



CONTENTS

BROWSER COMPATIBILITY2

ONLINE ENROLLMENT3

Online Enrollment Process 3

Online Enrollment Option for Existing Employees..... 11

REGISTERING YOUR ACCOUNT FOR ONLINE ACCESS.....12

SECURITY ENHANCEMENTS14

 SETUP SECURITY ENHANCEMENTS 14

Existing User..... 14

New User (Enrolled by Employer or Self)..... 18

 LOGIN AFTER SECURITY ENHANCEMENT SETUP 21

 MAKING CHANGES TO SECURITY ENHANCEMENTS 23

 SECURITY ENHANCEMENT FAQs 24

YOUR ACCOUNT PAGES25

Submitting a Claim..... 26

Debit Card Adjudication 31

Managing Bank Accounts 34

Plan Actions..... 35

Notifications..... 40

BROWSER COMPATIBILITY

This website is compatible with the following browsers:

- ✓ IE 10 and higher
- ✓ Opera
- ✓ Safari 3.0 and higher
- ✓ Firefox 3.0 and higher
- ✓ Chrome 3.0 and higher

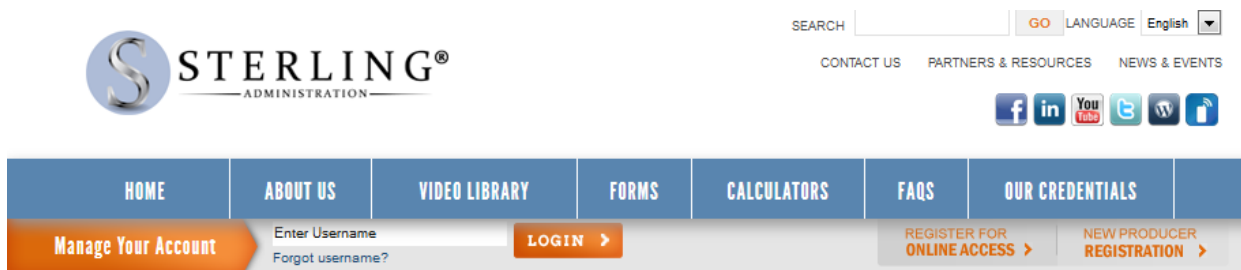
FSA ONLINE ENROLLMENT

Sterling Administration's FSA Online Enrollment allows employees to enroll in all FSA products offered by their employer. The instructions below will guide you through the entire FSA employee enrollment process. Before you begin, you will need your **employer's enrollment username** and **password**.

Note: If you do not have your employer's group account information, please contact your HR benefits administrator.

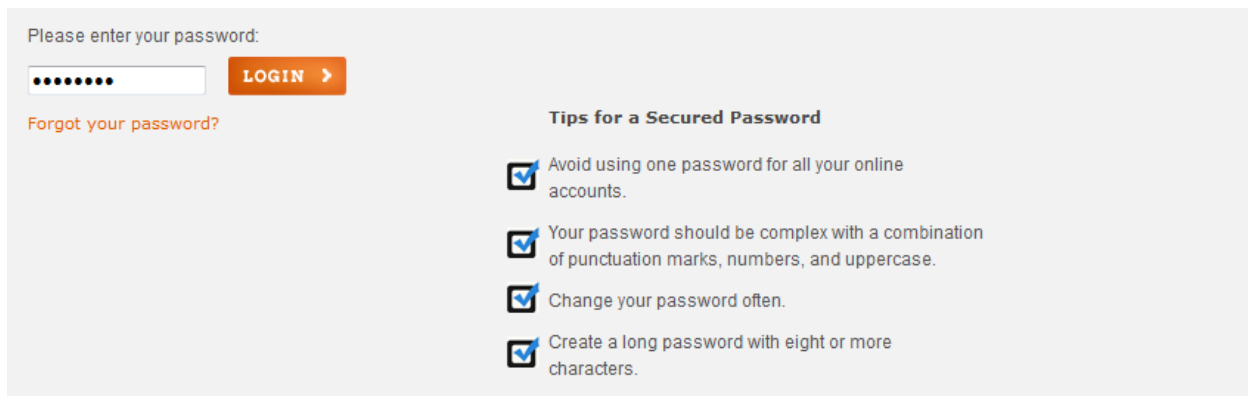
ONLINE ENROLLMENT PROCESS

1. You should have received the username and password from your employer.
2. Go to <http://www.sterlingadministration.com>



The screenshot shows the Sterling Administration website. At the top left is the Sterling Administration logo. To the right is a search bar with a 'GO' button and a language dropdown set to 'English'. Below the search bar are links for 'CONTACT US', 'PARTNERS & RESOURCES', and 'NEWS & EVENTS'. Further right are social media icons for Facebook, LinkedIn, YouTube, Twitter, and Instagram. A navigation bar contains links for 'HOME', 'ABOUT US', 'VIDEO LIBRARY', 'FORMS', 'CALCULATORS', 'FAQS', and 'OUR CREDENTIALS'. Below this is a 'Manage Your Account' section with a text input for 'Enter Username', a 'Forgot username?' link, and a 'LOGIN >' button. To the right of the login section are two buttons: 'REGISTER FOR ONLINE ACCESS >' and 'NEW PRODUCER REGISTRATION >'.

3. Enter your employer's group account username.
4. Click **LOGIN >**
5. Enter the password.



This screenshot shows the password entry section. It starts with the text 'Please enter your password:' followed by a password input field with masked characters and a 'LOGIN >' button. Below the input field is a link that says 'Forgot your password?'. To the right of the login section is a box titled 'Tips for a Secured Password' containing four checklist items, each with a checked checkbox: 'Avoid using one password for all your online accounts.', 'Your password should be complex with a combination of punctuation marks, numbers, and uppercase.', 'Change your password often.', and 'Create a long password with eight or more characters.'

6. Click **LOGIN >**

Welcome to enrollment express!



Please enter in your Social Security Number to start your enrollment. Your Social Security is used as an identification to set-up your personal benefits. If you already have an account with us, your Social Security Number will be used to pull up your information.

