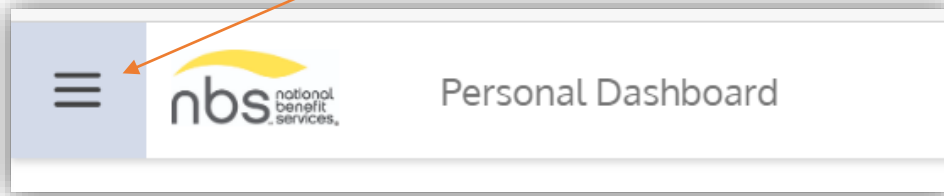


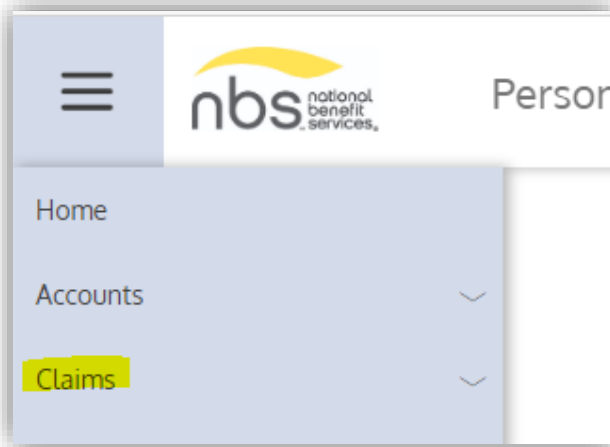
Filing claims online through your Participant Portal:

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

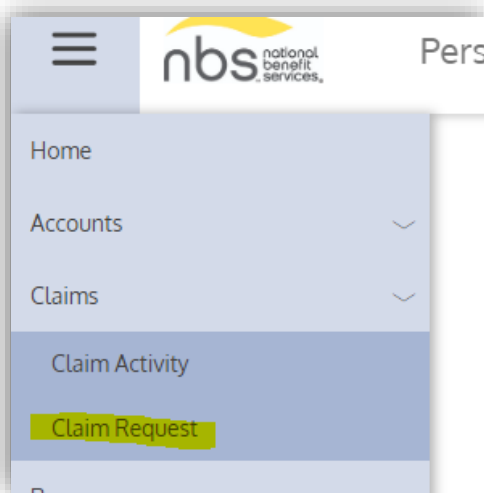
From the main page select the three bars



Then select **Claims**



Then from the dropdown option, select **Claim Request**



You should now see the following screen:

Add claim for immediate reimbursement

CLAIM DETAILS DOCUMENTATION CONFIRM SUBMISSION

Claim Form Instructions

Please note the following special instructions:

You must provide documentation to substantiate your claim. Credit card receipts do not contain the sufficient documentation necessary for a reimbursement. Your documentation must provide: the date of service, the amount paid, and a description of the service provided.

If you select a Provider below you are agreeing to pay that provider directly. **Do not select this option unless you want reimbursement sent to your provider.**

If you are submitting to the HRA, be sure to select HRA under the "Service Type" option and attach an Explanation of Benefits (EOB).

If you are submitting to the Dependent Care Assistance Plan (DCAP), the receipt must also include the provider's SSN or Tax ID number and a date range for the service provided.

* - Required Field

Service Type * -- Select One --

Service Start Date * select date

When you are ready to submit a claim, you will start here and enter:

1. Service Type





At this point you will need to select the correct Service Type depending on the type of service/item received.






* - Required Field

Service Type * FSA Medical -- Select One -- FSA Dental FSA Medical FSA Rx FSA Vision

Next you will select


2. Service Start Date and Service End Date
3. Claimant (person who received services)
4. Select how you would like to be reimbursed (Check or Direct Deposit)

 Service Start Date *	<input type="text" value="select date"/>	
 Service End Date	<input type="text" value="select date"/>	

 Claimant	<input type="text" value=""/>	
 Reimbursement Method *	<input type="text" value="Direct Deposit"/>	
 Claim Amount *	<input type="text" value="\$ 0.00"/>	



Finally, you will want to enter the amount you are claiming for reimbursement. Then, you will select if the payment should go to you or to the provider of services.

At this point, if your provider has not been paid, you can also select to have the payment for the amount listed in the deductible column go directly to the provider by selecting the “Pay Provider” option. **If you would like payment to come directly to you, DO NOT select the “Pay Provider” option.**

 Whom shall we pay?*			
<input type="radio"/>	Pay Provider	<input checked="" type="radio"/>	Pay Me


If you select the “Pay Provider” option, you will then be prompted to add the Provider name and address, as well as Tax ID Number, if you have it. *(You can still select this option even if you don't have the provider Tax ID Number)*


If you select the “Pay me” option, you simply enter the provider name in the Provider Name field as well as an account number, if you have it. *(The account number is not a required field)*

 Provider Name	<input type="text"/>
 Account Number	<input type="text"/>

There is a comments section if you feel any special comments regarding the submission are necessary, but they are not required for submission. You can now hit “next” to be taken to the page to attach a digital copy of your Itemized Billing, EOB or Rx detail receipt.


