



Employee Website Guide

Managing your take care[®] by WageWorks Plan

Sample Agenda Page

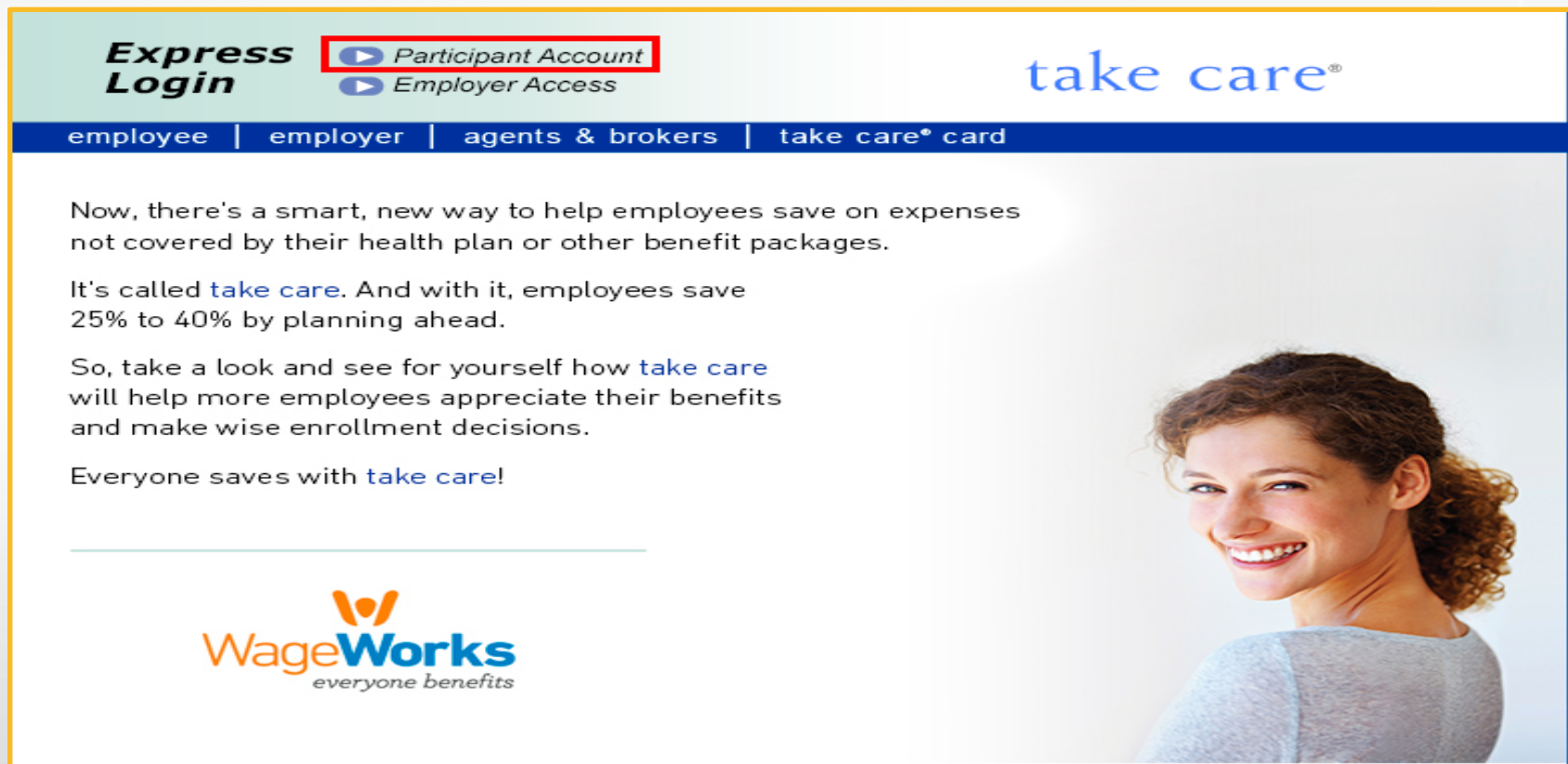
- 1 Registering Your Account
- 2 Benefits
- 3 Claims & Payments
- 4 Card Center
- 5 Go Mobile
- 6 Settings
- 7 Contact Us



Registering Your Account

Registering Your Account

Go to www.takecarewageworks.com, then click on 'Participant Account' at the top of the page.



