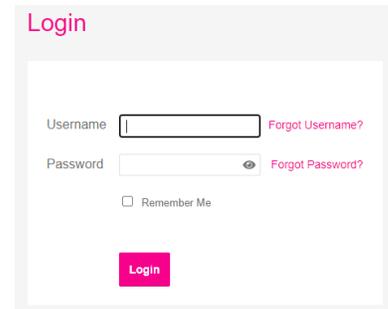


isolved Benefit Services provides all Flexible Spending Account (FSA) and Health Reimbursement Arrangement (HRA) participants with an online portal that provides anytime access to view and manage account information. One of the many features available online is the capability to file a claim and upload any documentation to accompany the claim.

To file a claim and upload documentation, follow these steps:

Navigate to the [isolved Benefit Services login page](#).

For security purposes, it is important for you to login to setup your Username and Password. isolved Benefit Services provides you with a 120-day timeframe to access your account to assist with the security of your account. If you access your account after the 120-day timeframe, you will need to contact isolved Benefit Services to receive a temporary password.



Enter your Username and Password. First time users will login using lower case first initial, last name and last four digits of your Social Security Number as both Username and Password.

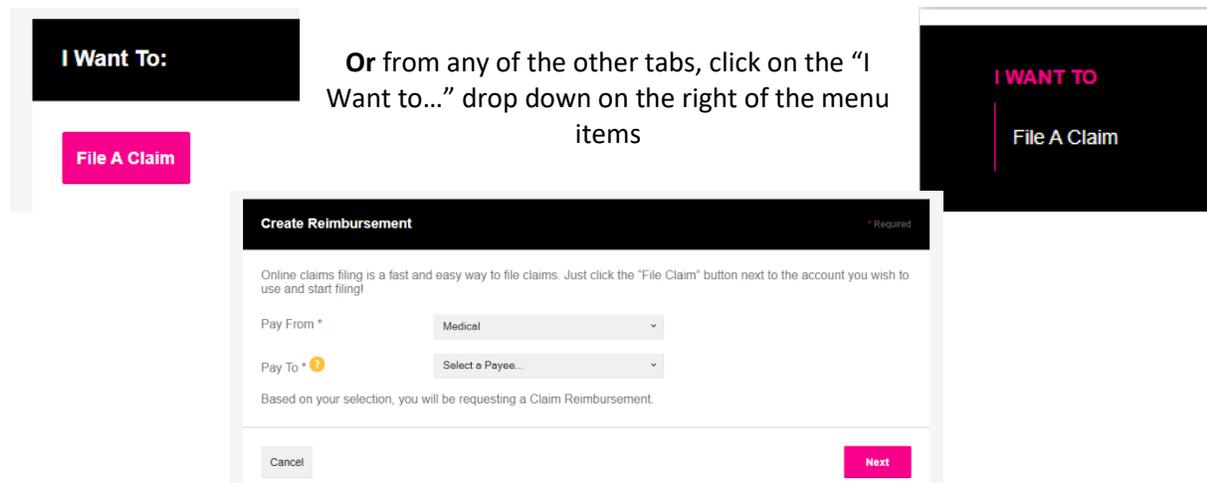
Note: If you are using Internet Explorer 11 and have difficulty with processing a claim online, turn off your compatibility mode. Please follow these instructions if you are unaware of how to make that change to your browser.

Internet Explorer 11

1. Navigate in Internet Explorer to the site you are trying to access.
2. Press the **Alt** key to display the menu bar.
3. Click the **Tools** menu and choose **Compatibility View Settings**.
4. In the *Add this website* field, you will see the domain (the last part of the website address).
5. Click **Add**.

Result: the domain appears in the list of websites you've added to compatibility view.

On the Home page, click **File a Claim**.



In the **Pay From** drop-down menu, choose the account type.

Create Reimbursement

Online claims filing is a fast and easy way to file claims. Just click the "File Claim" button and start filing!

Pay From * Medical

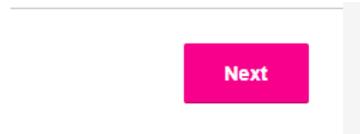
Pay To * Select a Payee...

Based on your selection, you will be able to file a claim for:

- Me
- Someone Else

Select a payee from the **Pay To** drop-down menu.

If the payee is not listed, select **Someone Else**.



Click **Next** once you have chosen the *Pay From* and *Pay To*.

When you select *Someone Else*, the next screen will be for you to set up a new payee in the system.

Payee Details

Payee * Add a New Payee Select a Saved Payee

Payee Name *

Enter who provided this service (this may be a physician, hospital, etc.)

Who is this for?

When appropriate, provide the name of the person who received service.

Account Number *

Enter the account number that the payee uses to identify the service or recipient.

Payee Address * Address Line 1

Address Line 2

Address Line 3

City

Select a state... Zip Code

Enter the address of physician, hospital, etc. who provided the service.

Save new payee information

From: Medical

To: Someone Else

Complete all required fields and click **Next**.

