

NEW Enhancements Employee On-line Access To BPS

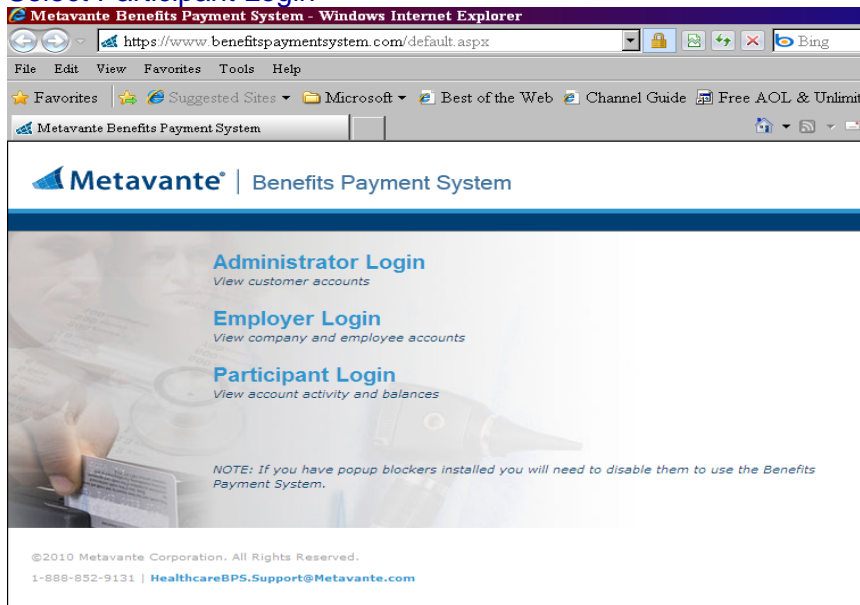
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A. Logging into BPS for the First Time

Go to: www.benefitspaymentsystem.com

1. Select Participant Login



2. Select Create Account

Welcome, please login or create an account below.

Login to your secure account

User ID:

Password:

[Forgot Password](#) | [Create Account](#)

3. Complete the page as indicated. Submit when completed.

To create an account, enter information below. The Employee ID is the user's social security number (no dashes or spaces). Skip the Employer ID and enter your Flex Debit Card Number. Complete the rest of the information requested on the form. Select own user id and password. If a user id has already been used, the system will prompt user to enter a different user id.

Please contact the Plan Administrator at 800-558-5553 for questions regarding access to this site or for questions about balances and statements.

Account Creation

Create a new user account.

Enter the information below to create your account. Please contact your Administrator for questions regarding access to this site or for questions about balances and statements.

Name *	<input type="text"/>	<input type="text"/>	?
	First	Last	
Employee ID *	<input type="text"/>		?
Employer ID *	<input type="text"/>		?
	or		
Card Number *	<input type="text"/>		?
New User ID *	<input type="text"/>		?
Password *	<input type="text"/>	<input type="text"/>	?
	Password	Confirm Password	
Security Word * (Mother's Maiden Name)	<input type="text"/>		?
Birth City *	<input type="text"/>		?
E-mail Address	<input type="text"/>		?
E-mail Options	<input checked="" type="checkbox"/> Send E-mails		?

NOTE: Software that blocks pop-up windows can prevent you from logging on to BPS. User will need to disable it for this site.

B. Many New Online Features

1. Home

From the main menu, there are a number of categories from which to choose. Click-on and select the following:

- Request Reimbursement
- View Your Account Balances
- Update your Personal Information
- View pending claims
- Order a new card
- Find basic forms
- And more.....

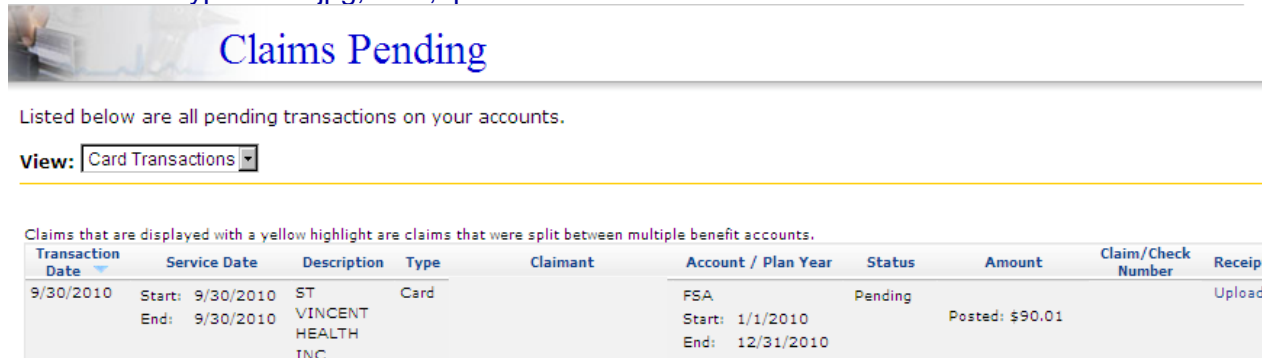
2. My Accounts Section

- a. The Balance Summary will give a summary of the Flex Accounts in which user is enrolled; will show what was elected, what was paid in, and what was spent.