The screenshot shows the top navigation bar of the take care website. On the left, there is a logo for 'Express Login' and two menu items: 'Participant Account' (highlighted with a red box) and 'Employer Access'. On the right, the 'take care' logo is displayed. Below the navigation bar is a dark blue horizontal bar with white text: 'employee | employer | agents & brokers | take care* card'. The main content area features a light blue background with a smiling woman's face on the right. The text on the left reads: 'Now, there's a smart, new way to help employees save on expenses not covered by their health plan or other benefit packages. It's called take care. And with it, employees save 25% to 40% by planning ahead. So, take a look and see for yourself how take care will help more employees appreciate their benefits and make wise enrollment decisions. Everyone saves with take care!'. At the bottom left of the content area is the WageWorks logo with the tagline 'everyone benefits'.

Registering Your Account

Click 'New User Registration'

MyFlexOnlineSM

Registered Participants

User Name

Password

Log in

[Password Reset and User Name Retrieval](#)

New User?

Click here to establish your username and password to manage your account.

[New User Registration](#)

Registering Your Account

Complete the required information; you will need to provide your:

- First & Last Name
- Date of Birth
- Home Zip Code
- Last 4 digits of Social Security Number
- Enter Special characters in display box

MyFlexOnlineSM

1 Identify 2 Company 3 Profile 4 Done

New User Registration

Enter the following information as it appears on your employer's records so we can identify you.

First name

Last name

Date of birth /

Home ZIP code (first 5 digits)

Social Security number (last 4 digits)

JJ3AQQ  

Enter the characters displayed in the box above

Next

Registering Your Account

MyFlexOnlineSM

1 Identify 2 **Company** 3 Profile 4 Done

New User Registration

You are currently assigned to the employer shown below. Please click **Next** to continue.

Implementation Test Co
take care by WageWorks

Previous Next

Confirm your Employer

Registering Your Account

MyFlexOnlineSM

1

Identify

2

Company

3

Profile

4

Done

New User Registration

Create your
User Name &
Password

Username

The user name must be unique and can consist of any number of letters, numbers, and symbols, but no spaces.

Password

The password must be at least 6 characters long and can be any combination of numbers, letters, and symbols. You must include at least one upper-case letter and one number. Letters are case-sensitive.

Re-enter password

E-mail address

Re-enter e-mail address

Previous

Next

Registering Your Account

MyFlexOnlineSM

1

Identify

2

Company

3

Profile

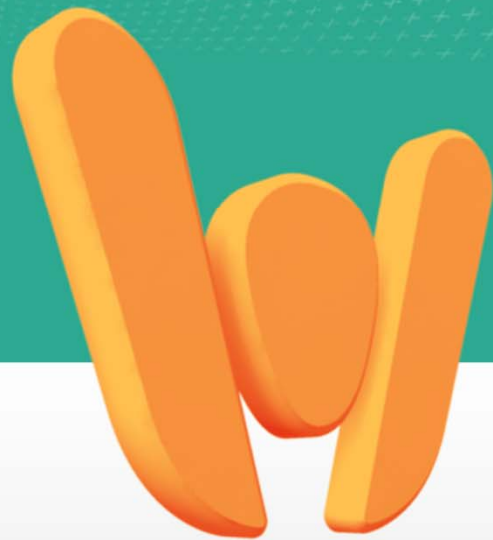
4

Done

New User Registration

You're finished!

Click [here](#) to view your Benefit Overview page.



