

Managing Your Account Online: Filing Claims



WWW.CHARD-SNYDER.COM

Access Your Account

To file claims online, you will first need to log into your account.

- Start by going to www.chard-snyder.com
- Click the bright blue *Login* button in the upper right corner of the page.
- Your default user name is your social security or employee ID number, no dashes.
- Your default password is the last four digits of your social security or employee ID number.
- You will be asked to answer security questions and can change your user name and password after the first time you log in.





I Want To...

On almost every page in the portal, you can find the *I Want To...* quick links. On some pages, like the *Home* tab, it is prominently displayed under the banner image. On most other pages you will find an *I Want To...* drop-down box in the upper right hand corner.

Use the File A Claim button to start the wizard.





If you have any questions, please contact Chard Snyder Customer Service at:



Step 1 - Create Reimbursement

To start the process you will choose the account and the payee. Reimbursement claims will always be paid to you.

Note that while filing the claim you can refer to your available balances and access the Plan Filing Rules in the left column of the page. Click on the plan name for more details about the plan filing rules. Here is an example:

		- of the set					
Available Balance 🛛 🕕	Accou	ints / File	e A Cla	im			
Flexible Spending Acco \$1,000.00 Health Reimbursement A \$1 500.00	Create I Online cl account	Reimbursem laims filing is a you wish to us	ent fast and ea e and start	asy way to file claims filing!	. Just click the	"File Claim" buttor	n next to the
Dependent Care Account (1) \$76.96	Pay Fro	m *	Se	elect an account		•	
Mass Transit / Vanpool 👔 👔	Pay To *	¢	Se	elect a Payee		•	
							* Required
Plan Filing Rules							
01/01/2015 - 12/31/2015	Can	cel					Next
Flexible Spending Acco							
Health Reimbursement A							
Dependent Care Account							

an i ning Kules						
leanette Hines						
-lexible Spending Acco	unt (1/1/2015 - 12/31/2015)					
Filing Rules: You n	nust file claims before the final filing date	with a service date no la	ater than the final servic	e date determined based	on your current status.	
Final Service Date:	12/31/2015	F	inal Filing Date:	3/30/2016		
Current Status: 👔	Active	s	tatus Effective Date: 🛛	1/1/2014		
Claim Summary						
	Submitted	Paid	Pending	Denied	Total Expenses	
	\$10.00	\$0.00	\$0.00	\$10.00	\$0.00	



Step 2—Receipt / Documentation

Next you will upload your receipts.

Receipts must be in a JPG, GIF, PNG or PDF format and cannot exceed 2 MB. Additional receipt requirements are listed on the next page.

Home Dashboard	Accounts Tools & F	rofile Message Center	I Want to 🔻
Available Balance	Accounts / File A	A Claim	
Flexible Spending Acco \$ 1,000.00 Health Reimbursement A \$ 1,500.00 Dependent Care Account \$ 76.96 Mass Transit / Vanpool \$ 184.64	Receipt / Documentation Receipt(s) * Summary Pay From Pay To	D Upload Valid Documentation Medical Me	Demind
Plan Filing Rules 01/01/2015 - 12/31/2015 Flexible Spending Acco Health Reimbursement A Dependent Care Account Mass Transit / Vanpool	Cancel	Previous	Next

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Step 2—Receipt / Documentation

Medical Expense Valid Receipts

You must have one of the following valid receipts to substantiate your claim:

- Store/Pharmacy receipt, including name of product and date of service.
- Co-pay receipt from medical provider, including date of service.
- Itemized bill from medical provider, including date of service.
- Insurance company's "Explanation of Benefits", including date(s) of service.
- Canceled checks and credit card statements are not valid receipts.

Effective 1/1/2011, over-the-counter drugs and medicines require a prescription in addition to a valid receipt, to be reimbursed. Overthe-counter supplies and equipment remain eligible for reimbursement with a valid receipt. Your receipts must contain the name of the product to be reimbursed.

Documentation from a physician must accompany receipts if they are for medical expenses that seem as if they would not be accepted for reimbursement. For example, cosmetic treatments or massage therapy are not typically reimbursable, but could be if prescribed by a physician.

