



ONLINE CLAIM FILING

Online Claim Filing is the fastest way to file your claims for reimbursement. Before you begin, be sure to have the valid receipt(s) for your expenses handy. If you have your receipts saved on your computer, you can save yourself a trip to the fax machine or post office by using the online secure receipt upload to submit them electronically when you file your claim. If you only have paper copies of your receipts, you can still file your claims online, and then send your receipts via fax, email, or mail to TASC.

1. Login

Visit <https://MyBenefitsPortal.TASConline.com> and click on Participant Login in the upper right corner. Choose your Login Type, based on what plan(s) you are enrolled in this year. If you currently have an account, you should continue to use your established username and password. The following default is for first time users:

USERNAME: Social Security Number (no dashes)

PASSWORD/PIN: Last 4 digits of Social Security Number

First time users will be prompted to choose a unique password for future use.

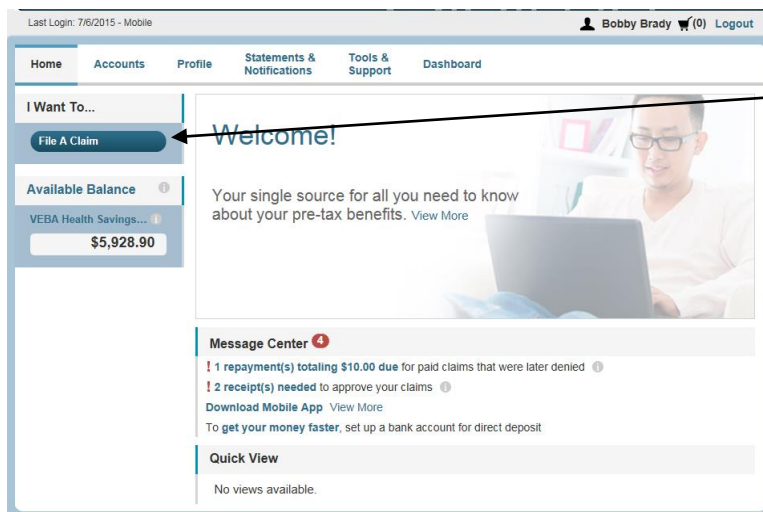
Note: The system will automatically time out after five minutes of inactivity and automatically time out after 60 minutes of continuous activity. This is to assist in protecting your private information.

2. File Claims or Review Accounts

Log in to the Claims Tool Kit based on your login type. Once on the Claims homepage, you can view the accounts you are enrolled in, account balances, and claim history.

3. Click on the type of expense you wish to file

Choices could be Medical, Dependent Care, and Transportation (based on your enrollment). If you have more than one type of plan that reimburses medical expenses (such as a Medical FSA and a VEBA or HRA), the system will automatically reimburse from the plan that should be depleted first, before reimbursing from the other plan. For example, you must deplete your Medical FSA before accessing your VEBA, so the system will do this automatically for you.



File claims directly from the home screen by clicking on "File a Claim"

Claims: claims@tasconline.com | toll-free fax 866-450-1480 | TASC | P.O. Box 7213 | Madison, WI 53707-7213

Service: sychelp@tasconline.com | toll-free 866-678-8322

FH-5715-012918



The only selection for Pay To is Me.

4. Upload Receipts

After clicking **Upload Valid Documentation**, the File Claim page displays the receipt filenames. Browse in your computer to find the receipt that you have scanned and saved to your computer. To remove a receipt, click the **Remove** link next to the receipt file name. You can repeat the receipt upload process an unlimited number of times. If you have multiple receipts, you may submit them in bulk instead of individually. See page 12 for instructions.

Click to open Upload Receipts dialog box. Click here to upload your receipt if you have it saved to your computer. (You can still file your claim electronically without attaching the receipt).



Upload Receipt(s) [X]

[Browse...] [Remove]

Receipts must be in a JPG, GIF, PNG or PDF format and cannot exceed 2 MB
[Add Another Receipt](#)

[Cancel] [Submit]

Browse in your computer to find the receipt that you have scanned and saved. Double click on the scanned file to add it here.

Last Login: 7/9/2015 - Online | Bobby Brady (0) Logout

Home Accounts Profile Statements & Notifications Tools & Support Dashboard | I Want to... ▼

Available Balance: VEBA Health Savings PL... \$5,916.60

Plan Filing Rules: 07/01/2008 - 06/30/2018 VEBA Health Savings PL...

