

Completing Claims On-Line

The screenshot displays the MyFlexOnline web portal interface. At the top, there is a navigation menu with tabs for 'View Account', 'Request Payment', 'User Info', 'Contact Us', and 'Help'. Below this, there are sub-tabs for 'Account Summary', 'Pending Payments', and 'Completed Payments'. The main content area is titled 'Account Summary' and includes a 'Welcome JOHN H STRONG' message. A table lists benefit accounts with columns for 'Benefit Account', 'Available Balance Current Year', 'Available Balance Previous Year', and 'Account Qualified Details Expenses'. The table contains three rows: 'Dependent Care', 'FSA - Unreimbursed Medical', and 'HRA - Unreimbursed Medical'. Below the table, there is a 'View my statement' section with buttons for 'Both Years', 'Current Year', and 'Previous Year'. The bottom of the page shows the system date and time as 'Current as of 10/7/2008 6:59:19 PM' and a 'Privacy Policy | Copyright & Disclaimer' link. The Windows taskbar at the bottom shows the start button and several open applications, including 'Shared Files', 'INSURANCE AND...', 'Microsoft PowerP...', 'Document3 - Micr...', 'Inbox - Microsof...', 'Citrix Access Plat...', and 'ICU1 WinflexOne...'. The system clock shows '3:43 PM'.

Benefit Account	Available Balance Current Year	Available Balance Previous Year	Account Qualified Details	Expenses
Dependent Care	\$0.00	\$0.00	VIEW	VIEW
FSA - Unreimbursed Medical	\$1,200.00	\$1,500.00	VIEW	VIEW
HRA - Unreimbursed Medical	N/A	\$1,000.00	VIEW	VIEW

View my statement: [Both Years](#), [Current Year](#), [Previous Year](#)

Current as of 10/7/2008 6:59:19 PM

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Click on Request Payment Tab.

Completing Claim On-Line

ICU1 WinflexOne Administrator - Citrix Presentation Server Client
https://www.myflexonline.com/ICE.aspx

MyFlexOnline [Log Out](#)

[View Account](#) [Request Payment](#) [User Info](#) [Contact Us](#) [Help](#)

[Create Claim](#) [Filing Help](#) [Qualified Expenses](#)

Create Claim

Please enter line detail for the first item and then click **Add An Item**. Your claim items will then be displayed.
To add multiple items, continue to enter line detail and click **Add An Item**.

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 **View Form**.

Claim Form					
Claim Type	Start mm/dd/yy	End mm/dd/yy	Description	Amount	
Medical	01/10/2008	01/10/2008	Urgent Care	\$50.00	Remove

[View Form](#)

Current as of 10/7/2008 6:59:19 PM

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Select Claim type, enter start and end date, description, amount and dependent name if applicable.
Click on "Add an Item" to continue until complete.

start | Shared Files | INSURANCE AND... | Microsoft PowerP... | Document3 - Micr... | Inbox - Microsoft... | Citrix Access Plat... | ICU1 WinflexOne... | 3:46 PM

Completing Claim Form On-Line

The screenshot shows a web browser window with the following content:

MyFlexOnline [Log Out](#)

[View Account](#) [Request Payment](#) [User Info](#) [Contact Us](#) [Help](#)

[Create Claim](#) [Filing Help](#) [Qualified Expenses](#)

File a Claim

Please review the information below. If the information is correct, click the **Continue** button to print the complete form to fax or mail to your administrator along with your receipts. [Click Continue to Print a Claim Form to fax or mail to your administrator.](#)

If you are using a **Pop-Up Blocker**, allow pop-ups for this site, disable the pop-up-blocker, or add this website to your list of **"Trusted Sites"** [Continue ▶](#)

Employer: **Indiana Credit Union Test**
Employee Name: **JOHN H STRONG**

Item	Start mm/dd/yy	End mm/dd/yy	Description	Amount
Medical	01/10/2008	01/10/2008	Urgent Care	\$50.00
Claim Form Total:				\$50.00

Current as of 10/7/2008 6:59:19 PM

[Privacy Policy](#) | [Copyright & Disclaimer](#)

Windows taskbar: start, Shared Files, INSURANCE AND..., Microsoft PowerP..., Document3 - Micr..., Inbox - Microsoft..., Citrix Access Plat..., ICU1 WinflexOne..., 3:48 PM

When all items have been entered, press "Continue" to print the claim.