Benefits

Benefits

Under Benefits You Can:

View the available balance for each elected benefit

Confirm 'Use it from' and 'Claim it by' dates



View qualified expenses lists for all elected benefits

take care[®]
by WageWorks

Welcome, | Help | Log Out

Benefits ▾ Claims & Payments ▾ Card Center ▾ Go Mobile Settings ▾ Contact Us February 6, 2014

Benefits View Previous Year

 Dependent Care FSA - Dependent Care Use it from: 1/1/2014 to 3/15/2015 Claim it by: 5/15/2015 What's covered?	Available Balance \$416.66 Election Amount \$4,999.92	See Savings & Spending
 Health Care FSA - Health Use it from: 1/1/2014 to 3/15/2015 Claim it by: 5/16/2015 What's covered?	Available Balance \$627.20 Election Amount \$720.00	See Savings & Spending

Submit a Claim

Alerts & Reminders
0 New Message

Debit Card Status:
Active


NOTE These are general dates for the plan. Your period of coverage may be different, depending on when you entered or terminated from the plan. Check with your plan administrator.


Benefits – Qualified Expenses List

take care
by WageWorks

Benefits ▾ Claims & Payments ▾ Card Center ▾

Benefits

 **Dependent Care**
FSA - Dependent Care
Use it from: 1/1/2014 to 3/15/2015
Claim it by: 5/15/2015
[What's covered?](#)

 **Health Care**
FSA - Health
Use it from: 1/1/2014 to 3/15/2015
Claim it by: 5/16/2015
[What's covered?](#)

NOTE These are general dates for the plan. Your period of coverage may vary if you entered or terminated from the plan. Check with your plan administrator.

Eligible Expenses for FSA - Dependent Care

Dependent Care - Qualified Expenses

Dependent Care expenses that *do* qualify for reimbursement

Only expenses necessary for you and your spouse (if married) to be gainfully employed can be claimed.

- Nanny expenses, for services provided inside your home, are eligible to the extent they are attributable to dependent care expenses and expenses of incidental household services.
- Dependent care expenses incurred for services outside your home, providing they are incurred for the care of a qualifying dependent that regularly spends at least eight hours per day in your home.
- Registration fees to a daycare facility are eligible as long as the fees are allocable to actual care and not described as materials or other fees.
- Food and incidental expenses (diapers, activities, etc.) may be eligible if part of dependent care charge.
- Expenses paid to a relative (i.e., child, parent, or grandparent of participant) are eligible. However, the relative cannot be under age 19 or a tax dependent of the participant.
- Nursery school expenses are eligible, even if the school also furnishes lunch and educational services.
- FICA and FUTA payroll taxes of the daycare provider are eligible.
- Dependent care expenses incurred to enable the employee to find work are eligible.

Benefits – Savings & Spending

Health Care
FSA - Health

Use it from: 1/1/2014 to 3/15/2015
Claim it by: 5/16/2015
What's covered?

Available balance \$627.20
Election amount \$720.00

Print Activity Statement

Spending

- Dental \$62.80
- Pharmacy \$30.00

Total Spending \$92.80

Show details

Savings [Set your Tax Rate](#)

Election amount \$720.00
Your tax rate 40 %

Savings **\$288.00**

View Previous Year

Available Balance **\$416.66**
Election Amount \$4,999.92

See Savings & Spending

Submit a Claim

Alerts & Reminders
New Message

Debit Card Status: Active

Available Balance **\$627.20**
Election Amount \$720.00

See Savings & Spending

As of February 6, 2014, this benefit has received contributions totaling **\$60.00**.



Claims & Payments

Claims & Payments – Submit a Claim for Reimbursement

When submitting a claim:

1. Enter information one receipt at a time
2. Provide proof of service
 - You will need an itemized receipt, statement or bill that contains:
 - ✓ **Provider's name**
 - ✓ **Date of service**
 - ✓ **Description of service**
 - ✓ **Cost**
 - ✓ **Name of person receiving service**

The screenshot shows the 'take care' by WageWorks website interface. At the top, there is a navigation bar with 'Benefits', 'Claims & Payments', 'Card Center', 'Go Mobile', 'Settings', and 'Contact Us'. The 'Claims & Payments' menu is open, and 'Submit a Claim' is highlighted with a red box. Below the navigation bar, there are sections for 'Benefits' and 'Dependent Care' (FSA - Dependent Care) and 'Health Care' (FSA - Health). Each section shows the available balance and election amount. On the right side, there are buttons for 'Submit a Claim', 'Alerts & Reminders' (with a 'New Message' notification), and 'Debit Card Status: Active'. A note at the bottom states: 'NOTE: These are general dates for the plan. Your period of coverage may be different, depending on when you entered or terminated from the plan. Check with your plan administrator.'