Accounts / File A Claim

Receipt / Documentation

Receipt(s) [i] Upload Valid Documentation
3146_001.pdf [Remove Receipt]

View Receipt(s)

Summary

Pay From: Medical
Pay To: Me

[Cancel] [Previous] [Next]

Click **Remove Receipt** to delete receipt.

View Receipt(s) link displays only if receipts were uploaded.



5. Enter Claim Information

Enter the information from your claim, completing all required fields, designated with an asterisk (*).

Available Balance: VEBA Health Savings PL... \$5,818.70 **

Plan Filing Rules: 07/01/2008 - 06/30/2018

Accounts / File A Claim

Claim Details

Start Date of Service * 7/1/2015

End Date of Service 7/7/2015

Amount * \$ 10.00

Provider * CVS

Category * i Drugs & Medicine

Type * Over-the-Counter Medication

Description

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient *

- Bobby Brady
- Claire Brady (Ineligible) i
- Dan Brady (Ineligible) i
- Henry Brady (Ineligible) i
- John Brady (Ineligible) i
- Julie Brady (Ineligible) i
- Marcia Brady (Ineligible) i

[Add Dependent](#)

Did You Drive To Receive This Product/Service?* Yes No

Miles* 10

Mileage Reimbursement \$2.30

Total Claim Amount \$12.30

Summary

Pay From Medical

Pay To Me

Documentation Uploaded Yes

* Required

Cancel Previous Next

You can either use the calendar to enter the service date(s) or manually enter. Note you can now enter a date range.

Enter the number of miles you traveled for this product or service and the system will calculate your mileage reimbursement, based on the IRS designated reimbursement rate. A receipt is not required for mileage.



6. Enter Multiple Claims

If you are entering more than one claim, add additional claims by selecting Add Another. Then choose the plan from the drop down menu for the next claim and repeat the steps starting on page 2. You can see how many claims you have entered by viewing the Claims Basket in the upper right corner of the screen.

From	To	Expense	Amount	Approved Amount		
VEBA Health Savings Plan	Me	Acupuncture	\$10.20	\$10.20	Remove	Update
VEBA Health Savings Plan	Me	Over-the-Counter Medication	\$12.30	\$12.30	Remove	Update
Total Amount			\$22.50	\$22.50		

Any time you want to return to this summary page simply click on the Claims Basket which tracks the number of claims added but not submitted.

From	To	Expense	Amount	Approved Amount		
VEBA Health Savings Plan	Me	Acupuncture	\$10.20	\$10.20	Remove	Update
VEBA Health Savings Plan	Me	Over-the-Counter Medication	\$12.30	\$12.30	Remove	Update
Total Amount			\$22.50	\$22.50		

The Submit button will not be enabled until you click on the Terms and Conditions box. All will be submitted that are contained in the Claims Basket and will be reset to zero (0).

If you want to change your claim entries or view the receipts uploaded click on Update. Click on Remove to delete the claim.



7. Claims Confirmation Page

After you submit the Claims Basket, you will see the display below.

If you plan to fax or mail your receipts separately, a copy of your Claim Confirmation is required with your receipts so we can match them up accordingly.

Last Login: 7/9/2015 - Online Bobby Brady (0) Logout

Home Accounts Profile Statements & Notifications Tools & Support Dashboard I Want to... ▼

Available Balance VEBA Health Savings PL... \$5,994.10

Accounts / Transaction Confirmation

Confirmation

Successfully Submitted

From	To	Amount	Approved Amount	Receipt Status
VEBA Health Savings Plan	Me	\$10.20	\$10.20	Uploaded(1) Upload another Receipt
VEBA Health Savings Plan	Me	\$12.30	\$12.30	Uploaded(1) Upload another Receipt
Total Approved Amount			\$22.50	

Click on Upload another Receipt to have the option to View Confirmation, View Denial(s) or Upload Receipt(s).

