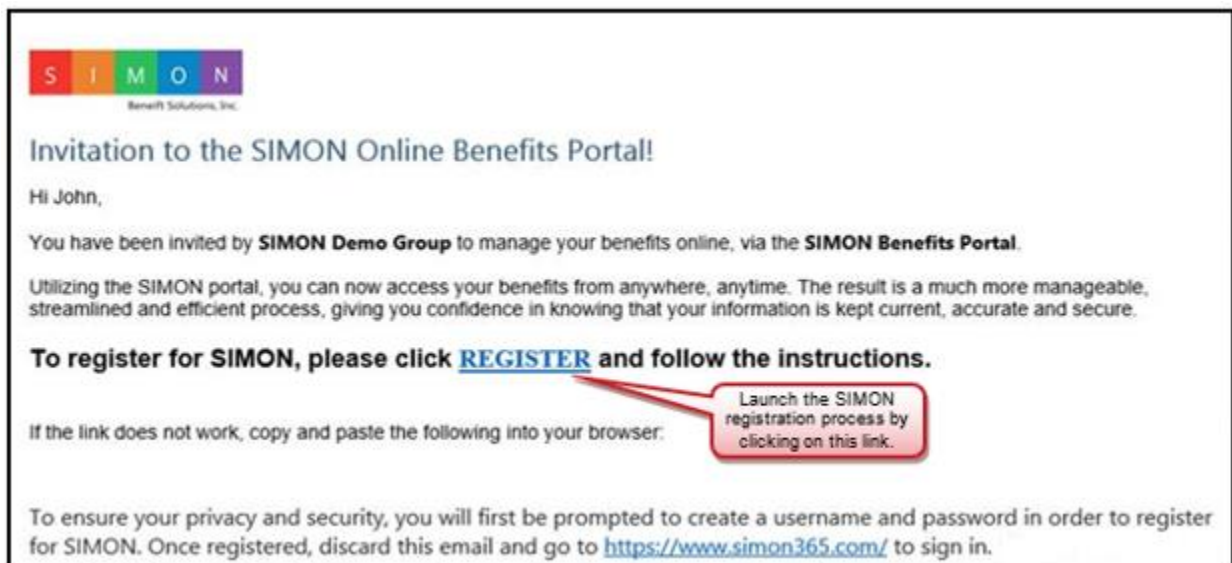




ONLINE ACCOUNT REGISTRATION AND CLAIM FILING OPTIONS

To access SIMON for the first time:

1. Your initial access to SIMON is through an email invitation that will be sent to you shortly after enrolling. The message looks something like this:



*This e-mail was automatically generated from a non-response mailbox - Please do not reply to this email.
To contact us regarding this message or your benefit administration account, please email support@simon365.com or call us at (425) 771-7359.*

For additional support, please click **Email SIMON Support** if you have any questions about features in SIMON.

Enjoy!

As directed, click the link in the message that says **Register**.

2. Follow the prompts to create a username and password:

John Washington, welcome to SIMON!

Please create a user name.

Username: ⓘ This username is available.

Please create a password.

Password must:

- ✗ Be 8-25 characters long.
- ✗ Have at least one UPPERCASE letter.
- ✗ Have at least one lowercase letter.
- ✗ Have at least one number.

Enter Password:

Re-enter Password:

As noted, the password has a minimum length of 8 characters and a maximum length of 25 characters. It must contain at least one uppercase character, one lowercase character, and one number.