Claims & Payments – Submit a Claim for Reimbursement

take care[®]
by WageWorks

Welcome, | [Help](#) | [Log Out](#)

[Benefits](#) ▾ **[Claims & Payments](#)** ▾ [Card Center](#) ▾ [Go Mobile](#) [Settings](#) ▾ [Contact Us](#) February 6, 2014

Submit a Claim

1 About **2** **Receipt** **3** Review **4** Proof

Enter Your Receipt Information

For each eligible expense, enter the following information, and then click **Add**.

Beginning date of service <input type="text" value="2/4/2014"/>	Ending date of service <input type="text" value="2/4/2014"/>	Merchant or provider name <input type="text" value="CVS"/>
Expense description <input type="text" value="Prescription"/>	Name of participant or eligible dependent <input type="text" value="Husband"/>	Amount \$ <input type="text" value="30.00"/>

When the service was received, not paid.
Make your best guess. We'll verify.

Add

Select '**Add**' after every claim entry.

No expenses have been added.

[Next](#)

Claims & Payments – Submit a Claim for Reimbursement

Submit a Claim

About Receipt Review Proof

Enter Your Receipt Information

For each eligible expense, enter the following information, and then click **Add**.

Beginning date of service

Ending date of service

Merchant or provider name

When the service was received, not paid.

Expense description

Make your best guess. We'll verify.

Name of participant or eligible dependent

Amount

Add

Description	Beginning Date	Ending Date	Merchant or Provider Name	Participant Name or Dependent	Amount	
1 Prescription	2/4/2014	2/4/2014	CVS	Husband	\$30.00	Delete
					Total for this claim	\$30.00

Once all items are added to
your claim, select 'Next'.

Next

Claims & Payments – Submit a Claim to “Pay My Provider”

When submitting a claim:

1. Selecting pay my provider activates the button **Select or Add a Provider**.
2. Click on **Select or Add a Provider**.

Benefits ▾ Claims & Payments ▾ Card Center ▾ Go Mobile Settings ▾ Contact Us April 20, 2016

Submit a Claim

1 About 2 Receipt 3 Review 4 Proof

Enter Your Receipt Information

For each eligible expense, enter the following information, and then click **Add**.

Pay me Pay my provider ⓘ Select 'pay my provider' if you are requesting payment to be mailed directly to your provider.

Beginning date of service: 4/15/2016
Ending date of service: 4/15/2016
Merchant or provider name: **Select or add a provider**

When the service was received, not paid.

Expense description:
Name of participant or eligible dependent:
Amount: \$

Make your best guess. We'll verify.

Account number: Invoice number: **Add**

Account # and Invoice # are optional but recommended.
Provider may require this information to process your payment.

No expenses have been added.

Next

Claims & Payments – Submit a Claim to “Pay My Provider”

When submitting a claim:

1. To add a new provider, click on **Add a New Provider**
2. To use an existing provider, highlight the provider and select **Use selected provider for this claim**

Select or Add a Provider

Select a provider you have used before.

Provider Name	Address	City	State	ZIP Code	Phone Number
Dr. Jenkins	6810 Silverheel St	Shawnee	KS	66226-5300	

Manage providers

Add a new provider

Use selected provider for this claim

How can I hide or display my providers and their information?
Can I update previously entered provider information?

