

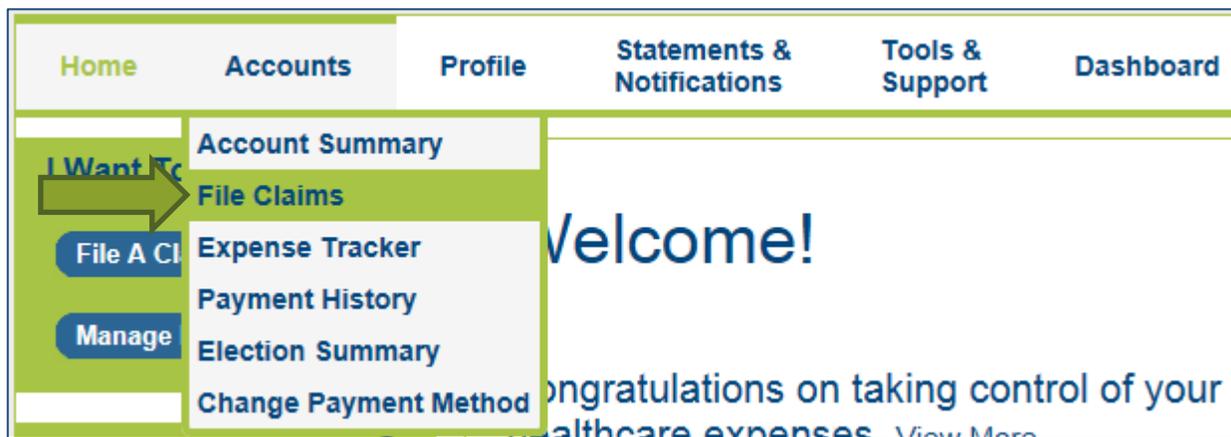
## Guide to Filing Claims

Claims for out-of-pocket expenses can be filed online, via mail or fax. **Note:** Don't file a claim if you have already used your Flexible Spending Account debit card. This could result in duplicate claims.

### Online

**Step 1 of 6:** Log In.

**Step 2 of 6:** Select File Claims in the ACCOUNTS tab and select the plan for which you would like to file a claim.



**Step 3 of 6:** Select the File Claim button from the plan you would like to be reimbursed from.

	Account	Available Balance	
	<a href="#">File Claim</a> <a href="#">Medical FSA 01/01/2014-12/31/2014</a>	\$221.28	<a href="#">View History</a> <a href="#">View Plan Rules</a>
	<a href="#">File Claim</a> <a href="#">Dependent Care FSA 01/01/2014-12/31/2014</a>	\$707.72	<a href="#">View History</a> <a href="#">View Plan Rules</a>

## Step 4 of 6: Enter the claim information.

Please enter your claim information below. If all or part of your claim is not reimbursable due to auditing factors (i.e. claim exceeds available balance in your account), then you will only be reimbursed the approved amount. You will be notified of any pending or denied claim amounts.

\* Do You Have a Valid Receipt?  No  Yes [What is a valid receipt?](#)

\* Receipt:  A receipt must be uploaded to file a claim.  
You may submit receipts electronically or successfully submit your claims.

\* Date of Service:   
Format date as mm/dd/yyyy.

\* Claim Amount: \$

\* Provider:

\* Category:  [What expenses are eligible?](#)

\* Type:

Description:   
If the category is "Other" or "Over-the-Counter Drugs", you must provide a description.

\* Recipient:  Heather  Benjamin  Lydia  Seth [Add Dependent](#)

\* Make Payment to:  Me  Someone Else  
When making payment to someone else, the payment will be sent to the address on file.

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

Mileage Reimbursement:  
Total Claim Amount:

\* Required field  | [Cancel](#)

You have the option to send payment to yourself or someone else. If you choose 'Someone Else' a paper check will be mailed to the designated payee. Please allow 10-14 days mailing time in addition to the two business day claim processing time.

## Step 5 of 6: Select Add Claim, agree to the Terms and Conditions, and select Submit.

Step 6 of 6: You will receive a confirmation that your claim was submitted. It will be processed within two business days. If further documentation is needed, you will be notified via email if you have an email address on file or via mail if you do not.

### Fax or Mail

Submit the Out-of-Pocket Reimbursement Request Form with documentation via fax or mail.

Fax: 1-866-451-3245

Mail: Discovery Benefits, PO Box 2926, Fargo ND 58108-2926