3. Accept the Terms and Conditions on the following page:

Terms and Conditions

S I M O N

SIMON ONLINE SERVICES AGREEMENT

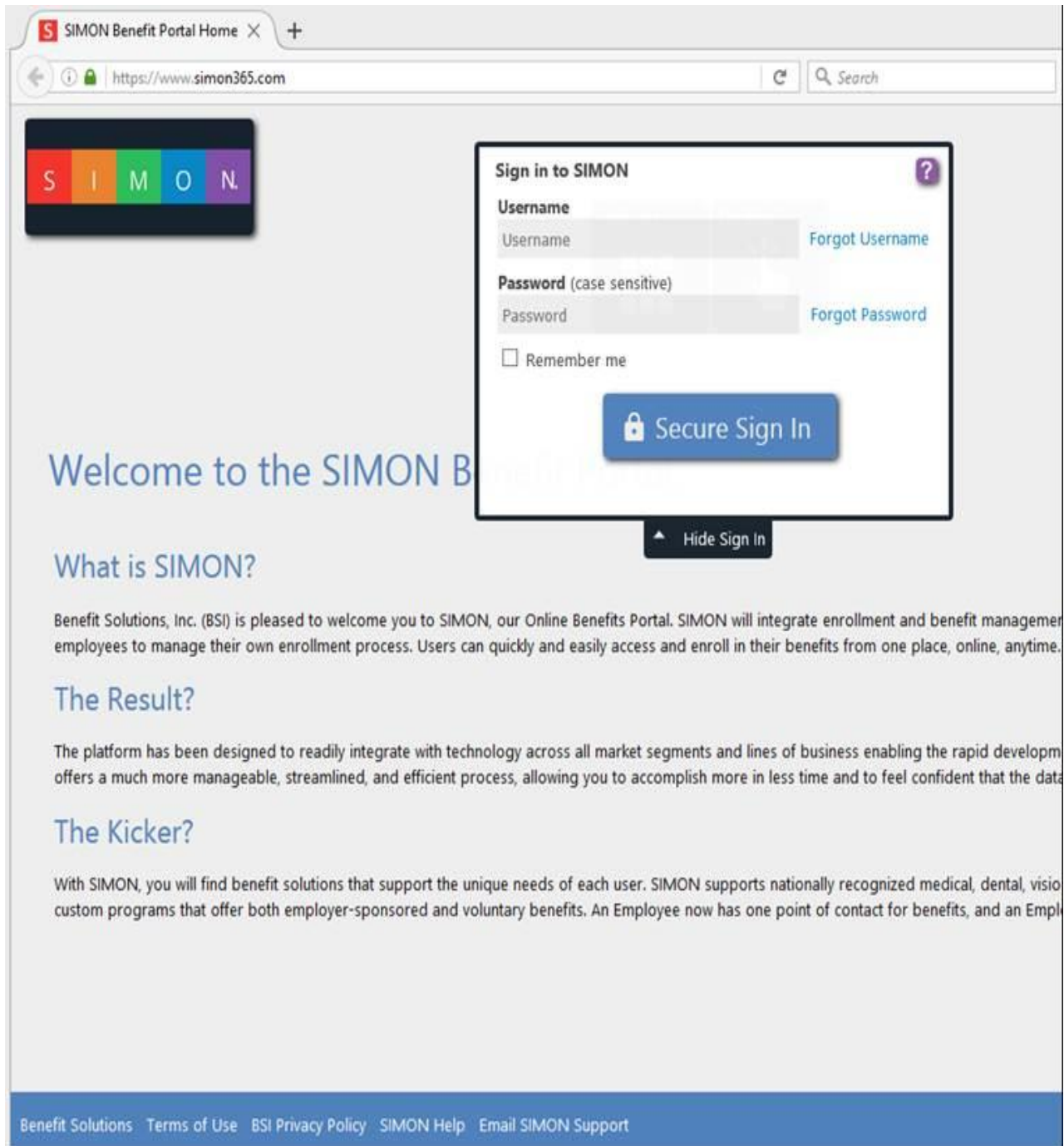
This SIMON ONLINE SERVICES AGREEMENT ("Services Agreement") is a legal agreement between Benefit Solutions, Inc. (hereinafter "BSI", "we", "our", or "us") and you that describes the terms governing your access to and use of the SIMONSM online service suite (hereinafter "SIMON") on the www.simon365.com website ("Site"). By registering your user name and password, and upon acceptance of such credentials by BSI, and thereafter by accessing or using any of the content or services available to you through the Site (hereinafter "Service(s)"), you agree to be bound by all of the terms and conditions of this Services Agreement as stated herein even though this Agreement is not physically signed by you. If for any reason you do not agree to any of the provisions stated herein, you must immediately stop using the Services and notify us using the contact methods provided herein.

Agreement

1. Service. The Service is made available to your registered employees, contractors and agents (hereinafter "Users") internal business operations. The terms of this Agreement shall also apply to any updates subsequently provided by us. We host the Service on our computer systems and may update the functionality, user interface, usability and other user documentation relating to the Service from time to time in our sole discretion. We will make available to you the most recent versions of the Service and any updates referenced above when they are generally made available to all our SIMON customers.

By checking this box, I, **Producer Demo**, agree to the above SIMON ONLINE SERVICES AGREEMENT.

Login to SIMON



4. To access your personal CDHP account, select the “My CDHP” tile after you have logged in:



FILING HRA CLAIMS ONLINE THROUGH SIMON

This is the fastest and easiest method

Step 1

Choose File A Claim

The screenshot shows the Simon dashboard with a navigation bar (Home, Dashboard, Accounts, Tools & Support, Statements & Notifications, Profile) and a 'Welcome' message. In the left sidebar, under 'I Want To...', the 'File A Claim' button is highlighted. Below it, the 'Available Balance' for CDHP 2016 is shown as \$5,000.00.