Claims & Payments – Uploading Receipts

Upload Your Receipts

The screenshot shows the 'Upload Your Receipts' page. At the top, there is a navigation bar with 'Benefits', 'Claims & Payments', 'Card Center', 'Go Mobile', 'Settings', and 'Contact Us'. The date 'February 6, 2014' is displayed on the right. Below the navigation bar, there are four numbered steps: 1. About, 2. Receipt, 3. Review, and 4. Proof. The main heading is 'Submit a Claim'. Below this, there is a section titled 'Upload Your Receipt' with the text 'This is the fastest way to get your claim paid.' Underneath, there are 'Upload Instructions' listed in four steps. A blue button labeled 'Upload Receipt Now' is at the bottom right.

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by WageWorks

Welcome, | Help | Log Out

Benefits ▾ Claims & Payments ▾ Card Center ▾ Go Mobile Settings ▾ Contact Us February 6, 2014

1 About 2 Receipt 3 Review 4 Proof

Submit a Claim

Upload Your Receipt

This is the fastest way to get your claim paid.

Upload Instructions

1. Save an electronic receipt on your computer.
 - Scan a PDF or an Explanation of Benefits (EOB) from your health plan's website.
 - Scan a paper receipt and save it as a TIF, TIFF, JPG, JPEG, BMP, GIF, PNG or PDF file.
 - Files must be no larger than 5MB (5,120KB). If the file is too big, try compressing it.
2. Click **Upload Receipt Now**, and then select the files you want to upload.
3. Your claim will be processed within a few days of receiving your form and receipt.
4. Return to this Web site to view the status of your claim and payment.

Upload Receipt Now

Print and Mail or Fax Your Claim

Or,

Print and Mail or Fax Your Receipt

Click **Fax or Mail Receipt** to print a paper claim form. You can then mail or fax it along with copies of your receipts or Explanation of Benefits (EOB) document.

Mail or Fax Instructions

Print your claim form and mail with your receipts to:

FLEX CLAIMS GROUP
claims@takecareclaims.com
P.O. Box 14054
Lexington, KY 40512

Or fax the claim form to:

(877) 782-8889

When submitting a claim for Dep. Care and Parking/Transit benefits – if you do not have a receipt you will need to print the claim form and manually submit it to WageWorks.

Fax or Mail Receipt

Claims & Payments – Submit a Claim to “Pay My Provider”

When submitting a claim:

1. Enter in providers Name and address information and phone number
2. The system may update the address and add the 4 digit extension to the zip code. Please click “OK”

The screenshot displays a web application interface. At the top, there are navigation links: 'Home', 'Card Center', 'Go Home', 'Settings', and 'Cancel'. Below these is a modal window titled 'Add a New Provider'. The form contains the following fields:

- Provider name ***: Text input with 'Shawnee Mission Physicians Gro'.
- Address line 1 ***: Text input with '15977 Collections Center Drive'.
- Address line 2**: Empty text input.
- City ***: Text input with 'Chicago'.
- State ***: Dropdown menu with 'IL' selected.
- ZIP code ***: Text input with '60693' and a hyphen followed by an empty box.
- Phone number**: Input fields for '() - '.

At the bottom of the form are 'OK' and 'Cancel' buttons. Below the form is a 'Message from webpage' dialog box with a question mark icon. The message reads: 'The address was updated during validation. Click OK to review the changes before saving or click Cancel to save the change.' An orange arrow points to the 'OK' button in this dialog box.

Claims & Payments – Submit a Claim to “Pay My Provider”

When submitting a claim:

1. With a provider added, please complete the remaining online claim entry fields as it noted above under Submitting a Reimbursement Claim .
2. Under the pay my provider screen, two additional fields are included - *Account Number* and *Invoice Number*. Both fields are optional, but are strongly recommended to include this claim information to ensure your provider can properly apply the payment to the correct account. Click on **Add** to proceed.

The screenshot shows the 'Submit a Claim' page in the WageWorks system. The navigation bar includes 'Benefits', 'Claims & Payments', 'Card Center', 'Go Mobile', 'Settings', and 'Contact Us', with the date 'April 20, 2016'. A progress indicator shows four steps: 1. About, 2. Receipt (highlighted), 3. Review, and 4. Proof.