CLAIM DETAILS **DOCUMENTATION** **CONFIRM SUBMISSION**


 Please Choose a Validation Method to Continue

 **Attach Claim Receipt**
Take a photo of your receipt or attach an existing document now.

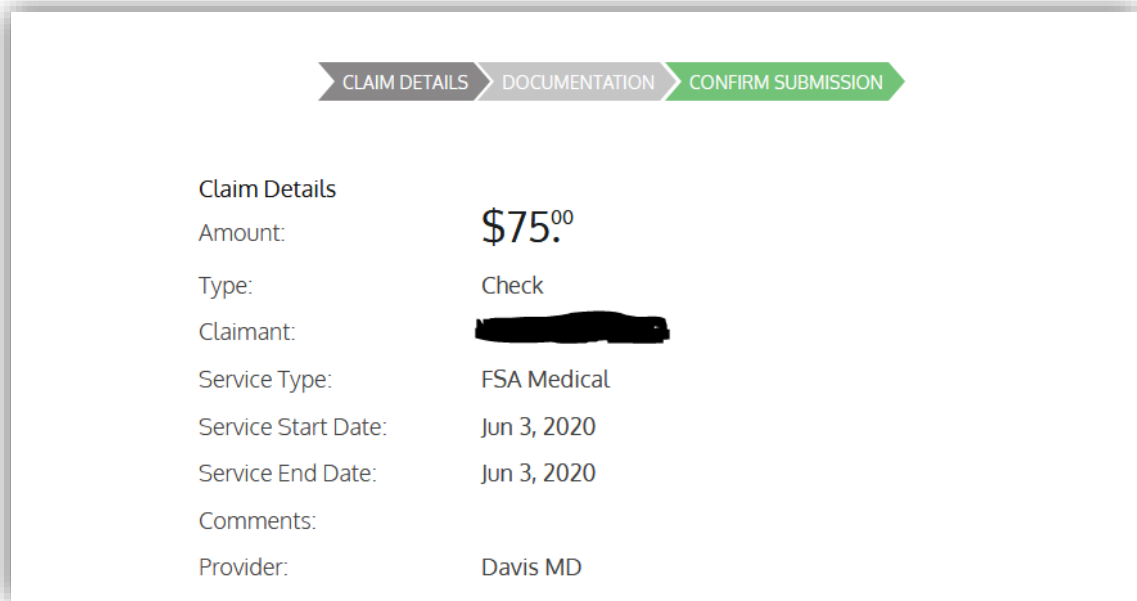
Once you select this option, you will be taken to the screen below, which will allow you to either “drag & drop” your claim documentation into the submittal field, or you can select the “browse” option to find the EOB on your computer in its saved location.

Add claim for immediate reimbursement - Add Receipt

 Upload Receipt **BROWSE**


DRAG & DROP
your receipts here

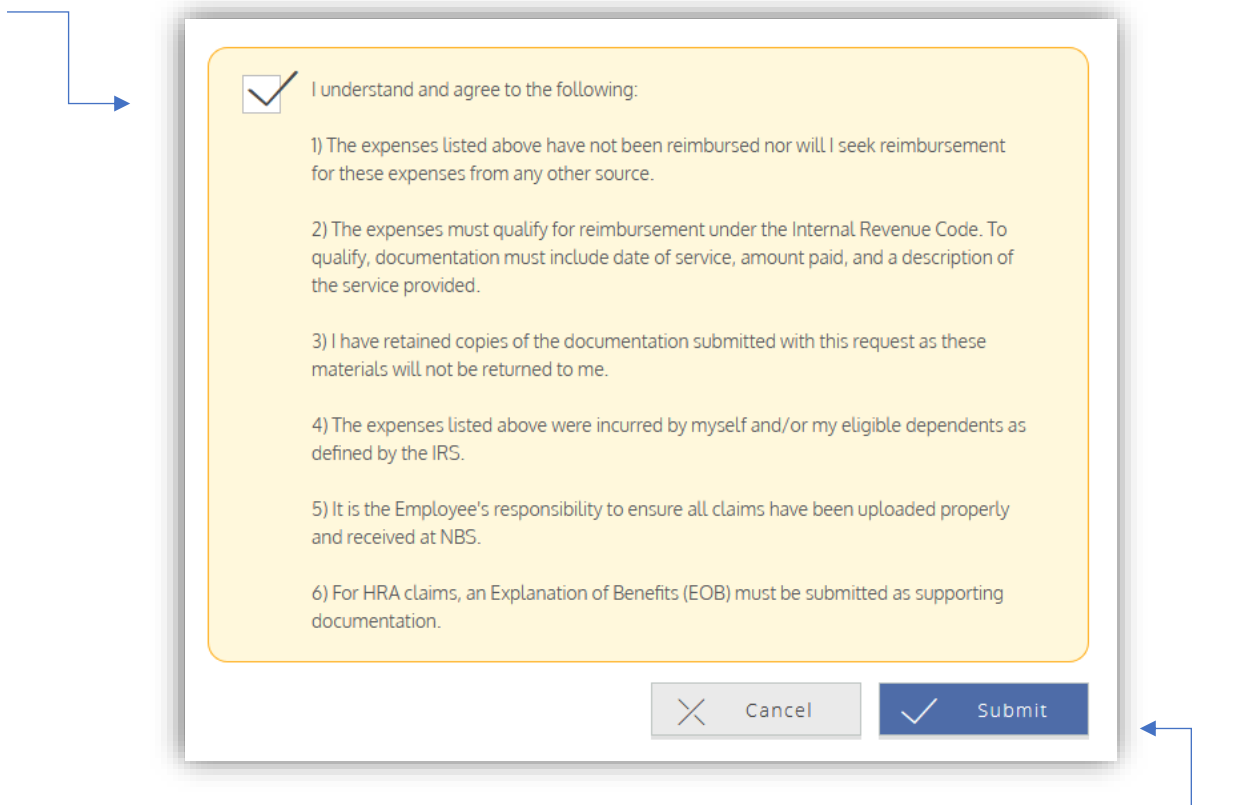
After you have added your claim documentation, you will select the “Next” button. You will then be taken to the final submission and confirmation screen. At the top, you will see your claim details.