Step 2

Select the Plan you would like to file the claim under (HRA, FSA, or DCA)

The screenshot shows the 'Accounts / File A Claim' page. The 'Available Balance' for CDHP 2016 is \$5,000.00. The 'Plan Filing Rules' are 01/01/2016 - 12/31/2016 for CDHP 2016. The 'Create Reimbursement' form has 'Pay From' set to 'CDHP 2016 (1/1/2016 - 12/31/2016)' and 'Pay To' set to 'Me'. A 'Next' button is visible at the bottom right.

Step 3

Choose "Upload Valid Documentation"
EOB is required for HRA claims, and is considered valid documentation.

The screenshot shows the 'Receipt / Documentation' section of the 'Accounts / File A Claim' page. The 'Receipt(s)' field has a dropdown menu with 'Upload Valid Documentation' selected. The 'Summary' section shows 'Pay From' as 'CDHP 2016 (1/1/2016 - 12/31/2016)' and 'Pay To' as 'Me'. 'Previous' and 'Next' buttons are visible at the bottom.

Step 4

Complete all required fields

Accounts / File A Claim

Claim Details

If all or part of your claim is unreimbursable due to auditing factors (i.e. claim exceeds available balance in your account), then you will only be reimbursed the approved amount. If this occurs, you will receive notification in the mail.

Start Date of Service *	<input type="text" value="mm/dd/yyyy"/>
End Date of Service	<input type="text" value="mm/dd/yyyy"/>
Amount *	\$ <input type="text"/>
Provider *	<input type="text"/>
Category * ⓘ	<input type="text" value="Select a category..."/>
Type *	<input type="text" value="Select a type..."/>
Description	<input type="text"/>
	<small>If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.</small>
Recipient *	<input type="radio"/> Farrah Bolt <input type="radio"/> John Bolt <input type="radio"/> John Bolt

Step 5

Read and agree to the
"Terms and Conditions"

Terms and Conditions

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

Submit claim(s)

Submit Claim(s)

| [Add Another Claim](#) | [Cancel](#)

Please note: If you selected Direct Deposit when you initially enrolled please allow 3-5 business days to receive your reimbursement via Direct Deposit. If you did *not* select Direct Deposit please allow 7-14 business days for a paper check to arrive via USPS.

FILING A PAPER REIMBURSEMENT CLAIM

This form can be found in your SIMON account under the FORMS tab

Reimbursement Claim Form

INSTRUCTIONS: *FOR EXPENSES PAID WITH FSA/HRA DEBIT CARDS DO NOT COMPLETE THIS FORM*

1. Complete the entire claim form.
*FSA/HRA Debit Card charges only require you to submit your documentation. **DO NOT** fill out this form for Debit Card claims.*
2. **Attach 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 – if allowed by insurance
 - **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. Over-the-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, massage therapy or weight loss programs are not typically reimbursable, but could be if prescribed by a physician.
3. **Note the claim line number at the top of each attachment.** For example, note "L1" on your documentation for the health care expense listed first on the claim form. If one document is provided to support more than one claim line, note all applicable claim lines on the attachment.
4. **Read the Certification Statement then sign and date the claim form.**
5. Keep a copy of this form and all supporting documentation for your records.

Employer Name: _____

Employee Name: _____

Line #	Service Date(s) m/d/yy to m/d/yy	Service Provider	Type of Service (Medical, Dental/Ortho, Vision, Child Care, Parking)	Patient Name	Amount Requested
L1	/ / to / /				
L2	/ / to / /				
L3	/ / to / /				
L4	/ / to / /				
L5	/ / to / /				
L6	/ / to / /				
L7	/ / to / /				
L8	/ / to / /				
L9	/ / to / /				
L10	/ / to / /				
Total Expenses Claimed					\$

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and to the best of my knowledge and belief, are eligible for reimbursement under my reimbursement plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual (joint) income tax return. Any person who knowingly and with intent to injure, defraud or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law. Where indicated, parking amounts claimed are without an available receipt and this certification includes such expenses.

Employee Signature: _____ Date: _____

You can fax, email or mail the claim form,
along with your EOB to the contact information listed below.
 Your EOB must match the date services were rendered, amount owed for **OUT OF POCKET expenses**, and the providers name you include on the claim form.

Mail: Vimly Benefit Solutions, Inc. Attn: CDHP Dept.
 PO Box 6 Mukilteo WA 98275
Email: flexspending@vimly.com
Fax: (866) 727-2106
Phone: (206) 859-2694