The main heading is 'Submit a Claim' and the sub-heading is 'Enter Your Receipt Information'. Below this, a note states: 'For each eligible expense, enter the following information, and then click **Add**.'

The form contains the following fields and options:

- Payment method: Radio buttons for 'Pay me' and 'Pay my provider' (selected). A help icon and text: 'Select 'pay my provider' if you are requesting payment to be mailed directly to your provider.'
- Beginning date of service: 4/15/2016 (calendar icon)
- Ending date of service: 4/15/2016 (calendar icon)
- Merchant or provider name: Shawnee Mission Physicians Group (dropdown menu) and a 'Select or add a provider' button.
- Expense description: Medical (dropdown menu)
- Name of participant or eligible dependent: David L Bruning (dropdown menu)
- Amount: \$ 1.50
- Account number: 12348568
- Invoice number: 1358 (with an 'X' icon) and an 'Add' button.

Additional text includes: 'When the service was received, not paid.' (with a red arrow pointing to the 'Expense description' field), 'Make your best guess. We'll verify.', and 'Account # and Invoice # are optional but recommended. Provider may require this information to process your payment.'

At the bottom, it says 'No expenses have been added.' and a 'Next' button is visible.

Claims & Payments – Manage Direct Deposit



Manage Direct Deposit

Direct Deposit is the fastest way to receive claim payments. This service automatically deposits reimbursement funds into your personal account.

Employee/Participant

John Smith



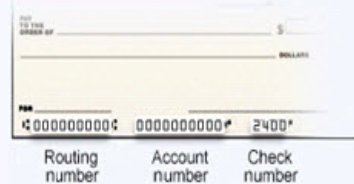
I authorize take care by WageWorks to direct deposit claim reimbursement funds to my personal bank account.

Bank Information

Account type:

Bank routing number:

Bank account number:



After entering your banking info you will select 'Submit' at the bottom of the page.

are®
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Claims & Payments

Go Mobile

Manage Direct Deposit

View Claim Activity

View Pending Claims (Internet Entry)

View Non-Qualified Expense Activity

Claims & Payments – Claim Activity

take care[®] by WageWorks

Welcome,

Benefits ▾ **Claims & Payments** ▾ Card Center ▾ Go Mobile Settings ▾ Contact Us

Benefits ▾ **Claims & Payments** ▾

- Submit a Claim
- View Claim Activity**
- View Pending Claims (In Progress)
- View Non-Qualified Expenses

Benefits

Dependent Care FSA - Dependent Care
Use it from: 1/1/2014 to 3/15/2015
Claim it by: 5/15/2015
What's covered?

Health Care FSA - Health
Use it from: 1/1/2014 to 3/15/2015
Claim it by: 5/16/2015
What's covered?

Claim Activity

Service Date	Provider	Source	Status	Total	Paid	Rejected
2/5/2014	SOUTH RAYTOWN SERC REHAB,	Card	Pending	\$108.00	----	----
+ 1/31/2014	CVSPHARMACY	Card	Paid	\$167.85	\$167.85	----
+ 1/22/2014	SUMMIT GASTROENTEROLOG	Card	Paid	\$20.00	\$20.00	----
+ 11/22/2013	CVS Pharmacy	Claim	Paid	\$138.55	\$138.55	----
+ 10/5/2013	CVSPHARMACY	Card	Paid	\$10.00	\$10.00	----
+ 9/27/2013	CVSPHARMACY	Card	Paid	\$15.70	\$15.70	----
+ 9/19/2013	CVSPHARMACY ;	Card	Paid	\$2.50	\$2.50	----
+ 9/16/2013	SUMMIT GASTROENTEROLOG	Card	Paid	\$59.86	\$59.86	----
+ 8/30/2013	CVSPHARMACY	Card	Paid	\$25.00	\$25.00	----
+ 8/27/2013	CVSPHARMACY	Card	Paid	\$15.70	\$15.70	----
+ 8/14/2013	CVSPHARMACY	Card	Paid	\$15.00	\$15.00	----