***Required Information**

***Enter your Social Security Number**

— —

***Date Of Birth**

[Continue](#)

Note: If you receive an error message about your social security number and date of birth not matching, please contact customer service at 800-617-4729 during regular business hours or send an email to: customer.service@sterlingadministration.com.

7. Enter your Social Security Number, Date of Birth, then click [Continue](#).

Enrollment Express



Select the type of benefit you would like to enroll in or renew. You may select one or more types of benefits. Once you have made your selection, you will continue with the enrollment for each benefit.

Select the type of benefit you would like to enroll in or renew:

☒ Flexible Spending Account (FSA)

☐ Health Saving Accounts (HSA)

[Continue](#)

8. Select 'Flexible Spending Account (FSA)' then click [Continue](#).

Enrollment Express



Please take a few moments to complete your basic information. If you have an account with us, please review the information that we have for correctness and completeness before continuing to the next screen. You can edit your information by clicking in the field and making the change.



•Required Information

Personal Information

•First Name: M.I: •Last Name: •Suffix: •Gender: ☐ Male ☐ Female

•Date of Birth:

•Address: •City: •State: •Zip:

Daytime Phone Number: () -

•Email:

Health Plan Information

•Insurance Carrier:

Note: To help the government fight the funding of terrorism and money laundering activities, Federal law requires all financial institutions to obtain, verify and record information that identifies each person who opens an account. What this means to you: When you open an account we will need you and your authorized signer to provide name, street address, date of birth and other information that will allow us to identify you and your authorized signer. We may also ask to see your driver's license or other identifying documents. If your identity cannot be authenticated, or your application is incomplete, your account will be opened in a frozen status.

[Continue](#)

9. If you already have an account with Sterling Health Services Administration, your demographic information will be pre-populated. Please verify and make any necessary changes. If this is your first time enrolling, then input your demographic information.

10. Click [Continue](#) when you are finished.

Enrollment Express



Sterling HSA secure account access will allow you to manage your benefits online. You can always have access to your account quickly and conveniently. You can view your account summary, submit claims for disbursements and if you have an HSA account with us, you can also contribute to your HSA account.



Online Access

You must enter a username and password for your account. Usernames and passwords must be at least 6 characters long and 24 characters max. Any combination of letters and numbers can be used. Usernames and passwords are case sensitive. You will get a confirmation email upon successful creation of your account. Click on the confirmation email link in order to activate your online account. By signing up for online account access, you agree to all terms and conditions as indicated in our [Electronic Access Agreement](#)

*User Name:

*Password:

Password Recommendation (?) Password strength: Too short

*Password Reminder Question:

*Confirm Password:

*Password Reminder Answer:

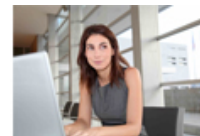
Continue

Note: If you already have an account with Sterling Administration, you may not see this module.

11. Register for your online user account. Create a personal username and password. You will need to confirm your password and provide the answer to the reminder question.

12. Click **Continue** when you are finished.

Flexible Spending Account Enrollment



You will need to enter your annual elections for your Flexible Spending Account.



 No plans enrolled for this account











Your Company's Benefit Plan Information

The Plans listed below are the current benefit(s) your employer offer. For additional information on the specific details for these plans, please contact your employer. Click on the checkbox then 'Add Plan' to add.

Plan Type	Plan Start Date	Plan End Date	Min Annual Election	Max Annual Election
<input checked="" type="checkbox"/> Dependent Care FSA	01/01/2014	12/31/2014	0	5000
<input checked="" type="checkbox"/> Healthcare FSA	01/01/2014	12/31/2014	10	1000

Add Plan

Your Annual Election

Plan Type	Effective Date	Qualifying Event	Annual Election	Payroll Schedule	1st Payroll Contribution Date (?)	Estimated Pay Period Contribution
Dependent Care FSA	01/01/2014 	New Hire 	<input type="text"/>	Semimonthly 	MM/DD/YY 	
Healthcare FSA	01/01/2014 	New Hire 	<input type="text"/>	Semimonthly 	MM/DD/YY 	

Calculate

Continue

Field Descriptions


Effective Date – Your plan start date. It must be between start and end date of the plan year.

Qualifying Event - Changes to product plans are allowed during open enrollment or due to a qualifying event. Select the appropriate qualifying event from the dropdown menu.

Annual Election - The yearly amount you would like to contribute from your payroll for the entire plan year.

Payroll Schedule - Frequency to deduct funds from your payroll for contribution.

1st Payroll Contribution Date - First date to withdraw the funds from your payroll.

Estimated Pay Period Contribution – You do not need to input this field. Click  and an estimated contribution will automatically populate after you've entered the previous fields.

13. Click on the checkbox for each plan type you wish to enroll.

14. After you have selected the plan type(s), click [Add Plan](#). The selected plan(s) will expand for you to provide additional information. Field Description are provided above.

15. Click [Continue](#) after completing all fields.

Enrollment Express



Dependent Information

First Name	MI	Last Name	Gender	Relation	SSN	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/>	<input type="text" value="Select"/>	<input type="text"/> — <input type="text"/> — <input type="text"/>	<input type="text" value="MM/DD/YYYY"/>

[Add Another Dependent](#)

[Continue](#)

16. Adding dependents to your account is optional.

- You may proceed **without** adding dependents by clicking [Continue](#).
- To add a dependent**, complete all the fields. To add more than one dependent, select [Add Another Dependent](#) and an additional dependent field will be provided. Click [Continue](#) after adding all of your and dependents and completing all fields.

Debit Card



Check the box if you want to order MasterCard debit card(s) to pay for qualified healthcare expenses with your funds. You will be issued one card for an HSA and one for an FSA you enrolled in. The card will be issued in your name. Once your account is set up, additional dependent cards can be activated. Cards will be mailed in 5-7 business days of the account becoming active.



Select the type of benefit you would like to order a debit card for:

☐ Flexible Spending Account (FSA)

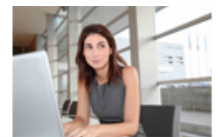
Continue

Note: If your employer offers both FSA and HRA plans and you choose to enroll in both, there will be only one debit card.