Account Type	Plan Year	YTD Contributions	Annual Election	Other Deposits	Disbursed YTD	Disbursable Balance	B:
FSA	Start: 1/1/2010 End: 12/31/2010	\$3,166.73	\$4,000.08	\$0.00	\$4,000.08	\$0.00	

- b. [View Claims Pending](#) will display all claims that are in a pending status. These transactions may require additional actions to be made. If additional information is required, receipts may be uploaded directly to the website for processing. To the right of the transaction under the title **Receipts** select “upload.”

Common file types are .jpg, .doc, .pdf.



Listed below are all pending transactions on your accounts.

View: Card Transactions

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

Transaction Date	Service Date	Description	Type	Claimant	Account / Plan Year	Status	Amount	Claim/Check Number	Receipt
9/30/2010	Start: 9/30/2010 End: 9/30/2010	ST VINCENT HEALTH INC	Card		FSA Start: 1/1/2010 End: 12/31/2010	Pending	Posted: \$90.01		Upload

- c. [Request Reimbursement](#) is the area where information is submitted and a claim attached, online for payment. Here is how:

1. Select “Add New”



Please upload your receipts and complete the Claim Form.

New Claims

Start Date	End Date	Amount	Claimant	Provider	Receipt
Add New					

Certification:

To the best of my knowledge and belief, my statement in this Request for Reimbursement is complete and true. I am claiming reimbursement only for eligible expenses with the date of service incurred by me, my spouse, or my qualified dependent(s) during the applicable plan year. I certify that these expenses have not been reimbursed by any other source, nor will any reimbursement be sought from any other source. By signing and submitting a Dependent Care Reimbursement Request, I am certifying that expenses for which I request reimbursement satisfy all dependent care guidelines. I and my spouse, where applicable, are gainfully employed or a full-time student and not on leave. In accordance with the Flex Benefit Plan, I authorize my Flexible Spending Account(s) to be reduced by the amount requested.

Please note: after submitting your claim(s) no edits are allowed.

2. Enter the required information:
- Enter the Service Dates which may include the purchase date of the item.
 - Enter the Claim Amount that you are requesting.
 - Account Type. Please be careful to watch the “plan dates” when selecting the plan. Please identify for which plan type a claim is being submitted; i.e., DCA = Dependent Care Account and FSA = Flexible Spending Account.
 - Please upload the receipt that should accompany the claim being submitted by selecting ‘Browse’ on the Receipt File.
 - Please add any notes to communicate specifics to the Claim’s Processor.
 - Select OK

Add/Edit Claim x

Service Dates:
Start Date* End Date

Claim Amount *: \$

Claimant *:

Provider:

Account Type*:

Receipt File:

Notes:

* = required

3. Once completing the transactions, user must agree to the certification before submitting the claim(s).
4. Once user has submitted a transaction, select 'View Receipt Submittal' form. If you were unable to upload the receipt successfully, print this submittal form and attach it to the receipt and submit the receipt via email, fax or mail.
5. Receipt Submittal Form includes instructions. **Note:** Do NOT submit this form if the receipt was uploaded.

Claim Receipt Submittal Form

Attention Participant:

If you were unable to upload your receipt, please print this Receipt Form and submit it through one of the following methods:

- Email: Flexpro@keybenefit.com
- Fax to (317)284-7269/(866)241-1488
- Mail to FlexPro, P.O. Box 55210, Indianapolis, IN 46205

THANK YOU FOR USING KEY BENEFIT ADMINISTRATORS, FLEXPRO AS YOUR PREFERRED FLEX PARTNER!!

Your Customer Care Team

Participa y

Date Submitted: 8/7/2010
Total Requested: \$1.00
Tracking Number: 1021560

1021560

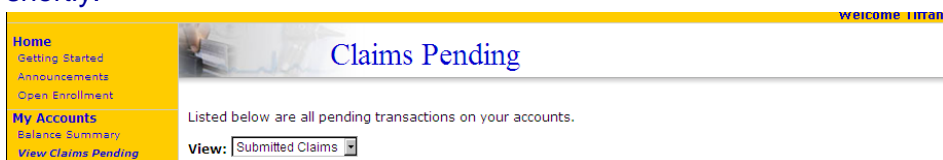
Claims Submitted With Receipts:

Start Date	End Date	Amount	Claimant	Provider

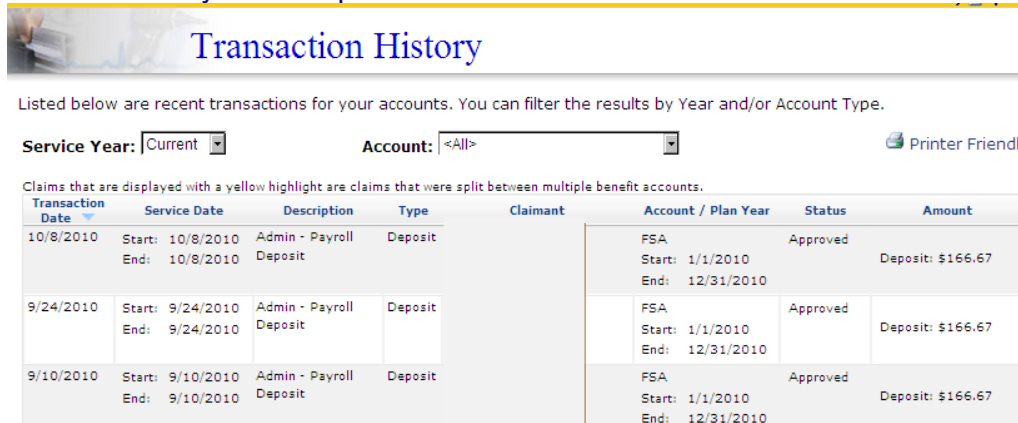
Claims Submitted Without Receipts:

Start Date	End Date	Amount	Claimant	Provider
5/1/2010	6/1/2010	\$1.00	<input type="text"/>	

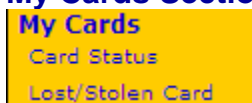
6. The Claims Administrator will review the claim shortly. View the progress of the claim by going to the 'View Claims Pending' under My Account and selecting View: Submitted Claims. If KBA has user's email address on file, user will receive a confirmation email shortly.



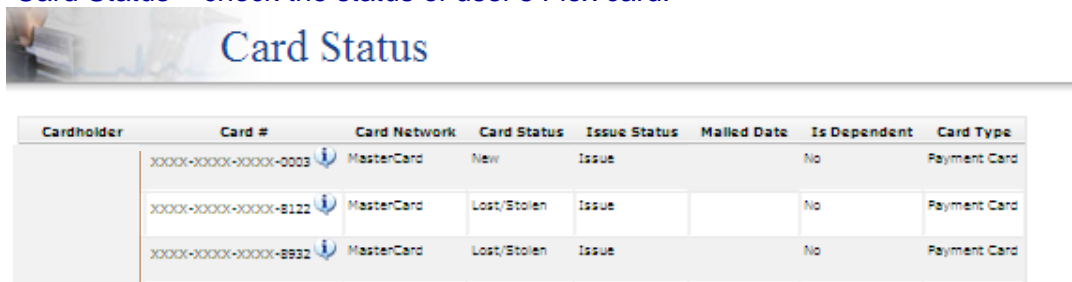
- d. Transaction history is a listing of all transactions on user's Flex account. **Please Note:** Select "Printer Friendly View" to print this for review.



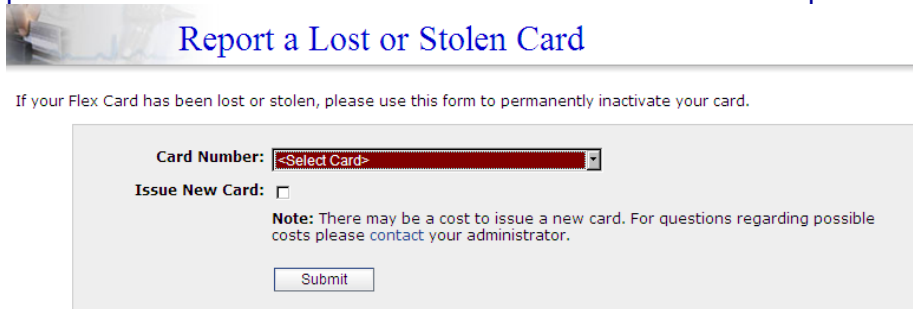
3. My Cards Section



- a. Card Status – check the status of user's Flex card.



- b. Report Lost or Stolen Card and Order New Card
This gives user the ability to deactivate the old debit card and order a new debit card. Be sure to place a check mark in the box next to "Issue New Card" if a replacement card is needed.



4. My Communications Section

My Communications

Opt In/Opt Out

History

- Opt In/Opt Out** of Communications gives user the ability to add or remove standard emails that are set up by Employer.
- View Communication History will display the email communications that have been sent.

5. My Information Section

My Information

Personal Information

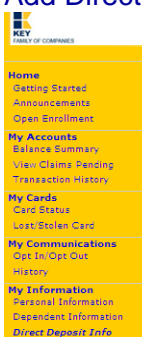
Dependent Information

Direct Deposit Info

Change Password

This section gives user the ability to review personal information and some of the information (like address and email) can be changed; these changes will be reported to FlexPro.

- Personal Information
- Dependent Information
- Change Password
- Add Direct Deposit Info



Welcome KBA Employees

Direct Deposit Information

Bank Information

Reimbursement Method: Check

Direct Deposit Information

Edit Bank Information

Reimbursement Method:

6. Forms Section

Forms

Download Forms

Additionally, commonly requested forms and communications are available for review.

Select a form below to download:

- **Claim Form - All**
- **Direct Deposit Form**
- **Flex Employee Education Handout**
- **How do I order a debit card for a spouse or dependent?**
- **How to Calculate a Flex Plan**
- **NEW for 2011!!! Over the Counter Items**
- **NEW for 2011!!! What expenses are eligible?**
- **Online Procedures**