NOTE These are general dates for the plan you entered or terminated from the



Card Center

Card Center – Flex Benefits Card

The screenshot shows the 'take care' logo by WageWorks at the top left. Below it is a navigation bar with four items: 'Benefits', 'Claims & Payments', 'Card Center', and 'Go Mobile'. The 'Card Center' dropdown menu is open, showing three options: 'Flex Benefits Card' (highlighted with a red box), 'View Declined Card Swipes', and 'View No Receipt Retailers'. Below the navigation bar, the 'Benefits' section is visible, featuring two FSA options: 'FSA - Dependent Care' and 'FSA - Health'. Each FSA card includes details on usage dates, claim deadlines, and a 'What's covered?' link. A 'NOTE' at the bottom states: 'These are general dates for the plan. Your period of coverage may be different from the dates you entered or terminated from the plan. Check with your plan administrator.'

You have the option to request additional debit cards for your spouse and/or dependents.

To request an additional debit card you will select the Flex Benefits Card option.

Card Center – Flex Benefits Card

Select **'Get Started'** at the bottom of the page

K A RANDALL VISA

Now you've got a brand new way to pay qualified plan expenses. It's the Flex Plan card. And with it, you won't have to pay qualified expenses out of your personal funds and then wait for reimbursement.

TIP Take advantage of our "No Receipt Retailers" and you won't have to submit receipts to verify purchases made with your card. [View Retailers](#)

You already have a Flex Plan debit card. Click 'Get Started' to order additional debit cards for yourself or your dependents.

FAQ's:

- Why is the Flex Benefits Card so convenient?
- Is the Flex Benefits Card IRS compliant?
- Where is the card accepted?
- How do I learn how to use the card?
- Do I need a personal identification number (PIN)?
- The card is to be used only for qualified expenses. How is this verified?
- What happens if the card is used to pay for services that are NOT IRS qualified?
- Can I still file claims when the card isn't used to pay qualified expenses?
- How do I dispute a card swipe?
- How do I report my debit card lost or stolen?

Get Started

Card Center – Flex Benefits Card

Enter the First and Last name that you would like to appear on the card and select **'Submit'**.

Note: Only one additional card can be ordered per day.

Order Additional Flex Benefits Card

Please provide the name of your eligible dependent.

First	MI	Last
<input type="text"/>	<input type="text"/>	<input type="text"/>

NOTE Names are printed with punctuation removed.

Only one Flex Benefits card can be ordered each day. **Please return after 24 hours to order another Flex Benefits card.**

The Flex Benefits card will be mailed to the following address:

123 Sesame Street
Happy Town, CA 12345

If this address is incorrect, please ask your employer to update the information, which will then update our records. When the mailing address is correct, you can then order an additional Flex Benefits card.

Cancel

Submit

Card Center – Flex Benefits Card

Payments ▾ Card Center ▾ Go Mobile S

- Flex Benefits Card
- View Declined Card Swipes**
- View No Receipt Retailers

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Declined Card Swipes

Most recent declines are listed first.

Activity

Date	Description	Reason	Amount
10/18/2013	CVSPHARMACY	Card is not currently active	\$15.00
10/18/2013	CVSPHARMACY	Card is not currently active	\$15.00

dates for the plan. Your period of coverage may be different, depending on
minated from the plan. Check with your plan administrator.



Go Mobile

Go Mobile

take care[®]
by WageWorks

Welcome,

Benefits ▾

Claims & Payments ▾

Card Center ▾

Go Mobile

Settings ▾

Contact Us

Mobile Access

Check your balance, verify your elections, and more!



With MyFlexMobile, you can access your account anytime or anywhere!

