



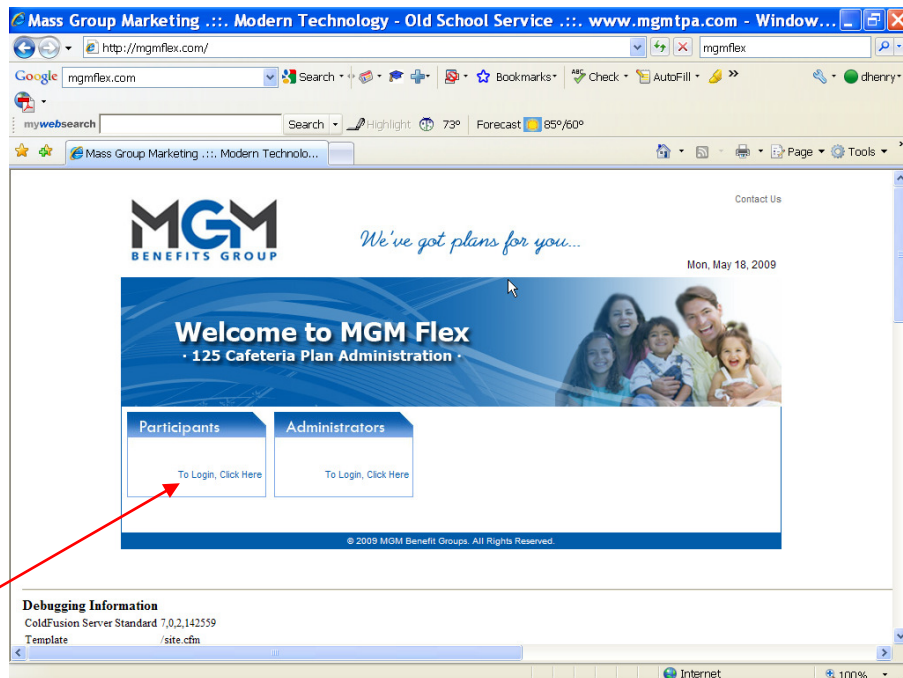
NEXT STEPS

An Instruction Guide for Account Set-Up and Claims Filing for your Flexible Spending Accounts

How to Logon to Your Participant Portal Website

1. Open your web browser (e.g. MS Explorer) and go to the following website:

<http://www.mgmflex.com>



Click on the
Participants
Logon

2. Login using the following format for your username and password:

Login

Username:

Password:

Questions? Contact Benefit Administrator at [\(800\) 444-1111](#) or [\(800\) 444-1111](#)

© Copyright, Lighthouse1, LLC, 2004, ALL RIGHTS RESERVED
Powered By: NavigatorSuite™

Username:

Your username is:

- ▶ *Your First Initial*
- ▶ *Your Last Name*
- ▶ *Last 4 digits of your social security number*
- ▶ *No spaces or commas between your username*

Sample Username: jdoe9999

- ▶ First Name = John
- ▶ Last Name = Doe
- ▶ Last four digits of SSN = 9999

Password:

Use the format sent to you with your enrollment confirmation as your password.

Your password is: Last name and last four digits of your Social Security Number.

- ▶ *Example: doe9999*
- ▶ *Last Name = Doe*
- ▶ *Last four digits of SSN = 9999*

You will be prompted immediately to create a new, unique password before entering the site **(6 to 20 mixed case (upper and lower) characters with at least one number)**

Please be sure to record your password as MGM does not record your password. Should you forget or misplace your password, it will need to be re-set on your Participant Portal.

3. View your participant portal.

Home | File Claims | My Account | Plans | Forms

Welcome to Online Administration, Jane Sample 1

What would you like to do?

- FILE CLAIMS**
Allows you to submit claims for those plans you are currently enrolled in.
- MY ACCOUNT**
Where you go to view:
 - Account Balance
 - Profile
 - Payment History
- PLANS**
Where you go to see plan descriptions and related documents.
- FORMS**
Where you go to download forms.

Home | File Claims | My Account | Plans | Forms

Account Balances

Plan	Effective Date	Eligible Amount	Submitted Claims	Paid	Pending	Denied	Plan Year Balance	Available Balance	
Medical Flex Account	9/1/2005	\$1,200.00	\$20.00	\$0.00	\$0.00	\$20.00	\$1,200.00	\$1,200.00	History
Health Reimbursement Account	9/1/2005	\$3,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,000.00	\$3,000.00	History
Parking Plan	9/1/2005	\$2,400.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,400.00	\$400.00	History

My Account: You can view up-to-date account information at any time.