17. Debit cards are optional. Click the checkbox if you would like a Debit Card issued for your FSA account.

18. Click [Continue](#).

Enrollment Summary



Carefully review the information on this page to ensure its accuracy. Make changes if necessary. Once everything is correct, please submit your enrollment.



Personal Information

Edit

Social Security Number: 657-56-5783

First Name: Monica


Address: 6548 8th Street

MI:

City: San Jose

Last Name: Lopez

State: California

19. Carefully review all of the information on the summary page. Click  to make changes.

Important Information About Electronic Records and Your Account

I acknowledge and agree to these IRS required conditions for Flexible Spending Account. The IRS regulation states four conditions. 1) Any expenses you incur must be within the plan year; 2) Expenses you incur may not be reimbursed by any other source, such as insurance; 3) You must provide proper documentation to receive payment; 4) You cannot change or revoke your election during the plan year unless there is a specific change of status and your employer allows such changes.

☐ I have read the documents associated with establishing my account with Sterling Health Services and transacting business online. I accept the terms of the agreements.

[Submit Form](#)


20. Once you've reviewed your summary information and read the documents associated with establishing your account, check the box acknowledging acceptance of the terms.

21. Click [Submit Form](#) and a confirmation screen will appear after form submission.

You have finished your enrollment!



☒ Flexible Spending Account (FSA315777)

 Healthcare FSA (01-OCT-14 - 30-SEP-15)

Your Flexible Health Plan has been submitted to your employer. Please watch for an email from Sterling Health Services to confirm your enrollment.

Note: If you would like to keep a record of the details you enrolled, please click 'Download Enrollment Summary'. Once you leave this page, you will not be able to return.



Download your Enrollment Summary

22. You can download the summary of your enrollment for your records by clicking



23. **Check your email.** You will receive an Account Enrollment Confirmation email from Sterling Administration.



24. Once received, please click the link in your email to confirm your registration. Your confirmation must be completed before access your account online is granted.
25. Congratulations! You've completed the online enrollment process.

Note: If your employer offers both FSA and HRA Plans, an HRA Account number will not be generated. Your HRA plan will be under an FSA Account instead.

ONLINE ENROLLMENT OPTION FOR EXISTING EMPLOYEES

The existing employees can add new plans during open enrollment or renew their existing plans. The steps to perform these tasks are shown in 'Plan Actions' section.

REGISTERING YOUR ACCOUNT FOR ONLINE ACCESS

A note to account holders with multiple account types with Sterling Health Services

Administration: We support a single login for all of your accounts with Sterling. If you have already registered another account type under the same social security number with Sterling, you do **not** need to register again.

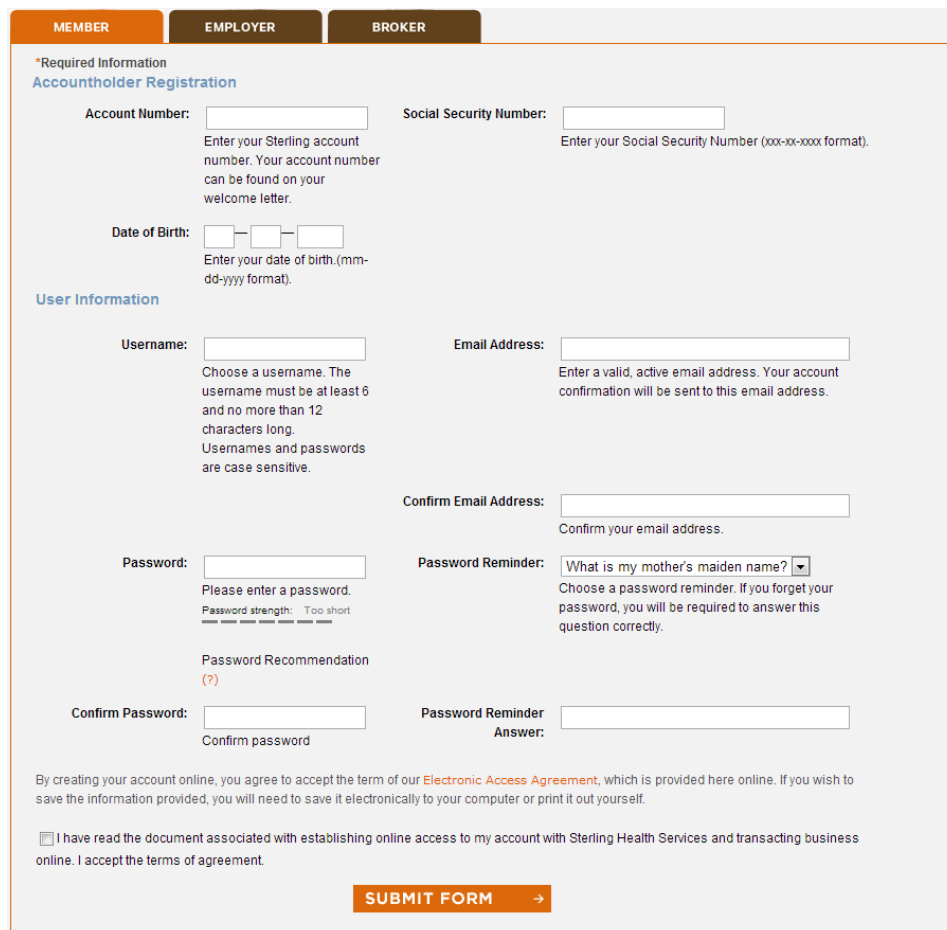
If you enrolled via the Online Enrollment method above you can also skip this section.

IF YOU RECEIVED A WELCOME LETTER IN THE MAIL

1. Go to www.sterlingadministration.com
2. From the homepage, click "**Register for Online Access**" tab in the upper right area of the website and be directed to a short form accessible from the 'Member' tab on the registration page.



3. Fill in the form with your account number (from your Welcome Letter), social security number, and date of birth. Choose a user name and password and also create a password reminder question and answer, in case you ever forget your password. Enter the email address that you would like to use with your account, affirm that you have read the Electronic Access Agreement and click 'Submit Form'.



