

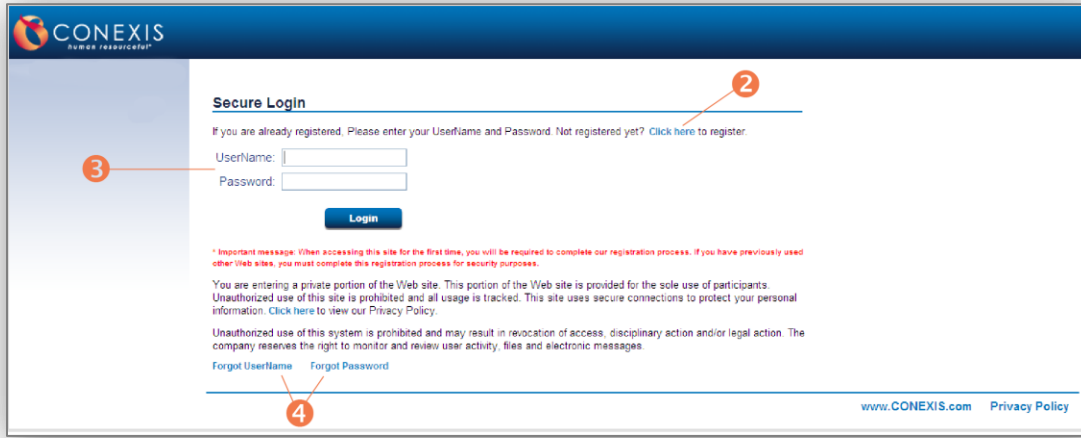
## Automatic Claims Rollover

Your health FSA includes the “auto-rollover” option, which allows an insurance carrier to submit certain eligible expenses automatically. For example, your carrier may submit co-pays and deductibles for you. This option can save you time and hassle if you want to use it. But if you prefer, you can opt out of this service at any time and send in reimbursement requests yourself.

## Login

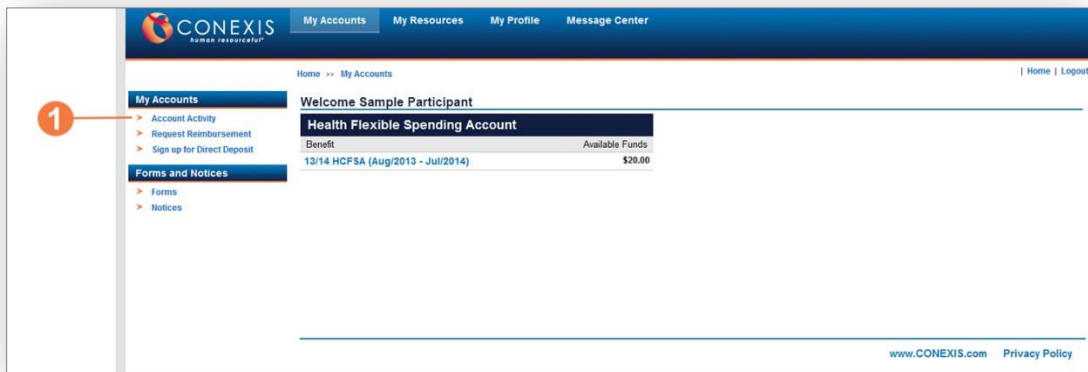


- 1 Visit our public website at [www.conexis.com](http://www.conexis.com) to log in to your account, or go directly to the login page at [mybenefits.conexis.com](http://mybenefits.conexis.com).