- Choose **Account Balance** to check the balances of any account. You can also check the claims history of any account by clicking the **Claims History** link.
- Select **Profile** to review your personal and dependent information that's on file in the system.
- To add your dependents, click on the "Add Dependents" option available on the www.mgmflex.com website
- Select **Payment History** to see a detail of the claims that have been paid. You can click **View Detail** for more information about any claim.

Plans: Your Pre-tax plan information is available at any time. To view this information, log on and click on the **Plans** tab.

Forms: You can download Pre-tax forms at any time. Log on and click on the **Forms** tab, and select the form you would like to download.

The forms are in .pdf format, requiring Adobe Acrobat Reader. You may download a free version of acrobat reader from the Adobe website: <http://www.adobe.com/products/acrobat/readermain.html>.

Adding Eligible Dependents

Reimbursement of Health FSA and/or Dependent Care FSA expenses may be claimed for your eligible dependents. The MGM Flex Administrative System should maintain your dependent records.

To enter dependent information, go to www.mgmflex.com, and click on “Add a dependent”. Once submitted, MGM Benefits Group will update your dependent(s) information on your participant record.

Why should I add my eligible dependents?

- ▶ Allows for faster and easier access for claim filing
- ▶ If your employer offers the MGM Flex Card for your eligible medical expenses, their information is required for card issue
- ▶ If you select to issue cards, dependents that are of age 18 or older may receive a MGM Flex Card for eligible medical out-of-pocket expenses at no additional cost
- ▶ Replacement, lost and stolen Cards are processed for a \$10.00 replacement fee.

Direct Deposit for Flex Reimbursement

Direct deposit is available for your flex accounts. Please be aware that you will need to complete all direct deposit information on the new flex system. If you had direct deposit on your previous plan year, you will still need to download the Direct Deposit Form from your participant portal. Please submit the completed form to MGM Benefits Group for processing.

Filing Claims

Now that you have enrolled in one or more of your employer’s flexible spending accounts, you may begin to file claims against your Health Care FSA and/or Dependent Care account(s) upon the start date of your Plan Year.

You may file your claims by one of the following methods:

- 1. If your employer offers the MGM Flex Debit Card:** you may use your debit card at the point of purchase to use your plan dollars toward qualified purchases. ***Be sure to keep your receipts!*** You may be required to submit them as proof of plan eligibility!
- 2. Online Claim Filing:** File your claims online via our participant portal website. Instructions are enclosed. Be sure to submit receipts when filing claims online, either via fax, mail or e-mail!
- 3. Paper Claim Filing:** You may also file claims using the paper form(s) available on the website under the “Forms” tab, and attach required receipts according to IRS rules.

1. USE YOUR DEBIT CARD AT POINT OF PURCHASE!

Use your debit card at plan-approved vendors to make your plan purchase

Introducing . . . the New MGM Flex Card

*On the first day of your new plan year, the MGM Flex (Visa) Card will replace the Benny MasterCard. The Benny Card **will not** be accepted by merchants for eligible health expenses once your new plan year begins.*



If your employer offers the debit card, you will receive your card at your home address along with instructions for use. (Please refer to page 4, Adding Eligible Dependents, if you need to order dependent cards).

You may be required to submit receipts after purchase, so save your receipts and keep an eye out for receipt requests!

Remember:

Expenses must be incurred in your current plan year. You cannot use this card to pay balances incurred in the previous plan year!