The screenshot shows a progress bar at the top with three steps: 'CLAIM DETAILS', 'DOCUMENTATION', and 'CONFIRM SUBMISSION'. The 'CONFIRM SUBMISSION' step is highlighted in green. Below the progress bar, the following claim details are listed:

Claim Details	
Amount:	\$75. ⁰⁰
Type:	Check
Claimant:	[REDACTED]
Service Type:	FSA Medical
Service Start Date:	Jun 3, 2020
Service End Date:	Jun 3, 2020
Comments:	
Provider:	Davis MD

Below that you will see the following box. You will need to check the “I understand” box and then select the “Submit” button at the bottom.



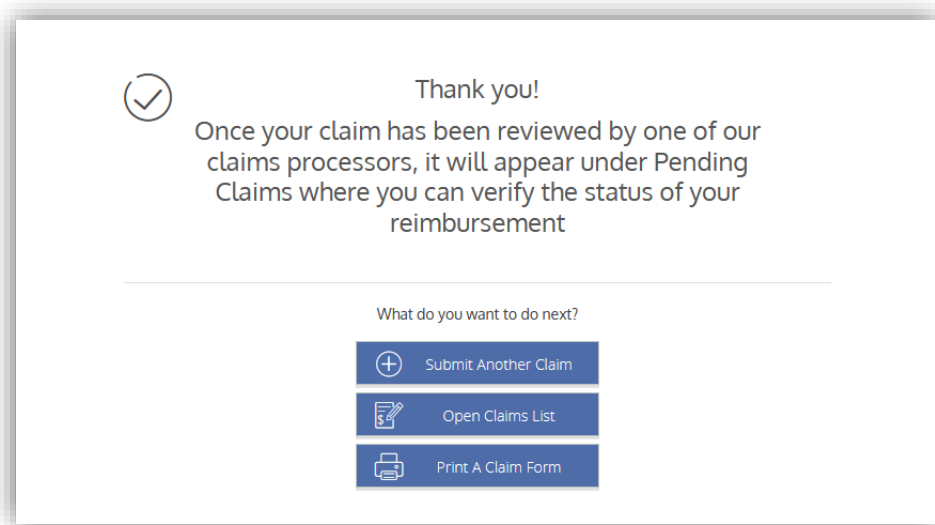
The screenshot shows a confirmation box with a yellow background. At the top left, there is a checked checkbox next to the text "I understand and agree to the following:". Below this, there are six numbered items:

- 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. To qualify, documentation must include date of service, amount paid, and a description of the service provided.
- 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.
- 5) It is the Employee's responsibility to ensure all claims have been uploaded properly and received at NBS.
- 6) For HRA claims, an Explanation of Benefits (EOB) must be submitted as supporting documentation.

At the bottom of the box, there are two buttons: a grey "Cancel" button with a close icon (X) and a blue "Submit" button with a checkmark icon.

Once you hit the “Submit” button, you will receive the following message and options. Please note, you can click the “Submit Another Claim” button for each new deductible expense date and amount on your EOB’s for which you are seeking reimbursement.

Please remember to Submit claims individually for each family member and for each provider of services and service date.



How to pay a provider directly with an Online Claim

After completing step 2 of 'Filing Claims Online' check the blue 'Pay Provider' box. This will bring up an 'Account Number' section where you can enter the account number you have on file with the provider you are paying.

Whom shall we pay?

Pay Provider Pay Me

Provider Name *
 select name
 + add a new provider record

Account Number

Comments

You will then need to enter the Provider's name and address for us to send the payment to. Under the 'Provider Name' field drop down, select '+ add a new provider record' and a screen will pop up where you can enter this information. Then hit submit to return to the claim form. Now proceed to step 3 of 'Filing Claims Online' to complete the claim submission.

Provider Name *
 Address 1 *
 Address 2
 City *
 State *
 ZIP *
 Phone

Cancel Submit