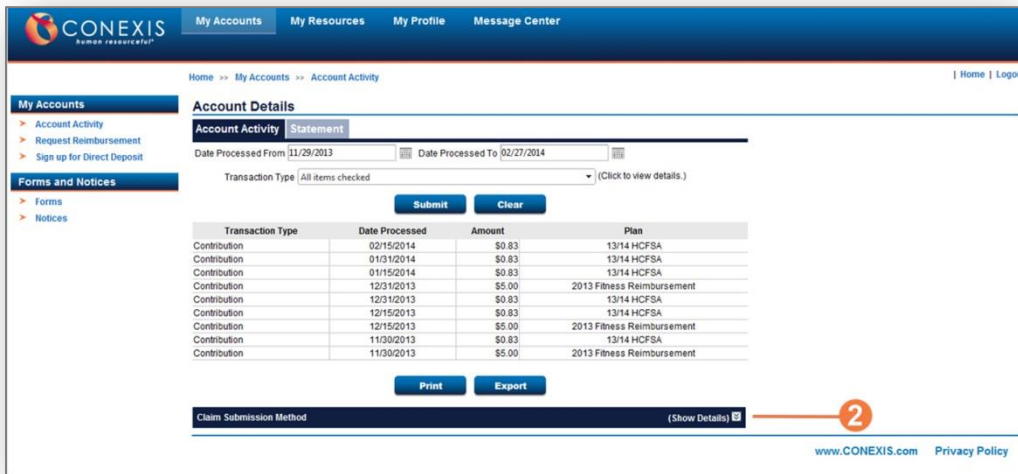


- 2 Not registered with CONEXIS? Get started here.
- 3 If registered, enter your username and password to access your account.
- 4 Retrieve a forgotten username or password here.

## Select Claim Submission Method



- 1 From the Welcome page, select the **Account Activity** quick link. This takes you to your Account Details.



Home >> My Accounts >> Account Activity

Account Details

Account Activity | Statement

Date Processed From: 11/29/2013 Date Processed To: 02/27/2014

Transaction Type: All items checked (Click to view details.)

Submit Clear

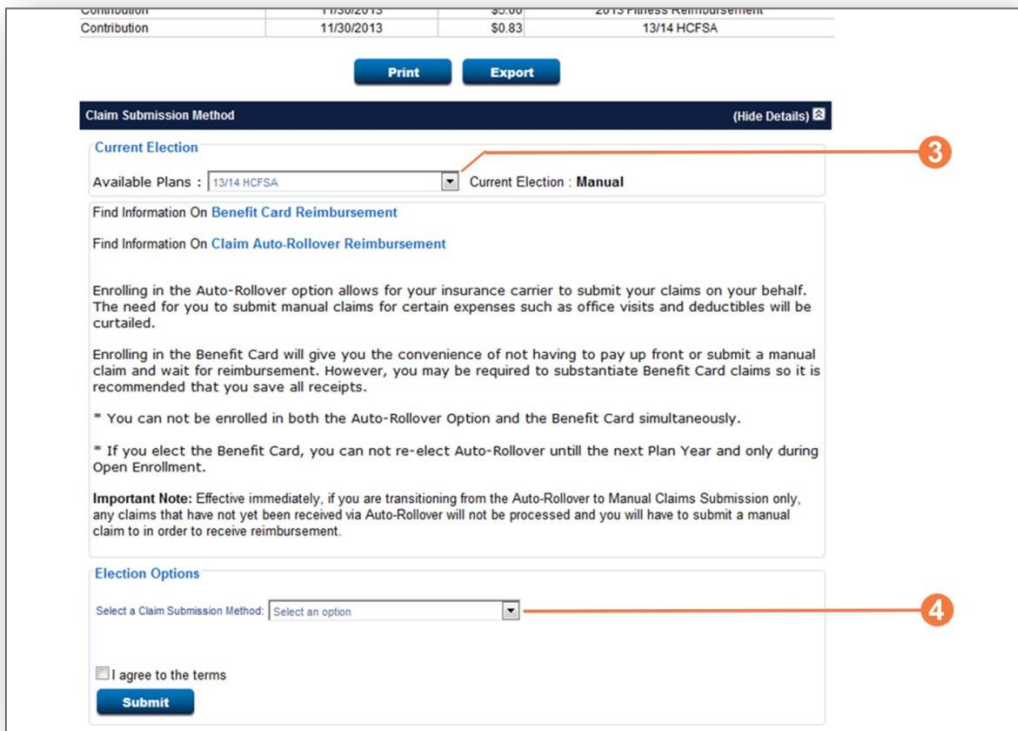
Transaction Type	Date Processed	Amount	Plan
Contribution	02/15/2014	\$0.83	13/14 HCFSA
Contribution	01/01/2014	\$0.83	13/14 HCFSA
Contribution	01/15/2014	\$0.83	13/14 HCFSA
Contribution	12/31/2013	\$5.00	2013 Fitness Reimbursement
Contribution	12/31/2013	\$0.83	13/14 HCFSA
Contribution	12/15/2013	\$0.83	13/14 HCFSA
Contribution	12/15/2013	\$5.00	2013 Fitness Reimbursement
Contribution	11/30/2013	\$0.83	13/14 HCFSA
Contribution	11/30/2013	\$5.00	2013 Fitness Reimbursement