Upload your receipt.

Receipt / Documentation

Receipt(s) Upload Valid Documentation

Pay From: Medical

Pay To: Me

When uploading a receipt, it must be in .doc, PDF, bmp or gif format and must not exceed 2 MB.

Upload Receipt(s)

Upload options

[Browse for a file](#) on your computer.

Receipts must be in a JPG, JPEG, GIF, PNG or PDF format and cannot exceed 8 MB. The maximum number of uploaded receipts is 4.

Claim Details

Start Date of Service * 12/3/2020

End Date of Service 12/3/2020

Amount * \$ 10.00

Provider * Dr Jones

Category * ? Select a category...

Type * Select a category...
Capital Expenses
Dental
Drugs & Medicine
Hearing Impairment
Medical Expenses
Mental Health, Chemical Dependency & Special Education

Description

Enter your claim information on the form that appears (fields with an asterisk "*" are required fields).

- Start Date of Service
- End Date of Service
- Amount
- Provider
- Category
- Type
- Recipient

If the recipient is not listed, click on **Add Dependent**.

Recipient * John Doe
 Alexander Doe
 Jane Doe

Add Dependent

Did You Drive To Receive This Product/Service?* Yes No

Category * ? Medical Expenses

Type * Select a type...
Health Institute
Hospital Services
Laboratory Fees
Medical Copay
Medical Deductible
Medical Equipment
Medical Equipment Operation & Upkeep
Medical Services

Recipient * John Doe
 Alexander Doe
 Jane Doe

Add Dependent

Name *

SSN * - -

Birth Date *

Gender

Full Time Student * Yes No

Relationship *

Dependents added will be enrolled in the medical and dependent care plans in which you are enrolled. Please contact your administrator to enroll a dependent in an HRA plan.

Fill out the dependent information, click on **Submit**. Required fields are marked with an asterisk "*".

Once all of the required fields are completed, click **Next**.

The next page is a Transaction Summary of your claim. Review the information to make sure everything is accurate. You can either remove or update if necessary.

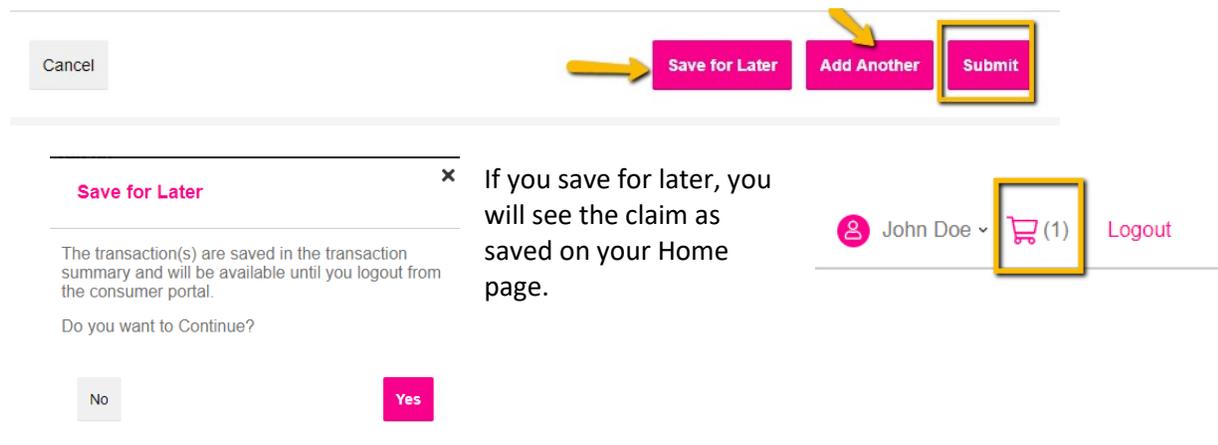
Transaction Summary (1)

FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT	
+ Health Care Account	Me	Medical Copay	\$10.00	\$10.00	Remove Update
Total Amount			\$10.00	\$10.00	

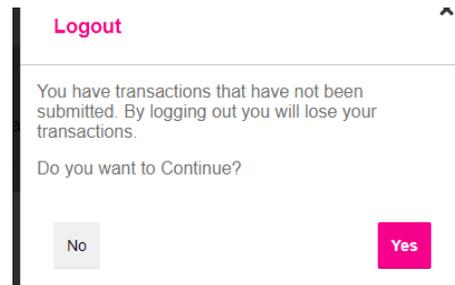
Claims Terms and Conditions

I have read, understand, and agree to the [Terms and Conditions](#).

You can either click on **Submit**, you can **Save for Later** or **Add Another** claim.



If you log out prior to submitting your saved claim, you will receive the following prompt.



Remember, you can now **go mobile** by using your smart phone to access:

- FSA Account balances
- Submit claims for reimbursement
- Send receipts using a mobile device's camera
- Configure alerts via text message

Easily check information now using an iPhone, iPod Touch, iPad or Android-powered device.