4. You will receive a message that your registration was submitted successfully.

5. Check your email for a message from Sterling Health Services and click the link provided to confirm your email address.
6. Once confirmed, you may log in with your user name and password at www.sterlingadministration.com.

IF YOU RECEIVED YOUR WELCOME LETTER BY EMAIL

1. Click on the link provided in your Welcome Letter email.
2. This will take you to the registration page (pictured above) which will be pre-populated with your account number. Enter your social security number and date of birth. Choose a user name and password as well as a password reminder question and answer, in case you ever forget your password. Click 'Submit Form'.
3. You will receive a message that your registration was completed successfully and you may log in with your user name and password at www.sterlingadministration.com

SECURITY ENHANCEMENTS

Due to a large increase in malicious activities on the Internet, we have adopted the security key approach to add additional layers to protect your account. Three security questions, one phrase, and one image are required for all new and existing accounts. The setup process and new login procedure are listed below.

Note: For additional information on security key, please read the 'Security Enhancement FAQs' section.

SETUP SECURITY ENHANCEMENTS

EXISTING USER

1. Go to www.sterlingadministration.com then enter your username.



2. After clicking "Sign In", you will be taken to our Security Enhancement setup. You can either setup immediately by clicking 'Yes' or skip it by clicking 'Not Now'. If you decide to skip it, you have 30 days to complete the setup. After 30 days, the option to skip will not be available.

Security Enhancements



For extra layer of protection against fraud and identity theft, we require all users to setup security enhancements. After the setup, you will see the changes effective immediately after login. You can skip this step and login directly to your account. However, you have to complete this process after 30 days from now. No option will be available to bypass this process thereafter.

Would you like to setup your security enhancements now?

3. Select three security questions, enter your answer for each of them, and then click 'Continue'.



Security Questions

As part of our security enhancements, we now require you to select 3 questions below and provide your answers for them. This will be a one-time setup. You will be asked to answer one of these questions when you login next time and thereafter. However, you have an option to check 'Remember this computer' if you are signing in from a safe and secure computer. By choosing this option, you will not have to answer the security question as part of your sign in process.

Note: These questions and answers can be changed at anytime by navigating to your profile page.

Security Question #1

What is your favorite fruit? ▼

Answer:

Security Question #2

What was your favorite book/story from childhood? ▼

Answer:

Security Question #3

What is your favorite place? ▼

Answer:

[Continue](#)

Related Links

- [Forms & Documents](#)
- [Calculators](#)
- [FAQs](#)
- [HSA Account Plans & Fees](#)
- [Video Library](#)

4. Enter a security phrase.
5. Select a security image by clicking on the radio button next to it, and then click 'Continue'.



Security Image & Phrase

Security Phrase

A security phrase is required to associate your image with it so that you can recognize it everytime you login. The purpose is to let you know that you are in our legitimate website. This will be a one-time setup.

Only alphanumeric characters are allowed:

- Uppercase letters: A to Z
- Lowercase letters: a to z
- Numbers: 0 to 9

No special characters such as : < > / % # " ' & ? , are allowed.

Security Image

For extra security protection, you need to select one of the Security Images below. This will be a one-time setup. You will see your selected image the next time you login and thereafter. This image can be changed at anytime by navigating to your profile page.



Continue

Related Links

- [Forms & Documents](#)
- [Calculators](#)
- [FAQs](#)
- [HSA Account Plans & Fees](#)
- [Video Library](#)

6. Enter your previously created password then click 'Sign In'. Your setup process will be completed once you are logged in.

Sign In



Please enter your password:

SIGN IN >

[Forgot your password?](#)

Tips for a Secured Password

- ☒ Avoid using one password for all your online accounts.
- ☒ Your password should be complex with a combination of punctuation marks, numbers, and uppercase.
- ☒ Change your password often.
- ☒ Create a long password with eight or more characters.

Related Links

- [Forms & Documents](#)
- [Calculators](#)
- [Partners and Resources](#)
- [Tax Filing Information](#)
- [US Treasury Information](#)
- [FAQs](#)
- [Additional Account Terms](#)
- [Customers](#)
- [Education Center](#)

NEW USER (ENROLLED BY EMPLOYER OR SELF)

1. Go to www.sterlingadministration.com then enter your username.



2. Select three security questions and enter your answer for each of them, then click 'Continue'.



Security Questions

As part of our security enhancements, we now require you to select 3 questions below and provide your answers for them. This will be a one-time setup. You will be asked to answer one of these questions when you login next time and thereafter. However, you have an option to check 'Remember this computer' if you are signing in from a safe and secure computer. By choosing this option, you will not have to answer the security question as part of your sign in process.

Note: These questions and answers can be changed at anytime by navigating to your profile page.

Security Question #1
What is your favorite fruit?
Answer:

Security Question #2
What was your favorite book/story from childhood?
Answer:

Security Question #3
What is your favorite place?
Answer:

Continue

Related Links

- Forms & Documents
- Calculators
- FAQs
- HSA Account Plans & Fees
- Video Library

3. Enter a security phrase.

4. Select a security image by clicking on the radio button next to it, and then click 'Continue'.



Security Image & Phrase

Security Phrase

A security phrase is required to associate your image with it so that you can recognize it everytime you login. The purpose is to let you know that you are in our legitimate website. This will be a one-time setup.