2. FILE YOUR FLEXIBLE BENEFIT CLAIMS ONLINE!

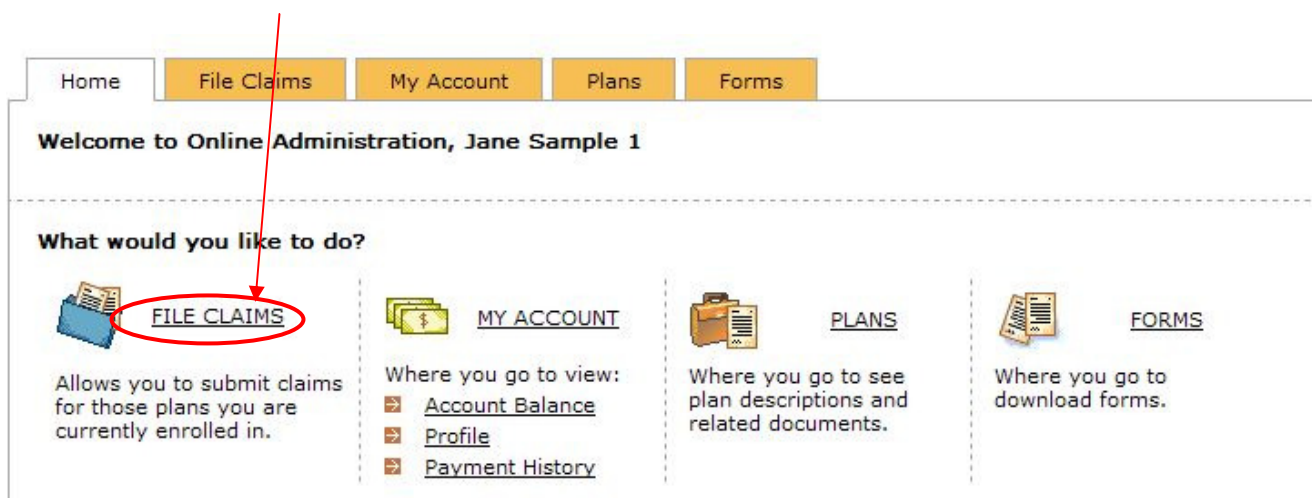
We are excited to announce that you will be able to file your Flexible Benefit claims ONLINE this year!

Plan Year:

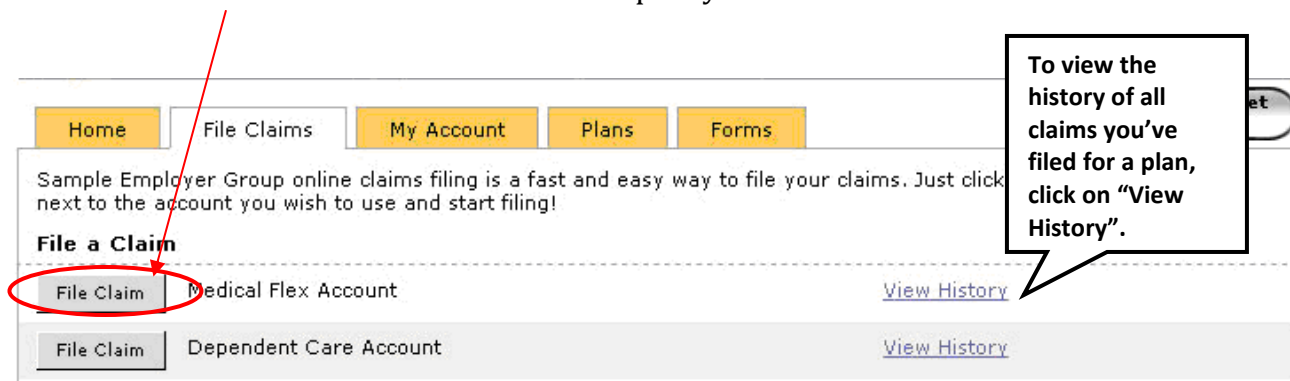
Online claims filing is effective for the current plan year. Claims for the prior plan year must be submitted using the previous method of submission, whether faxed or mailed.

HOW TO FILE AN ONLINE CLAIM:

1. Click the **File Claims** tab.



2. Click the **File Claim** button next to the plan you wish to file a claim for.



3. **Enter your claim information** and **submit** the claim. Make sure you have valid receipt(s) for your expenses, as you will need to send these in.

Note regarding Dependent Care claims:

A qualified dependent is required for Dependent Care claims. You may add your dependent(s) information on www.mgmflex.com website under "Add A Dependent".

Home File Claims My Account Plans Forms **Claims Basket**
0 Claims

Medical Flex Account

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 for this product/service?* Yes No [What is a valid receipt?](#)

Date of Service:*
(mm/dd/yyyy)

Please choose the category and type of product/service that best describes your claim. If you choose "the-Counter Drugs," you must provide a description below.