MyFlex Mobile Apps

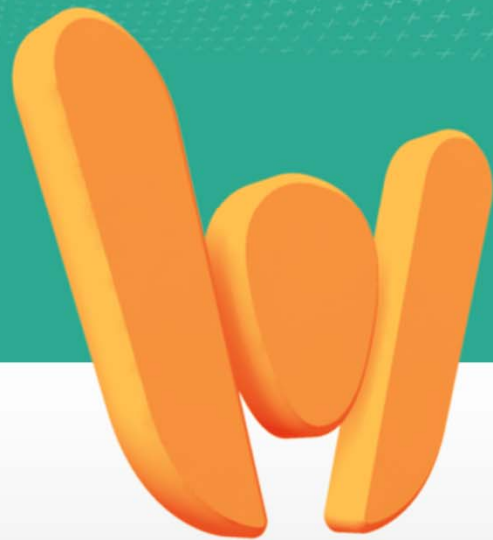
Take a picture & send a receipt

Get ready to submit receipts and file claims on your Smartphone. Just take a picture with your device and click "submit". It's really that simple! Download the free APP for iPhone® or Android and take your account with you. Search for MyFlex at the app store.

MyFlex Mobile Website

Check your balance and see your spending!

All you need is your MyFlexOnline user ID and password to logon with any mobile phone or tablet.



Settings

Settings – Change Email Address

The screenshot displays the WageWorks user interface. At the top right, it says "Welcome," with links for "Help" and "Log Out". Below this is a navigation bar with "Settings" and "Contact Us" tabs, and the date "February 6, 2014". A dropdown menu is open under "Settings", listing "Change E-mail Address" (highlighted with a red box), "Change Your User Name and Password", and "Manage Personal Info".

The main content area is titled "Change E-mail Address" and contains a "Contact Information" section. It shows the "Current e-mail address" as "wageworks123@wageworks.com". There are two input fields for the "New e-mail address" and "Re-enter new e-mail address". A blue "Save" button is located at the bottom of the modal.

In the background, there are financial summary cards. The top one shows a balance of \$416.66 and a count of \$4,999.92. The bottom one shows a balance of \$627.20 and a count of \$720.00. To the right, there is a "Submit a Claim" button, an "Alerts & Reminders" section with "0 New Message", and a "Debit Card Status: Active" indicator.

Below the main content area, there is a note: "d of coverage may be different, depending on when with your plan administrator."

Settings – Change User Name/Password

Welcome, | Help | Log Out

Mobile Settings Contact Us

- Change E-mail Address
- Change Your User Name and Password**
- Manage Personal Info

Available Balance **\$416.66**
Action Amount \$4,999.92
See Savings & Spending

Available Balance **\$627.20**
Action Amount \$720.00
See Savings & Spending

Change User Name and Password

It's a good idea to change your password often.

Log-in Information

Current user name wage123

New user name
The user name must be unique and can consist of any number of letters, numbers, and symbols, but no spaces.

Current password

New password

Confirm new password
The password must be at least 6 characters long and can be any combination of numbers, letters, and symbols. You must include at least one upper-case letter and one number. Letters are case-sensitive.

Submit

Settings – Manage Personal Info

Personal Information Change

Your personal information allows us to verify your identity and stay in touch.

Contact Information

First Name

Middle Initial

Last Name

Address Line 1

Address Line 2

City

State

Zip Code

Phone

Fax

Welcome, | [Help](#) | [Log Out](#)

February 6, 2014

Settings | [Contact Us](#)

- [Change E-mail Address](#)
- [Change Your User Name and Password](#)
- [Manage Personal Info](#)**

Balance **\$416.66**
Amount \$4,999.92

[Savings & Spending](#)

Balance **\$627.20**
Amount \$720.00

[Savings & Spending](#)

Alerts & Reminders

0 New Message

Debit Card Status:
Active

erent, depending on when
or.



Contact Us

Contact Us

take care[®]
by WageWorks

Benefits

Claims & Payments

Go Mobile

Settings

Contact Us

Contact Us

Fax Claim to: (877) 782-8889

Mail Claim to: FLEX CLAIMS GROUP
PO Box 14054
Lexington, KY 40512

Phone Number: (800) 950-0105

Email your questions to: [Click here to send secure email](#)



Thank you.