HOME ACCOUNTS PROFILE STATEMENTS & NOTIFICATIONS TOOLS & SUPPORT DASHBOARD Bobby Brady ▼ Last Login: 7/13/2015 - Online | Logout

Receipts Needed

New Receipt Needed for Denied Claim

Denial Date	Plan	Date of Service	Merchant / Provider	Recipient	Claim Amount	Receipt Status	
7/8/2015	VEBA Health Savings Plan	6/4/2015	Dr	Bobby Brady	\$10.20	New Needed	View Denial Upload Receipt View Confirmation
6/26/2015	VEBA Health Savings Plan	6/26/2015	cvs	Bobby Brady	\$1.00	New Needed	View Denial Upload Receipt View Confirmation
11/13/2014	VEBA Health Savings Plan	1/1/2014	test	Bobby Brady	\$220.00	New Needed	View Denial Upload Receipt View Confirmation

Click View Confirmation and save a copy as a .pdf or print it where then either can be submitted with your receipts.

Receipts Uploaded and Awaiting Approval

Plan	Date of Service	Merchant / Provider	Recipient	Claim Amount	Receipt Status	
VEBA Health Savings Plan	7/1/2015	Dr Lett	Bobby Brady	\$10.20	Uploaded	Upload Receipt View Confirmation
VEBA Health Savings Plan	7/1/2015 - 7/7/2015	CVS	Bobby Brady	\$12.30	Uploaded	Upload Receipt View Confirmation
VEBA Health Savings Plan	7/1/2015	Dr Lett	Bobby Brady	\$10.20	Uploaded	Upload Receipt View Confirmation
VEBA Health Savings Plan	7/1/2015 - 7/7/2015	CVS	Bobby Brady	\$12.30	Uploaded	Upload Receipt View Confirmation



Sample of Confirmation Page

Bobby Brady
0011223333
City of America

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

Claim Number	Plan	Date of Service	Provider / Merchant	Recipient	Receipt Amount	Mileage Amount	Approved Amount *	Receipt Status
001150713P0000101	VEBA Health Savings Plan	7/1/2015	Dr Lett	Bobby Brady	\$10.20	\$0.00	\$10.20	Uploaded
001150713P0000102	VEBA Health Savings Plan	7/1/2015 - 7/7/2015	CVS	Bobby Brady	\$10.00	\$2.30	\$12.30	Uploaded
Totals:					\$20.20	\$2.30	\$22.50	

* 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.

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.

[HOME](#) | [ACCOUNTS](#) | [PROFILE](#) | [STATEMENTS & NOTIFICATIONS](#) | [TOOLS & SUPPORT](#) | [DASHBOARD](#)

Bobby Brady ▾
 Last Login: 7/13/2015 - Online | [Logout](#)

Receipts Needed

New Receipt Needed for Denied Claim

Denial Date	Plan	Date of Service	Merchant / Provider	Recipient	Claim Amount	Receipt Status	
7/8/2015	VEBA Health Savings Plan	6/4/2015	Dr	Bobby Brady	\$10.20	New Needed	View Denial Upload Receipt View Confirmation
6/26/2015	VEBA Health Savings Plan	6/26/2015	cvs	Bobby Brady	\$1.00	New Needed	View Denial Upload Receipt View Confirmation
11/13/2014	VEBA Health Savings Plan	1/1/2014	test	Bobby Brady	\$220.00	New Needed	View Denial Upload Receipt View Confirmation

Click Upload Receipt to upload one receipt at a time.

Receipts Uploaded and Awaiting Approval

Plan	Date of Service	Merchant / Provider	Recipient	Claim Amount	Receipt Status	
VEBA Health Savings Plan	7/1/2015	Dr Lett	Bobby Brady	\$10.20	Uploaded	Upload Receipt View Confirmation
VEBA Health Savings Plan	7/1/2015 - 7/7/2015	CVS	Bobby Brady	\$12.30	Uploaded	Upload Receipt View Confirmation
VEBA Health Savings Plan	7/1/2015	Dr Lett	Bobby Brady	\$10.20	Uploaded	Upload Receipt View Confirmation
VEBA Health Savings Plan	7/1/2015 - 7/7/2015	CVS	Bobby Brady	\$12.30	Uploaded	Upload Receipt View Confirmation



Upload Receipts for VEBA Health Savings Plan Cl...
Dates of Service: 7/1/2015 - 7/7/2015 Amount: \$12.30

Receipts must be in a JPG, GIF, or PDF format and cannot exceed 2 MB.

[Add Another Receipt](#)

|

8. Submit your Receipts

There are multiple options for submitting receipts. Choose ONE of the options below.