Only alphanumeric characters are allowed:

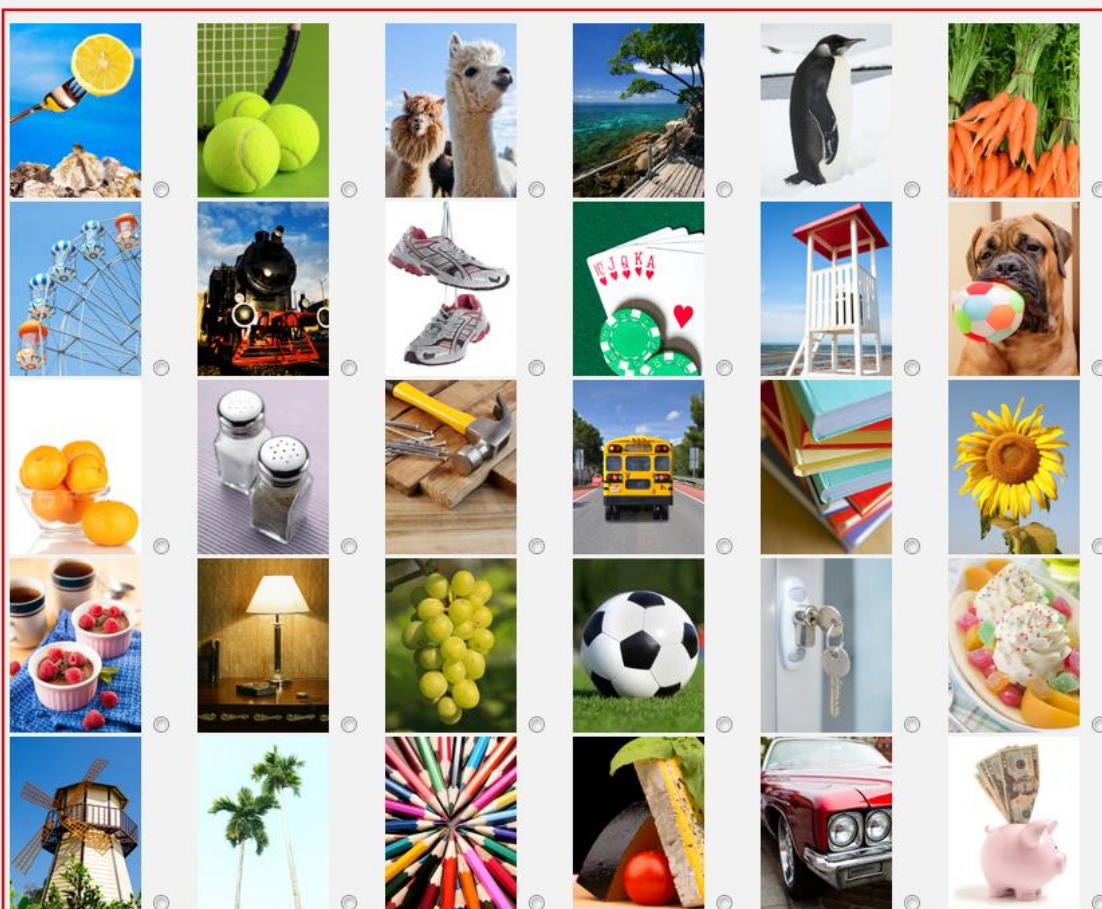
- Uppercase letters: A to Z
- Lowercase letters: a to z
- Numbers: 0 to 9

No special characters such as : < > / % # " ' & ? , are allowed.



Security Image

For extra security protection, you need to select one of the Security Images below. This will be a one-time setup. You will see your selected image the next time you login and thereafter. This image can be changed at anytime by navigating to your profile page.



Continue

Related Links

- [Forms & Documents](#)
- [Calculators](#)
- [FAQs](#)
- [HSA Account Plans & Fees](#)
- [Video Library](#)

5. Enter your previously created password then click 'Sign In'. Your setup process will be completed once you are logged in.

Sign In



Please enter your password:

SIGN IN >

[Forgot your password?](#)

Tips for a Secured Password

- ☒ Avoid using one password for all your online accounts.
- ☒ Your password should be complex with a combination of punctuation marks, numbers, and uppercase.
- ☒ Change your password often.
- ☒ Create a long password with eight or more characters.

Related Links

- [Forms & Documents](#)
- [Calculators](#)
- [Partners and Resources](#)
- [Tax Filing Information](#)
- [US Treasury Information](#)
- [FAQs](#)
- [Additional Account Terms](#)
- [Customers](#)
- [Education Center](#)

LOGIN AFTER SECURITY ENHANCEMENT SETUP

1. Go to www.sterlingadministration.com then enter your username.



HOME ABOUT US VIDEO LIBRARY FORMS

Manage Your Account

Enter Username
Forgot username?

LOGIN

2. As part of the login, you will be prompted to answer one of three security questions. If you answer incorrectly three times, your account will be locked and you will need to contact customer service for assistance. These questions are randomly selected at each login.
3. If you are accessing the site from a secure personal computer, you can click the checkbox 'Remember this computer' to allow you to skip the security questions on future logins.

Note: If you happen to clear the browser's cache, you have to check the box 'Remember this computer' again.

Sign In



For security, please answer the question below then click on continue.

What is your favorite fruit?

Your Answer:

☐ Remember this computer. (?)

If you don't remember your answer, please contact Customer Service at (800) 617-4729, Monday to Friday during business hours.

Continue

Related Links

- [Forms & Documents](#)
- [Calculators](#)
- [Partners and Resources](#)
- [Tax Filing Information](#)
- [US Treasury Information](#)
- [FAQs](#)
- [Additional Account Terms](#)
- [Customers](#)
- [Education Center](#)

4. Verify your security phrase and image. If you do not recognize the selected phrase and image, please contact Sterling Health Services Administration with this possible security issue.
5. Enter your password if you recognize the security phrase and image then click 'Sign In'.

Sign In

If you recognize the Security Image below then enter your password.

Do not enter your password if it's not your Security Image because the site may be fraudulent.

Your Security Phrase & Image

Paradise found



Incorrect Security Phrase and/or Image?

Please enter your password:



SIGN IN >

[Forgot your password?](#)

Related Links

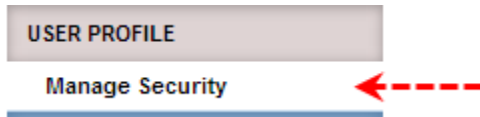
- [Forms & Documents](#)
- [Calculators](#)
- [Partners and Resources](#)
- [Tax Filing Information](#)
- [US Treasury Information](#)
- [FAQs](#)
- [Additional Account Terms](#)
- [Customers](#)
- [Education Center](#)



6. You will be successfully logged in after entering the correct password. You can now manage your account online.

MAKING CHANGES TO SECURITY ENHANCEMENTS

To make changes to security enhancements, please navigate to 'User Profile' then 'Manage Security' sub tab.