Printing Claim Form

ICU1 WinflexOne Administrator - Citrix Presentation Server Client
https://www.myflexonline.com/ClaimForm_PrinterFriendly.aspx?ClaimFormID=1092484

Flexible Benefits Plan Form **1,092,484**
Employee: **Indiana Credit Union Test** Employee Name: **JOHN H STRONG**
Phone: **317-888-5454** E-mail: **jstrong@aol.com**

Step 1: Please print and sign this form.
Step 2: Gather and attach your receipts to this form.
On the receipts, please cross through any line items for Non-Qualified Expenses. Your fax or mail must be received by the DEADLINE.

Item	Start Date	End Date	Description	Deadline	Amount
MEDFEE	01/10/08	01/10/08	Urgent Care		\$50.00

Total Qualified Expenses: **\$50.00**

For Dependent Care Expenses you may choose to have your dependent care provider sign and date below to certify the expenses were incurred in lieu of providing a separate dependent care receipt.

I certify that the dependent care expenses shown are valid

Dependent Care Provider Signature	Dependent Care Provider ID	Date

Read Carefully and Sign: I understand that if I am requesting reimbursement from my reimbursement account(s) for the expenses itemized above, I make the following certification: I certify that the expenses for which reimbursement is requested under the reimbursement account(s) were for services received either by myself or my eligible dependent(s). I also certify that I or my eligible dependent(s) have received the services described on the date(s) indicated, and these are my out-of-pocket expenses that qualify as valid expenses under the plan(s) and the Internal Revenue Code. I certify that I have not been reimbursed for the itemized expenses and that I will not seek reimbursement under any other plan. I also certify that any medically related expenses itemized above are to diagnose, alleviate or prevent a medical condition and not merely beneficial to general health. If this claim is for medical expenses, I understand that if I, my spouse, or dependent(s) make contributions to a Health Savings Account (HSA) or receive HSA contributions from anyone else, I must have a Limited Purpose or Post-Deductible Medical Reimbursement Account (Health FSA) or a Limited Purpose, Post-Deductible, Suspended or Retirement Health Reimbursement Arrangement (HRG). I further understand that reimbursed expenses cannot be claimed as credits or deductions on my personal tax return. I understand that I alone am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim and that unless an expense for which payment or reimbursement is claimed is a proper expense under the plan(s), I may be liable for payment of all related taxes including Federal, state or city income tax on amounts paid from the plan(s) which relate to such expense. This certification also applies to any Flex Card payments for which receipts are included for items listed above.

Employee Signature: _____ Date: _____

Step 3: Sign this Form and Mail or Fax this form with receipts To:

KATIE MARSHALL P.O. Box 50425
Servicecorp 8440 Allison Pte Blvd., Ste. 400
c/o Flex Claims Dept. Indianapolis, IN 46250
317/594-5285

Date Printed: 10/8/2008 2:48 PM

Print, attach EOB or receipt and fax to: 317-594-5285

Print

General | Options

Select Printer

- Nortel Fax Batch (from SC-MARYG-M1210) in session 15
- Servicecorp HP Color Printer on icul-main (from SC-MARYG-M1210) in session 1

Status: Ready Print to file Preferences
Location: Servicecorp General Area
Comment: Auto Created Client Printer SC-MARYG-M1210 Find Printer...

Page Range
 All
 Selection Current Page
Pages: 1
Enter either a single page number or a single page range. For example, 5-12

Number of copies: 1
 Collate 1 2 3 1 2 3

Print Cancel Apply