click the "Participant Log-in" link and enter your user name and password

Find the Filing tool:

Once you're logged in, hover over the "Claims & Payments" link in the menu and click the "File a Claim" link.



Step 1:

Complete the claim form and attach documentation

Complete the short claim form and, when you're finished, click "Save." You can add multiple expenses to your claim by clicking "Add another claim line" below the form.

EBC HRA Note: If your insurance carrier submits your claims automatically, the EBC HRA will not be listed under Plan Type.

Attaching supporting document(s) requires you to scan and upload an invoice, receipt or Explanation of Benefits (EOB) that shows your expense is eligible for reimbursement.

Click "Upload document(s) from computer" to bring up the file browser, then locate the scanned document(s) on your computer.

Once it's uploaded, you'll see a graphic showing the document is attached to your claim. Click the "X" to remove it or click the file name to view it.

What file formats will we accept for your scanned documents?

Your scanned documentation must be less than 4 **megabytes** in size and in one of the following formats:

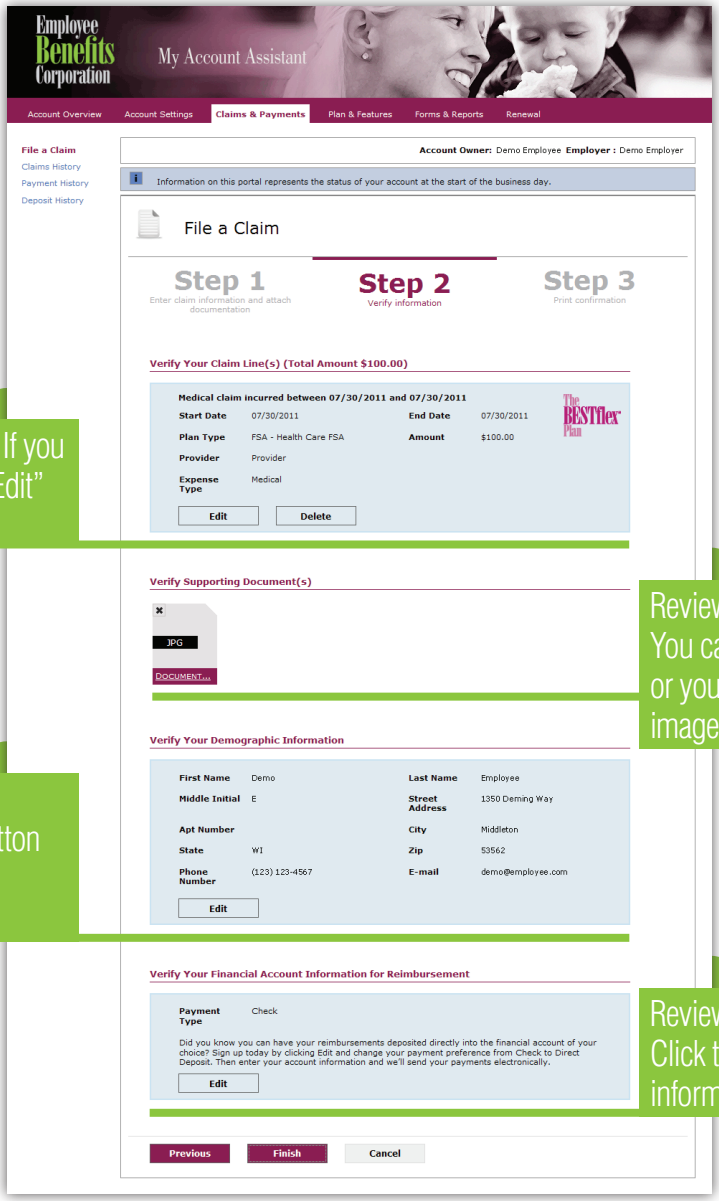
- **.jpg**
- **.jpeg**
- **.gif**
- **.pdf**
- **.png**
- **.tiff**
- **.tif**

When you've completed the claim form and attached your scanned documentation, click "Next."

Note: Please do not file a claim for an expense you already paid with the Benny™ Benefits Card, if applicable.

Step 2:

Review your claim, demographic and financial information



Review your claim information. If you need to make a change, click "Edit" below the information.

Review your supporting document(s). You can click the file name to view it, or you can click the "X" to remove an image and upload a new one.

Review your demographic information. Click the "Edit" button below the information to make changes, if necessary.

Review your financial information. Click the "Edit" button below the information to make changes.

When you've finished reviewing and, if necessary, editing your information, click "Finish."

Claim Submissions Terms & Agreement

This certifies that my statements on this Claim Form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for my eligible dependents. I understand that it is my responsibility to submit only eligible expenses defined by My Company Plan's parameters. I certify that these expenses have not been, nor will be, reimbursed by any other benefit plan and will not be claimed as an income tax deduction. I also understand, to provide services to my employer in connection with one or more employee benefit plans maintained by my employers, Employee Benefits Corporation may need "protected health information" regarding coverage or benefits for me or my dependents under the plan. By clicking "I agree," I hereby acknowledge that Employee Benefits Corporation will obtain and use such information and disclose it to my employer (or to an insurer or other provider of services related to the plan) but only for the purposes of the plan and only for as long as Employee Benefits Corporation is providing services regarding the plan. Any information disclosed pursuant to this Claim Form will not be subject to redisclosure by the recipient, except for purposes of the plan.

I accept | Cancel

Clicking "Finish" at the end of Step 2 brings up the Claim Submission Terms & Agreements. When you click "I Accept," you're effectively signing your claim form.

Step 3:

Review and print your claim confirmation

Employee Benefits Corporation
My Account Assistant

Account Overview | Account Settings | Claims & Payments | Plan & Features | Forms & Reports | Renewal

File a Claim
Claims History
Payment History
Deposit History

Account Owner: Demo Employee **Employer :** Demo Employer

Information on this portal represents the status of your account at the start of the business day.

File a Claim

Printer friendly version

Step 1 — Enter claim information and attach documentation
Step 2 — Verify information
Step 3 — Print confirmation

Claim submission complete!
Thank you for submitting your claim online! Your claim will be processed within the next 2 business days in accordance with your Plan Design. Please watch your e-mail for a confirmation of your submission.

Print your claim.
If you would like to print your claim, click here.

When you reach this page, your claim has been submitted. Click the link at the end of the confirmation statement or in the upper right-hand corner to view a printer-friendly version of your claim.

Confirmation Information

Confirmation Number	123456789876543212	**Name**	Demo EmployeeEL
Date	08/15/2011		

Claim Line(s) (Total Amount $100.00)

Office Visit claim incurred between 07/30/2011 and 07/30/2011

Start Date	07/30/2011	**End Date**	07/30/2011
Plan Type	FSA - Health Care FSA	**Amount**	$100.00
Provider	Provider		
Expense Type	Office Visit		

The BESTflex Plan

Supporting Document(s)

JPG
DOCUMENT.jpg

Demographic Information

First Name	Demo	**Last Name**	Employee
Middle Initial	E	**Street Address**	1350 Deming Way
Apt Number		**City**	Middleton
State	WI	**Zip**	53562
Phone Number	(123) 123-4567	**E-mail**	demo@employee.com

Financial Account Information for Reimbursement

Payment Type	Check

Once you receive your confirmation, you can go to any other section of My Account Assistant to view additional account information.

We'll help with your questions.

Our goal is to make all aspects of your plan – including filing claims – easy. If you would like further guidance and assistance, don't hesitate to contact our Participant Services team. We're happy to help you.

Call us at 800 346 2126.

The BESTflex℠ Plan

The EBC HRA℠

Employee Benefits Corporation

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