

How to submit a Reimbursement Claim using the Participant Portal

Login to the National Benefits Participant Portal, <https://participant.nbsbenefits.com/>. For information on how to login/register for the Participant Portal please see the “Creating Your Flexible Benefit Plan Account” document.

From the main page select **Reimbursement Request**.

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To view previous year(s) NBS account detail click on your benefit:

HSA FSA/DCAP/HRA/Parking/Transit

Benefit Account Summary

Plan Year: Current Select Account: All

Health Savings Account - HSA

Available Balance	Portfolio Balance	Balance	Details
\$1,450.00	\$100.00	\$1,550.00	View Details

Health Reimbursement Arrangement- HRA

Plan Year	Annual Election	Total Contributions	Additional Deposits	Payments	Balance	Details
01/01/2014 - 12/31/3014	\$0.00	\$1,013.23	\$0.00	\$75.00	\$938.23	View Details

Select the **Add New** button in the middle of the screen.

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Reimbursement Request

Please Note: If you would like to upload receipt(s) for a card transaction, please go to the Pending Claims page, select Card Transaction from the "View" drop-down and click Upload under the receipt column for the transaction.

Online Claims Filing is a fast and easy way to file claims.

Click the "Add New" button below and start filing!

If you are filing a claim against your Dependent Care FSA, please remember to include the SSN or Tax ID# of your day care provider.

New Claims

Start Date	End Date	Amount	Claimant	Provider	Receipt
Add New					

A new window will appear titled “Add/Edit Claim”

Add/Edit Claim

Your receipt must contain the following:

- >>Name of service provider
- >>Date of service
- >>Item purchased/service provided
- >>Amount due
- >>If the request was for day care expenses, the receipt must also include the provider's SSN or Tax ID

Service Dates: Start Date* 9/1/2014 End Date 9/1/2014

Claim Amount *: \$100.00

Pay Provider? Yes No

Claimant *: [Dropdown]

Reimbursement Method*: Check [Dropdown]

Provider: Dr. Pepper

Service Category Code*: HRAMEDEXP - HRA Medical Expenses [Dropdown]

Receipt File: Receipt.pdf **Browse**

Notes: I don't always drink Soda. But when I do, I prefer Dr. Pepper.

* = required

OK Cancel

Fill out the form completely then select OK

*If you have a scanned receipt that is in the following format: pdf, jpeg, jpg, gif, png, tiff, tif – you may upload it now by clicking the **Browse** button and locating the file on your computer. Otherwise you will have an opportunity later to mail/email the receipt directly to National Benefit Services.

You will now be returned to the **Reimbursement Request** screen (below).

A new claim has been added above the **Add New** button. At this point you may edit your claim or click **Submit** to submit your claim for processing. To certify that you have read and understood the **Certification** section, select the box under Certification and then click **Submit**.

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Reimbursement Request

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New Claims

Start Date	End Date	Amount	Claimant	Provider	Receipt	
9/1/2014	9/1/2014	\$100.00	[Redacted]	Dr. Pepper	[Image]	Edit

Add New

Certification:

I understand the following:

- 1) The expenses listed above have not been reimbursed nor will I seek reimbursement for these expenses from any other source.
- 2) The expenses must qualify for reimbursement under the Internal Revenue Code.
- 3) I have retained copies of the documentation submitted with this request as these materials will not be returned to me.
- 4) The expenses listed above were incurred by myself and/or my eligible dependents as defined by the IRS.

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

Submit **Clear**

Congratulations! You have just submitted a reimbursement claim using the online system. If you uploaded a receipt with your claim you are finished. If you need to mail in a receipt please click on **[View Receipt Submittal Form](#)**.



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Reimbursement Request

Please Note: If you would like to upload receipt(s) for a card transaction, please go to the Pending Claims page, select *Card Transaction* from the "View" drop-down and click **Upload** under the receipt column for the transaction.

Congratulations!

You have successfully entered your Request for Reimbursement online!

Once your claim has been reviewed by one of our claims processors, it will appear under Pending Claims where you can verify the status of your reimbursement

Participant: [Redacted]
Tracking Number: 14957
Date Submitted: 9/11/2014
Total Requested: \$100.00

Claims Submitted With Receipts:

Start Date	End Date	Amount	Claimant	Provider
9/1/2014	9/1/2014	\$100.00	[Redacted]	Dr. Pepper

Claims Submitted Without Receipts:

Start Date	End Date	Amount	Claimant	Provider
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[View Receipt Submittal Form](#)



A report called "**Claim Receipt Submittal Form**" will open. Please print this form and follow the instructions on it to submit your receipt(s).

Claim Receipt Submittal Form

If you cannot upload your receipt, print this document and submit to National Benefit Services via **one** of the following methods:

Email: claims@nbsbenefits.com

Fax: 844-438-1496

Mail: P.O. Box 6980
West Jordan, UT 84084

Participant:
Date Submitted: 9/11/2014
Total Requested: \$100.00

Claims Submitted With Receipts:

Start Date	End Date	Amount	Claimant	Provider
9/1/2014	9/1/2014	\$100.00	<input type="text"/>	Dr. Pepper

Claims Submitted Without Receipts:

Start Date	End Date	Amount	Claimant	Provider
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For further questions please refer to your Participant Portal, or email us at Service@nbsbenefits.com