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.

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!
Registering Your Account

Click ‘New User Registration’

MyFlexOnline

Registered Participants

New User?

User Name

Password

Log in

Password Reset and User Name Retrieval

New User Registration

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

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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
Registering Your Account

MyFlexOnline

New User Registration

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

Implementation Test Co
take care by WageWorks

Confirm your Employer
Create your User Name & Password
Registering Your Account

New User Registration

You're finished!
Click here to view your Benefit Overview page.
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
Benefits – Qualified Expenses List

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 be different if you entered or terminated from the plan. Check with your plan administrator for your specific dates.

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**Eligible Expenses for FSA - Dependent Care**

**Dependent Care - Qualified Expenses**

Dependent Care expenses that do qualify for reimbursement:

- 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

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

Spending

- Dental: $62.80
- Pharmacy: $30.00
- Total Spending: $92.80

Savings

- Election amount: $720.00
- Available balance: $627.20
- Election amount: $720.00
- Your tax rate: 40%
- Savings: $288.00

As of February 6, 2014, this benefit has received contributions totaling $60.00.
Claims & Payments
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
Submit a Claim for Reimbursement

Enter Your Receipt Information

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

- **Beginning date of service:** 2/4/2014
- **Ending date of service:** 2/4/2014
- **Merchant or provider name:** CVS
- **Expense description:** Prescription
- **Name of participant or eligible dependent:** Husband
- **Amount:** $30.00

Select 'Add' after every claim entry.
Claims & Payments – Submit a Claim for Reimbursement

Submit a Claim

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**
- **Expense description**
- **Name of participant or eligible dependent**
- **Amount**

Make your best guess. We’ll verify.

<table>
<thead>
<tr>
<th>Description</th>
<th>Beginning Date</th>
<th>Ending Date</th>
<th>Merchant or Provider Name</th>
<th>Participant Name or Dependent</th>
<th>Amount</th>
</tr>
</thead>
</table>

Total for this claim $30.00

Once all items are added to your claim, select 'Next'.
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.
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**
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.
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”
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.
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: Checking
Bank routing number:
Bank account number:

After entering your banking info you will select ‘Submit’ at the bottom of the page.
Claims & Payments – Claim Activity

Claim Activity

<table>
<thead>
<tr>
<th>Service Date</th>
<th>Provider</th>
<th>Source</th>
<th>Status</th>
<th>Total</th>
<th>Paid</th>
<th>Rejected</th>
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</thead>
<tbody>
<tr>
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<td>SOUTH RAYTOWN SERC REHAB,</td>
<td>Card</td>
<td>Pending</td>
<td>$108.00</td>
<td>----</td>
<td>----</td>
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<tr>
<td>1/31/2014</td>
<td>CVS PHARMACY</td>
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<td>Paid</td>
<td>$167.85</td>
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<td>1/22/2014</td>
<td>SUMMIT GASTROENTEROLOG</td>
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<td>$20.00</td>
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<td>10/5/2013</td>
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<tr>
<td>9/27/2013</td>
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<td>$25.00</td>
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<td>Card</td>
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<td>$15.00</td>
<td>$15.00</td>
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</tr>
</tbody>
</table>

NOTE: These are general dates for the plans you entered or terminated from the plan.
Card Center
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

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

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?

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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.
Card Center – Flex Benefits Card

Declined Card Swipes

Most recent declines are listed first.

Activity

<table>
<thead>
<tr>
<th>Date</th>
<th>Description</th>
<th>Reason</th>
<th>Amount</th>
</tr>
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<tbody>
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<td>CVSPHARMACY</td>
<td>Card is not currently active</td>
<td>$15.00</td>
</tr>
<tr>
<td>10/18/2013</td>
<td>CVSPHARMACY</td>
<td>Card is not currently active</td>
<td>$15.00</td>
</tr>
</tbody>
</table>
Go Mobile
Go Mobile

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

Contact Information

Current e-mail address: wageworks123@wageworks.com

New e-mail address: 

Re-enter new e-mail address: 

Save

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Settings – Change User Name/Password

Welcome,

Help | Log Out

Mobile

Settings

Contact Us

– Change

User Name/Password

Available Balance: $416.66
Action Amount: $4,999.92

See Savings & Spending

Available Balance: $627.20
Action Amount: $720.00

See Savings & Spending

Alerts & Reminders

Debit Card

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:
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. Numbers are case-sensitive.

Confirm new password:

Submit

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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.