Category:*

Type of Product/Service:*

Product/Service Description:

Product/Service Provider:*

Person receiving Product/Service:* Joe Sample
 Kid Joe Sample
 Mrs. Joe Sample

Claim Amount:* \$

Did you drive to receive this product/service?* Yes No [Claiming Mileage](#)
You may claim mileage expense for reimbursement.

Number of Miles:

Mileage Reimbursement:

Total Claim Amount:

If there is more than one Product/Service that seems right, select the one that seems to be the best fit.

Make sure to click Submit!

- If you have more than one claim you'd like to file, you may choose to **Add a New Claim** from your claims basket.

Home | File Claims | My Account | Plans | Forms

Add New Claim

Date of Service	Plan	Type of Product/Service	Provider	Claim Amount	Approved Amount
	Flex	Prescription medication co-pay/cost	Walgreen's Pharmacy	\$25.00	\$25.00
Total:				\$25.00	\$25.00

* The amount to be reimbursed based on your available balance. If a plan requires funds to be contributed prior to the reimbursement of claims, you will be reimbursed as funds become available in your plan account.

Terms and Conditions

I have read and agree to the [Terms and Conditions](#).

You must choose to SUBMIT this basket in order to send these claims for processing.

Submit | Cancel

- Once all claims are entered, you must agree to the **Terms & Conditions** (click on appropriate box) and commit the claim(s) by clicking **Submit**.

6. PRINT AND SEND CONFIRMATION WITH RECEIPTS!

The Confirmation page verifies that all claims have been successfully submitted! **You must print this page and fax or mail, along with your receipts to:**

Fax Number:
(800) 973-3702

Mailing Address:
MGM Flex
2121 N. Glenville Drive
Richardson, TX 75082

Home | File Claims | My Account | Plans | Forms

Joe Sample
Sample Employer Group
Order Number: SAM050307100011000

You have successfully filed the claim(s) listed below.

Custom claim submission text goes here.

Receipt(s) Required - Print this Page:
Print this confirmation, attach the required receipts and **fax or mail to Sample Administrator** at one of the contacts listed below.

Fax: (952) 939-0990
Mail: P.O. Box 600
Hopkins, MN, 55343
Email: info@corphealthsys.com

If you are unable to print this confirmation:
Send your receipts with a note that includes (a) the name of the company you work for, (b) your name, and (c) the claim number(s) listed below.

Claim Number	Plan	Date of Service	Provider	Receipt Amount	Mileage Amount	Approved Amount*	Receipt Required
SAM05030710001100010	Medical Flex Account	3/7/2005	Walgreen's Pharmacy	\$25.00	\$0.00	\$25.00	Yes
SAM05030710001100011	Dependent Care Account	3/1/2005 - 3/4/2005	Kinder Care	\$200.00	\$0.00	\$200.00	Yes
Totals:				\$225.00	\$0.00	\$225.00	

* The approved claim amount will be reimbursed based on your available balance. If a plan requires funds to be contributed prior to the reimbursement of claims, you will be reimbursed as funds become available in your plan account.

Please send in the Required Receipt(s) listed above within 60 days. If we do not receive the receipt/s by this date, your reimbursement will be denied.

Remember, regardless of which (if any) receipts you are required to submit, you are responsible for retaining a copy of all receipts for three years in the event you or your Pre-tax Account plan are audited by the IRS.

Print Confirmation | Home | Logout

3. HOW TO FILE PAPER CLAIMS

Claim forms for Health flexible spending accounts and Dependent Care flexible spending accounts may be downloaded from the participant portal. Click the section for forms and choose the applicable form for your expense.

- Complete the correct reimbursement claim form
- Make copies of your receipts
- Do not send your original receipts, but retain originals for your records
- An eligible receipt has:
 - Provider name
 - Date of service
 - Description of service
 - Payment amount

- Submit your claim form and receipts by fax or mail to the address on the form
- Paper claims are processed and checks issued within 72 hours (on business days) after receipt of claims
- Dependent Care claims will only be reimbursed based on the funds available in the participant's account. Claims will not be pre-funded. For claims submitted that exceed the account balance, funds will be reimbursed as they are deposited to the account.

Only itemized receipts will be accepted. Receipts that only show the amount spent for a service or product will only delay your claim reimbursement.