Select the option to change as you wish.

Manage Profile Security



Below are the options to change your security settings. Please click on either one to make the changes according to your preference then click on the 'Save' button to apply the changes.



Update Security Questions & Answers

You can change any of the security questions and answers below. Whatever security questions and answers left unchanged will still be defaulted to your previous chosen ones:

Security Question #1

What is your favorite fruit? ▼

Answer: star fruit

Security Question #2

What was your favorite book/story from childhood? ▼

Answer: old man and the sea

Security Question #3

What is your favorite place? ▼

Answer: paris

SECURITY ENHANCEMENT FAQs

1. What is a security key?

The security key is a feature that provides extra layer of protection for your online account with Sterling Health Services Administration. It comprises of three parts: three challenge questions, a security image, and a security phrase. All three parts work in unison to prevent unauthorized access to your account and logging in to a fraudulent website.

2. Does the security key use cookie?

Yes, only when you click on 'Remember this computer' in the security question page during your login session. The cookie will then reside in your computer so it can be recognized by our server every time you login. You don't have to answer security questions from then on from your computer with that cookie.

3. If my password was breached, can someone access my account with it?

A security question will be prompted when someone tries to log in to your account from another computer. The security answer must be entered correctly before the password can be entered. Therefore, it will be very difficult for anyone other than yourself to login even if they have your password.

4. Can I share my device with someone else with a Sterling Health Services Administration account?

Multiple users can access their Sterling accounts from the same computer or device. Please be careful not to expose your login information in order to protect your account.

5. Where can I change the three challenge questions, image, and phrase?

You can make the changes by clicking on the 'User Profile' tab then select the specific button listed to make the changes.

6. What is the fee for this security feature?

There is no fee. We have adopted this feature to better protect your account.

YOUR ACCOUNT PAGES

PORTFOLIO

If you have multiple account types with us, the first page that you see upon logging in is your portfolio. This is a brief glance at all of your accounts. Click on any account type to view more details and submit claims.

ACCOUNT SUMMARY

This is your account overview. It briefly displays your contributions and claims activity year to date as well as your annual elections and account balances for each of the plan types that you are enrolled in. If any of your claims are pending documentation, an alert will be shown here as a reminder.

CLAIMS

This page is an overview of the claims that you have submitted for payment. Claims that appear under the heading 'Pending Claims' are waiting for review/approval and waiting for payment. Claims under the heading 'Processed' include Paid, Denied or Applied to Deductible. 'Cancelled' claims are claims that were entered and later cancelled by the subscriber. Categories are assigned to each claim to identify which plan they are for. On any claim that has a transaction number in orange, you may click it to view more details about that claim. (*Note: Only claims that have not yet been reviewed may be cancelled or edited.*)

- **New Claim Request** - If you would like to submit your claim request online, you may start here. Our online claims system will walk you through the process step-by-step. See the section titled 'Submitting a Claim' for details.
- **EOB** - You can view your EOB, pay your provider, or submit a claim request. See "EOB" for details.
- **Debit Card Activity** - If your plan allows for debit cards, any activity on the cards associated with your account will be listed here. These claims are auto-adjudicated (reviewed) at the point of sale and cannot be edited or cancelled.

MANAGE PAYEES

Here you may view your current list of payees. Payees are individuals (such as doctors) or businesses (such as a hospital) that you would like to pay directly from your flex account. You may add and delete payees as needed. Dependent Care payees require a tax ID or social security number for the provider.

ADD/UPDATE BANK ACCOUNTS

You may have multiple bank accounts associated with your Flexible Benefits Plan. When making a claims request online, you may select from one of these accounts. You may add, remove or edit accounts as necessary. See the section entitled 'Managing Bank Accounts' for more details.

ACTIVITY STATEMENT

Your Activity Statement is a detailed view of your account activity for the period you select. You may choose your desired time period from the drop-down list at the top of the page and the page will load the information automatically.

USER PROFILE

Your user profile is where you may update your address, phone number or email address as well as change the password on your online account.

Note: Because your account is funded through your employer, you must go through your Human Resources department if you have a name change. This is to ensure that your employer is aware of the change and can identify your account.

Health plan information is required to be completed with your insurance carrier's name, plan effective date, and plan type (coverage tier). The options for plan type are: single, family, employee + spouse, employee + child, and employee + children.

This page also lists the debit cards associated with your account and close or open debit cards.

Note: If your debit card is lost or stolen, you must call Sterling customer service at 800.617.4729 to report it.

DEPENDENTS

Here, you may view, remove or add dependents associated with your FSA account if your plan allows. Proper social security numbers and dates of birth are required.

Note: Debit cards are allowed only for dependents 10 years of age or older.

PLAN ACTIONS

Adding, renewing, and making changes to benefit plans can be completed in this page. The information on employer provided plans and the plans that you are enrolled in can be viewed immediately when you first enter this page. See 'Plan Actions' section for further details.

CONNECT TO MY HEALTH PLAN

With Sterling Administration Carrier Integration, you can connect your health plan explanation of benefits (EOBs) with your HSA, HRA or FSA account for an online, single-source view of medical claims and to make payments or reimburse yourself using funds available in your Sterling account. Depending upon your account type, health plan insurance carrier, and your employer's decision to "opt-in" to the service, you will automatically have access for no additional cost to you. If the service is available, you'll see "Connect to My Health Plan" in the menu options after you log into your Sterling account. Just follow the simple steps to set up the connection to your health plan EOB information. Remember that the connection is established using your health plan carrier login information (username and password) that you set up with your health plan carrier. This is not the same as your Sterling account login username and password. For more detailed information and instructions, please click on the link below then download **Carrier Integration Subscriber Guide**:

<http://www.sterlingadministration.com/forms/>

MANAGE MY HEALTH PLAN CONNECTION

After your health plan insurance EOB connection is established, you can go to the menu option "Manage My Health Plan Connection" to update your health plan login information (if you change it through your health plan carrier), request email notification of claims, or cancel the EOB connection to your Sterling HSA, HRA or FSA account. For more detailed information and instructions, please click on the link below then download **Carrier Integration Subscriber Guide**:

<http://www.sterlingadministration.com/forms/>

SUBMITTING A CLAIM

You have two options for submitting a claim request to Sterling Health Services. One is to fill out a claim request form ([available here](#)), attach supporting documentation and fax, mail or email it to our office. The other is to submit the claim request online. Our online claims system will walk you through the process step-by-step. *(Note: Healthcare FSA, Limited Purpose FSA, Post Deductible FSA, Dependent Care and Individual Insurance Premium claims require documentation. With all other plan types, you may submit documentation for archiving, but it is not required for claim review.)*

1. Claim Type

- a. Choose which plan you would like the claim to be paid from. Only the plans that you are enrolled in will appear here.

The screenshot shows a progress bar with six steps: 1. Claim Type, 2. Payment Preference, 3. Payee Info, 4. Claim Details, 5. Review Claim, and 6. Document and Submit. Step 1 is highlighted. Below the progress bar, there is a text prompt: "Select the type of claim that you would like to submit:" followed by a dropdown menu labeled "Select Claim Type". At the bottom left, there is an orange "Continue" button.

2. Payment Method

- a. Pay My Provider – (if allowed under your HRA plan) pay the individual or business that provided services and have not yet been paid by the subscriber. Use this option if you have received a bill from the provider. Checks will be mailed out to your provider by US Post within 7 business days of the date of complete claim submission if approved.
- b. Pay Me By Check – If you have already paid your provider and would like to be reimbursed by check, select this option. Checks will be mailed out to you by US Post within 7 business days of the date of complete claim submission if approved.
- c. Pay Me By Direct Deposit – If you have already paid your provider and would like to have the reimbursement amount deposited directly into your checking or savings account, use this option. Deposits will be processed within 7 business days of the date of complete claim submission if approved.

The screenshot shows the same progress bar as the previous step, with Step 2, "Payment Preference", now highlighted. Below the progress bar, there is a text prompt: "How would you like this claim to be paid?" followed by a dropdown menu labeled "Select payment metho". At the bottom left, there is an orange "Continue" button.

3. Payee Information *(Payees are the individual or business receiving the funds.)*

- a. If you have selected Pay My Provider, you will have the option to select a payee that is already in our system or add a new payee.
- b. If you have selected Pay Me by Check, you will have the opportunity to review the mailing address on your account. If this address is incorrect, you will need to go to the User Profile page to change it and return to the claims process after.
- c. If you selected Pay Me by Direct Deposit, you will have the choice of using a bank account that you have already added to our system or adding a new one. Bank Name is required so that you can identify your accounts for future claims.

4. Claim Details

- a. Here, you may enter the details of your claim request. These fields will vary depending on the type of claim you are submitting, but typically include service dates, a description of the services received, the amount requested and the name of the person receiving the service. If your service spanned multiple days (such as a hospital visit or monthly parking service), you may enter a start and end date. If the service was on multiple separate dates (such as a recurring office visit), you may enter multiple lines within the same claim. All line items must be for the same plan type that was selected in step 1.
- b. Before continuing, you must check the box indicating that you have read the agreement. It certifies that you are the person covered under the plan, that you are not requesting reimbursement under any other plan and that you understand the tax implications for claims.

New Claim



1
2
3
4
5
6

Claim Type
Payment Preference
Payee Info
Claim Details
Review Claim
Document and Submit

Enter your claim details below. If your bills are itemized. When you are finished adding items, please certify that you have read the statement by checking the box and then click 'Continue'.

* Service Start (MM/DD/YYYY)	* Service End (MM/DD/YYYY)	* Description of Service	* Medical Code	* Amount	* Patient's Name	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Medical-Hospital"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Medical-Hospital"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Medical-Hospital"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Medical-Hospital"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="Medical-Hospital"/>	<input type="text"/>	<input type="text"/>	

☐ By submitting this form, I certify that I am a participant in the Flexible Spending Account and confirm that these expenses, for which reimbursement is requested, have been incurred during the plan year while I was covered under the FSA plan. These expenses have not been reimbursed by any other benefit plan. I understand that I am responsible for the validity of this request and all information pertaining to it. I further understand that I am liable for all related Federal, State or City taxes for any invalid request submitted by me and I will not claim credit for reimbursed expenses on my individual tax return.

5. Claim Review

- a. Once your information for the claim has been entered, you will have the chance to review it before submitting. If you have entered multiple items in the claim, you will see the total being requested here.
- b. If you need to edit the line items, you may click 'Edit Claim' to return to the previous step. Any other changes will require you to start again.

New Claim



1
2
3
4
5
6

Claim Type
Payment Preference
Payee Info
Claim Details
Review Claim
Document and Submit

Review the claim information you have entered. When you are ready, click 'Continue' to upload your documentation and submit the claim. If you would like to edit the claim details, please click 'Edit Claim'. To change the claim type, payment preference or payee information, you will need to cancel this claim and start a new one.

Claim Type:

Payment Preference:

Bank Information:

Claim Information:

Healthcare FSA

Pay me By Direct Deposit

Bank Name :

Bank Account:

Bank Routing:

Service Start:	Service End:	Description:	Medical Code	Amount:	Patient Name:
01/02/2014	01/02/2014	Annual checkup	Medical-Physician	\$250.55	<input type="text"/>
Total Claim				\$250.55	

Continue
Edit Claim Detail
Cancel Claim

6. Document and Submit

- a. Documentation is required for Healthcare FSA, Limited Purpose FSA, Post Deductible FSA, Dependent Care and Individual Insurance Premium claim requests. *(All other plan types offer the opportunity to upload receipts for archiving purposes, but are not required for review.)* This will be in the form of an Explanation of Benefits or a Receipt showing the details of the services received. Your documentation must include the provider's name and address, the amount billed, the service provided and the actual dates of service. *(Note: The date of payment is not sufficient.)*

You may either scan your documents to your computer and upload them here or check the box that states you will fax or mail the documentation to our office. (Note: If you choose to send required documentation by fax or mail, we will not review your claim until we receive complete documentation. This will extend the processing time.)