1. Upload one receipt at a time – As you are filing the claim online, attach each receipt to the claim to upload securely, as explained in Step 4.
2. Upload multiple receipts at one time - If you wish to electronically submit a file (or files) containing multiple receipts, use the Secure Receipt Uploader, explained on page 12.
3. Fax, mail, or email receipts – Attach receipts to your printed Confirmation page from Step 7 and send them using the contact information on your Confirmation page. Green Plan participants are required to submit their claims online, but may still submit their receipts via fax, email, or mail.

Important Tips:

- There are several ways to save receipts electronically, including:
 - Scan your receipts using a scanner connected to your computer to create the file(s).
 - Download receipts like Explanations of Benefits (EOBs) directly from your healthcare provider's website.
 - Take a digital picture of your receipts and save it on your computer.
- Each receipt must contain the date of service, product name or description of service provided, provider name, and recipient name (unless it is a store receipt for prescriptions or eligible over-the-counter items).
- Explanation of Benefits (EOB) documents from your health insurance provider contain all of the information necessary to substantiate your claims. *If you have an EOB for your expense, it is not necessary to send additional documentation.*



Secure Receipt Upload

1. After filing your claims online, click on Tools & Support tab displaying at the top of your screen and then choose [Secure Receipt Uploader](#) located under Quick Links or, go to <https://MyBenefitsPortal.TASOnline.com> and click on [Secure Receipt Upload](#) under the Resources tab. **If you already attached your receipts while filing the claim, TASC has received them and it is not necessary to send them again using this method.**

2. Upload Your Confirmation and Receipts

Welcome

Before uploading Receipts, you must have both your **Claim Confirmation** and your **Receipts** saved electronically on your computer. Acceptable file formats for receipts include .pdf, .jpg, .jpeg, .gif, .tif, .tiff, and .png. Receipts sent in other file formats may be rejected. Please read the **Disclaimer and Terms** for more information.

Instructions

1. Enter the plan participant's name, organization, and email address.
2. Click Browse and find the Confirmation saved on your computer. Choose the file and click Open.
3. Click Browse and find the first receipt saved on your computer. Choose the file and click Open.
4. Repeat Step 3 for each receipt and then click "Submit Your Receipts".
5. If you have more than four receipts to upload, submit the first four then follow the prompt for additional submissions.
6. When you have finished uploading receipts, simply close the page.

*Full Name: ?

*Organization: ?

*Email: ?

*Confirmation: Browse... ?

*Receipt 1: Browse... ?

Receipt 2: Browse...

Receipt 3: Browse...

Receipt 4: Browse...

Submit Your Receipts

Questions?
Contact Genesis Customer Care Center at: (952) 653-4422 Or toll free at: (866) 678-8322 or CustomerCare@GenesisBenefits.net

Complete the plan participant's name, employer name, and email address

Browse your computer for the Claim Confirmation page you saved electronically and click Open to attach

Browse your computer for your first receipt and click Open to attach

Browse your computer and attach up to 3 additional receipts

Click Submit Your Receipts

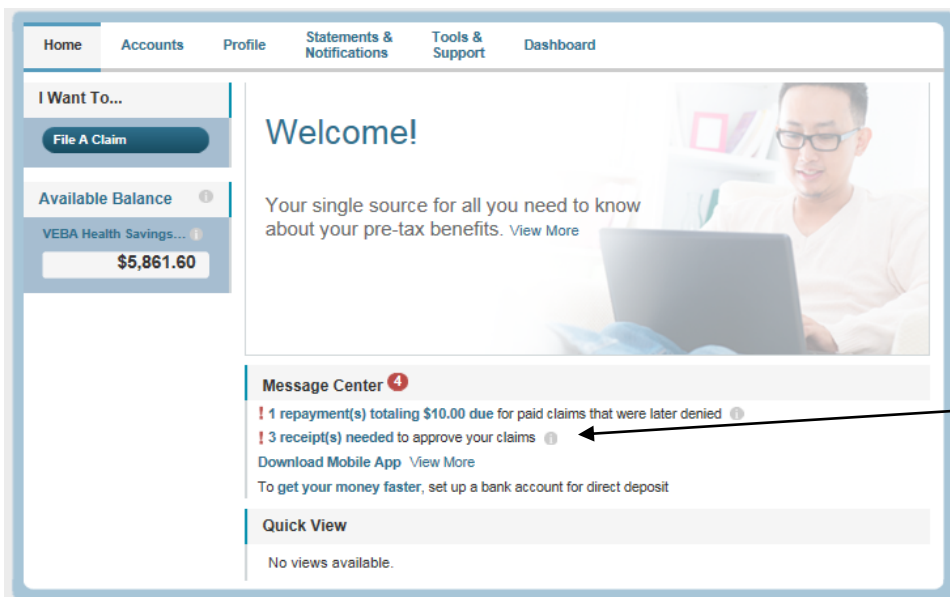


3. Uploading more than four receipts

You may add more receipts after you submit the first four, if necessary, by following the instructions above. When you have uploaded all receipts, simply close the [Secure Receipt Upload](#) browser window.