Print Export

Claim Submission Method (Show Details)

www.CONEXIS.com Privacy Policy

2 Click **Claim Submission Method**.



Print Export

Claim Submission Method (Hide Details)

Current Election

Available Plans : 13/14 HCFSA Current Election : Manual

Find Information On [Benefit Card Reimbursement](#)

Find Information On [Claim Auto-Rollover Reimbursement](#)

Enrolling in the Auto-Rollover option allows for your insurance carrier to submit your claims on your behalf. The need for you to submit manual claims for certain expenses such as office visits and deductibles will be curtailed.

Enrolling in the Benefit Card will give you the convenience of not having to pay up front or submit a manual claim and wait for reimbursement. However, you may be required to substantiate Benefit Card claims so it is recommended that you save all receipts.

\* You can not be enrolled in both the Auto-Rollover Option and the Benefit Card simultaneously.

\* If you elect the Benefit Card, you can not re-elect Auto-Rollover until the next Plan Year and only during Open Enrollment.

**Important Note:** Effective immediately, if you are transitioning from the Auto-Rollover to Manual Claims Submission only, any claims that have not yet been received via Auto-Rollover will not be processed and you will have to submit a manual claim in order to receive reimbursement.

Election Options

Select a Claim Submission Method: Select an option

I agree to the terms

Submit

3 Select your plan from the **Available Plans** drop-down menu.

4 From the **Select a Claim Submission Method** drop-down menu, choose the claims submission method you prefer (Manual or Auto-rollover). Once changed, your new selection remains until you change it again here.

**Election Options**

Select a Claim Submission Method:

- I understand that all eligible expenses submitted to my major medical plan for payment will be submitted automatically to CONEXIS for purposes of reimbursement for my responsibility for payment.
- I certify that any expense paid by the health FSA has not been reimbursed and I will not seek reimbursement from another source for any expenses that are submitted automatically to CONEXIS and paid by the health FSA. I will notify CONEXIS immediately if I receive reimbursement for such expense from another source.
- I understand the expenses reimbursed may not be used to claim any federal income tax deduction or credit.
- I understand any unused contributions will be forfeited to my employer at the end of the plan year.
- If my employer has adopted a grace period, I understand eligible expenses incurred and approved during a grace period will be paid first from any available amounts remaining in the plan year to which the grace period applies and then from the current plan year.
- In the event of an erroneous or excess reimbursement, I understand I am required to reimburse the Plan for the improperly paid amount. I also understand that any failure to repay the Plan could result in adverse income tax consequences.
- In no event shall the amount of reimbursement exceed the annual election for the health FSA. My participation in automatic reimbursement is voluntary and effective through the last day of the plan year unless I revoke such election.
- If I wish to revoke this election, I will notify CONEXIS. Any claims submitted on or before the date of cancellation are subject to automatic reimbursement. This election does not increase or decrease the annual election for the health FSA. If my eligibility for participation in my employer's health FSA ends or is terminated for any reason, the automatic reimbursement option is cancelled.

**5**  I have read and understand the terms above and wish to proceed with automatic claims reimbursement.

**6**

- 5** Check the box to agree to the terms.
- 6** Click **Submit** to complete your selection.