



MyFlex: Online Claim Submission Instructions



Login to MyFlex to file a claim online, access and update account information, check your account balances, view your recently processed claims and payment status, and much more.

To submit claims online through MyFlex you need to have an electronic copy of your supporting documentation (a photo may be sufficient documentation). If you do not have an electronic copy, you will need to submit a paper Request for Reimbursement form via mail or fax. This form is available from the Forms section of our website, [PacificSource.com/psa](https://pacificsource.com/psa) under forms and materials or using this link: Request for Reimbursement from FSA or HRA

A. Login Information

1. To begin, navigate to the PacificSource Administrators secure web portal <https://hrbenefitsdirect.com/PSA/signIn.aspx>.

If you are using your smartphone or similar device select "view full site" in order to continue.

2. **Username:** Your **default username** is your PSA Member ID and will typically begin with "ZZMAN". You would have received your Member ID in the mail in your Welcome Letter. If you have changed your username from the default, please log in with the updated information. *Note: The username is case sensitive.*
3. **Password:** Your **default password** is your date of birth. Enter your date of birth in the password field using the format MM/DD/YYYY, including the slashes. This is intended to be a temporary password. If you have changed your password from the default, please log in with the updated information
4. **Security:** You may be prompted to enter or confirm your email, change your username and password, and set up security questions.

B. Submitting Claims:

1. Select the "Submit a new claim" button; if prompted select "Submit a Claim" again. Complete the fields as indicated below. Fields with an asterisk (*) are required.
2. **Plan:** Using the drop down arrow, choose one of the plans available to you based on your personal enrollment. If you have both an FSA and an HRA and are unsure which account to choose, you may refer to your Plan Information Sheet. Otherwise, choose the option you think is best. Our staff reviews the claims to confirm they are paid out of the correct account based on the order in your employer's plan setup. **Important:** If you do not choose a plan, the claim will default to "Select One" and the claim will not be saved.
3. **Provider:** Enter the name of your provider or the merchant where you purchased your item (e.g., pharmacy name or chiropractor's office).
4. **Claimant Name:** Select the participant's name, even if the claim is for a dependent's expense.
5. **Description:** Briefly describe the expense (examples: dental cleaning or office visit etc.)

6. **Service Type:** Using the drop-down arrow, choose the code that best matches the service or item you are claiming.
7. **Service from Date:** Enter the date on which the service was performed or the item was purchased.
8. **Service to Date:** Enter the end date of the service or item. This may be the same as the “From” date if the expense was incurred on a single day, or a different date if the expense was incurred over a period of time (examples: monthly daycare or hospital stay). Typically it’s the same as the From Date unless it is an inpatient situation.
9. **Requested Amount:** Enter the exact dollar amount you are requesting. Include a decimal point, but no dollar sign (example: 30.95). This may be different than the amount of your total expense if you know you have less in your account than the entire expense. You may request the entire expense if you anticipate future deposits to your account and don’t want to wait to submit your claim (examples: dependent care and some HRAs have accrual features).
10. **Upload a Receipt:** Attach your documentation by clicking the Browse button and navigating to the location on your computer where you have saved your scanned receipts. Multiple attachments may be added to a single claim. Please note that we still require the same type of documentation we would require on a manual request for reimbursement.

C. Documentation Information

1. An Explanation of Benefits (EOB) may be required for reimbursement from a medical HRA.
2. Dental HRAs and FSA’s do not require an EOB but the documentation should include:
 - The date the service was incurred (not necessarily equal to the date of payment),
 - A brief description of the service or product,
 - The name of the provider or place of purchase,
 - The patient responsibility (the amount you owed the provider or merchant) for the service or product after the insurance has paid (if insurance was billed).
 - If an electronic copy is not available, you may be able to take a photo using your smartphone and attaching it. Please include the entire document in the photo and verify it is clear to read. You may be asked to resubmit documentation if the document is not clear or is missing information.
3. Select Submit
4. A screen will appear indicating that your claim was successfully submitted. This is for your records only; please do not send any additional documentation at this time. Your claim will now appear as a pending claim in the Claims History tab.
5. Save your documentation: As with all claims, you will need to save your original documentation per IRS guidelines.

D. Profile Update Options

Claims are reimbursed via check. To expedite reimbursements enter your Electronic Funds Transfer (EFT) information.

1. Select the Profile Tab
2. Select View/Edit Profile
3. Update your personal data, add or change EFT information and change your username and password.