Attaching Receipts for Denied Claims

1. You can upload a receipt for a denied claim if the denial code allows a new receipt to be uploaded. If you have denied claims requiring new receipts, an alert displays on the HOME page, as it currently does for claims requiring receipts.
2. Click on the underlined blue text "[receipt\(s\) needed](#)" under Message Center. The following screen will appear which will allow you to view which receipts are still needed.



A receipt is needed on a denied claim.

Date of Service	Account	Merchant/Provider	Claim Status	Amount
06/26/2015	VEBA Health Savings Plan	cvs	Denied	\$1.00 !
06/04/2015	VEBA Health Savings Plan	Dr	Denied	\$10.20 !
06/05/2014	Medical FSA	CVS	Denied	\$10.00 !
06/01/2014	Medical FSA	North Clinic	Denied	\$26.18 !
01/01/2014	VEBA Health Savings Plan	test	Denied	\$220.00 !
01/01/2014	Medical FSA	Methodist	Denied	\$10.00 !

Click on the claim you want to upload a receipt for and the following will display.



The screenshot shows the 'Accounts / Claims' page. On the left is a sidebar with 'Account Summary', 'Account Activity', 'Claims', and 'Payments'. The main area has a table of claims:

Date of Service	Account	Merchant/Provider	Claim Status	Amount
06/26/2015	VEBA Health Savings Plan	cvs	Denied	\$1.00
06/04/2015	VEBA Health Savings Plan	Dr	Denied	\$10.20
Claim Details Claim Number: 001150708P0000101 Date(s) of Service: 06/04/2015 Recipient: Bobby Brady Denied: \$10.20 Payee: Bobby Brady Source: Online Receipt Status: New Needed Upload Receipt(s) View Confirmation				
06/05/2014	Medical FSA	CVS	Denied	\$10.00
06/01/2014	Medical FSA	North Clinic	Denied	\$26.18

An arrow points from the text 'Click Upload Receipt(s)' to the 'Upload Receipt(s)' button in the claim details section.

Click Upload Receipt(s).

3. Upload receipts as in Step 4 above. A confirmation message displays to notify you that the receipt was uploaded successfully. You may upload additional receipts if needed until the claim is approved.

The screenshot shows the 'Accounts / Claims' page with a green confirmation message: 'Receipt(s) Uploaded. Your receipt(s) has been successfully uploaded.'

4. Repayments

Repayments are necessary when claims have been paid to you but are later denied (i.e. a debit card was used for an ineligible expense, such as paying a medical expense for a service provided in a previous plan year). An Upload Receipt page is available for claims denied.

The screenshot shows the TASC dashboard. On the left is a sidebar with 'I Want To...' (File A Claim), 'Available Balance' (\$5,861.60), and 'VEBA Health Savings...'. The main area has a 'Welcome!' message and a 'Message Center' notification: '1 repayment(s) totaling \$10.00 due for paid claims that were later denied'.



- HOME
- ACCOUNTS
- PROFILE
- STATEMENTS & NOTIFICATIONS
- TOOLS & SUPPORT
- DASHBOARD

Bobby Brady ▾

Last Login: 7/14/2015 - Online | [Logout](#)

Repayments

Repayments are necessary when claims have been paid to you but later denied. This page displays any pending repayments as well as past repayments.

See Also:
[Payment History](#)

Pending Repayments

View the appropriate [Denial Letter with Repayment Notification](#) for instructions on how to satisfy your outstanding repayment(s). The **Create Date** of the Denial Letter with Repayment Notification on Statements & Notifications should be the day after the corresponding repayment **Denial Date** below.

Denial Date	Plan	Repayment Method	Repayments Amount Due	Outstanding Amount	
1/16/2014	Medical FSA 001140116C0000101	Check	\$10.00	\$10.00	Print Repayment Notification View Denial Upload Receipt
Total Outstanding Repayments: \$10.00					