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Step 2—Receipt / Documentation

Dependent Care Expense Valid Receipts

You must have one of the following valid receipts to substantiate your claim. Itemized bill/receipt of service which includes:

- Care provider name
- Social security/tax ID number
- Dates of service
- Dependent name(s)
- Dependent Care Receipt

Canceled checks and credit card statements are not valid receipts.

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Step 3-Claim Details

Next step is to enter the details of the claim.

You can also add a dependent while on this screen.

Home Dashboard	Accounts Tools & Pro	file Message Center	I Want to 🔻
Available Balance	Accounts / File A	Claim	
Flexible Spending Acco \$1,000.00	Claim Details		
Health Reimbursement A 🕕	Start Date of Service *	mm/dd/yyyy	
\$1,500.00 Dependent Care Account (1)	End Date of Service	mm/dd/yyyy	
\$76.96 Mass Transit / Vanpool 🌘	Amount *	\$	
\$184.64	Provider *		
Plan Filing Rules	Category * 🕕	Select a category	
01/01/2015 - 12/31/2015 Flexible Spending Acco	Type *	Select a type	
Health Reimbursement A Dependent Care Account	Description	^	
Mass Transit / Vanpool	Recipient*	If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description. O Jeanette Hines O Kip Hines	
		Add Dependent	
	Summary		
	Pay From	Medical	
	Рау То	Me	
	Documentation Uploaded	Yes	* Deguired
			- Requireu
	Cancel	Previous	Next



Step 4—Transaction Summary

In the Transaction Summary you will see the overview of the claim that you just entered and if you choose to add another claim directly from this screen, when you return you will see the overviews of all claims that you are currently entering. Once you have entered all your claims and agreed to the disclaimers, you have the option to Submit the claims or save them for later.

If you save claims for later, they stay in your *Claims Basket* while you scan receipts, add more claims, etc. Return to the claims basket by clicking on the shopping cart icon in the upper right corner of any page.

If your session times out or you log out of the portal, the basket is automatically emptied.

Home Dashboard	Accounts	Tools & Support	Profile Mes	sage Center		I Want to	
Available Balance	Accou	nts / Tr	ansaction S	ummary			
FSA () \$495.00 **	Transact	tion Summ	ary (1)				
** Balance reflects claims not yet submitted	From	То	Expense	Amount	Approved Amount		
	FSA	Ме	Other Medical	\$45.00	\$45.00 Rem	Update	
	Total Amount			\$45.00	\$45.00		
	Claims	Terms and	Conditions			~	
	🗆 I hav	□ I have read, understand, and agree to the Terms and Conditions.					
	Canc	el		Save for L	ater Add Anothe	r Submit	

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Step 5—Confirmation

After you have submitted your claims, you will see a confirmation page.

Home	Dashboard	Accounts	Tools & Support	Profile	Message	Center		I Want to 🔻
Available FSA	Balance 0	Accou	unts / Tra	ansacti	on Conf	irmati	on	
	\$495.00	Confirmation Please click the "Receipts Needed" link below and upload your receipt(s). Successfully Submitted						
		From			То	Amount	Approved Amount	Receipt Status
		FSA			Ме	\$45.00	\$45.00	Uploaded(1) Upload another Receipt
		Total Ap	oproved Amoun	ıt			\$45.00	

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Mobile Access

Download the Chard Snyder Mobile app from your App Store.

You can:

- View your plan balance
- Submit a claim
- Submit receipts
- Receive claim confirmations or denials
- View details of specific transactions
- Be reminded to submit receipts

Sign up for Text Alerts under the Message Center Tab. Click on *Update Notification Preferences*.





Help Available

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Website:	www.chard-snyder.com FAQs, Legislation Updates, Plan Explanations, Tax Forms, Using Brochure, Discounts
	Also, access your account through the website and see your current personal account information as well as an eligible item list and any updates.
Email:	askpenny@chard-snyder.com
Phone:	513.459.9997 or 1.800.982.7715
Also:	Facebook for tips and updates Chard Snyder mobile app

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