New Claim



For Healthcare or Dependent Care claims, documentation is required, either by uploading the images here or by mailing them to our office. Documentation is not required for Parking or Transit claims. If you mail the receipts to our office, we will not be able to process the request until we receive documentation. Your receipts or documentation must include the provider's name and address, the amount billed, the service provided and the actual dates of service. (Note that the date of payment is not sufficient.)

To upload your documentation, click the **Browse** button and find the file on your computer. We can only accept PDF, JPG and PNG files.

Choose File No file chosen

☐ I will send my documentation to Sterling's office. I understand that my claim will not be processed until complete documentation is received.

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Submit Claim

Cancel Claim

7. Click 'Submit Claim' and you will receive a message that your claim has been successfully submitted. If you chose to mail or fax your documentation, take note of the claim number provided on this screen and include it with the documentation to expedite processing.

New Claim



Claim Submitted Successfully

Your claim has been successfully submitted. Processing will take up to 7 business days from the date we receive a complete claim request, including documentation. If you have chosen to submit your documentation by mail, fax or email, this will add to your processing time.

Please reference this claim number on your documentation: **999999**

Mailing Address:

Sterling Health Services Administration
475 14th Street Suite 650
Oakland, CA 94612

Fax Line: 888.410.7361

Email: customer.service@sterlinghsa.com

DEBIT CARD ADJUDICATION

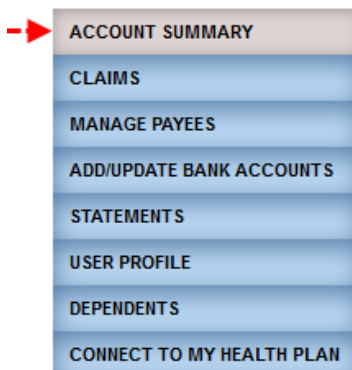
It is Sterling's responsibility to ensure that Sterling debit card payments are made in compliance with IRS rules and regulations. Unless the debit card transaction falls into the category of standard copay amount or major pharmacy prescription (excluding some online pharmacies), supporting documentation must be submitted for review. Supporting documentation must reflect the name of patient and provider, date(s) of service, description of the service(s) received and the corresponding charge amount.

UNSUBSTANTIATED DEBIT CARD CLAIMS

If there is an unsubstantiated debit card claim listed in your account, you are required to submit supporting documentation for it even though payment has already been processed. Your debit card will be automatically suspended if supporting documentation is not submitted after 45 days. All unsubstantiated claims will be displayed in two places: 1) Account Summary 2) Debit Card Activity

ACCOUNT SUMMARY

This is the first place where you can view the unsubstantiated claims if they are pending for your supporting documentation.



Debit Card Claims Awaiting Receipts

If applicable, your recent debit card transaction activity is provided below. If you have an unsubstantiated claim, click on 'Unsubstantiated' under the 'Status' column to see the details where you can upload your documentation.

Date of Request	Transaction Number	Provider	Amount	Category	Days Old	Status
06/02/2014	1446880	Dr. Ken Li	\$125.11	Healthcare FSA	6	Unsubstantiated

What you should do?

1. Click on 'Unsubstantiated' under 'Status' column.
2. You will be redirected to the detail page for the corresponding debit card transaction.
3. Click 'Choose File' and locate your supporting documentation for the transaction.
4. Click 'Submit' to upload your supporting documentation.

Upload Documents (?)

Supporting documentation must include the following: Patient and provider information, date of service, description of service and the corresponding charge amount. See Example

Choose File No file chosen

Submit

Cancel

After a successful upload, you should see the name of your document and the uploaded date under 'Claims Document'.

Claim Documents	
Document Name	Uploaded
Lab Receipt.pdf	06/09/2014

To see an example of an acceptable documentation, please click on 'See Example' in the link provided in the 'Upload Documents' module:

Supporting documentation must include the following: Patient and provider information, date of service, description of service and the corresponding charge amount. See Example

If there is an issue with your documentation, you will receive an email notification letting you know that we are unable to approve your expense based on one of the following criteria:

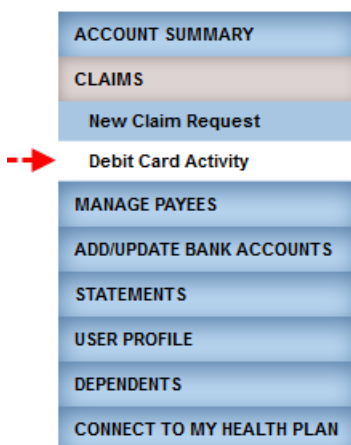
- The documentation is insufficient
- The service is ineligible based on the date or type of service
- Only a portion of the expense is eligible

In this case, you need to resubmit an acceptable documentation. If you are unable to obtain documentation or have determined that the expense was ineligible and would prefer to pay the funds back, please mail a personal check to the address below along with the email notification received:

Sterling Administration
475 14th Street, Suite #650
Oakland, CA 94612

DEBIT CARD ACTIVITY

This is the second place where you can view the unsubstantiated claims if they are pending for your supporting documentation.



Transaction Number	Transaction Date	Provider Name	Transaction Amount	Days Old	Status
1446880	06/02/2014	Dr. Ken Li	\$125.11	6	Unsubstantiated

Click 'Unsubstantiated' and follow the same steps as instructed above to upload your supporting documentation.

UNSUBSTANTIATED CLAIM OFFSET BY A NEW CLAIM

If you have instructed Sterling to offset your unsubstantiated debit card claim with a new claim, the offset can be viewed in the claim details. On the other hand, Sterling will perform the offset after 45 days if there is no response from you. Example of the claim details for the new claim is shown below after the offset.

CLAIM DETAILS

The details of this claim show the denied amount of \$100.00 with denied reason 'Offset Debit Card Claim #1446880'.

Claim Details

Claim Number:	1447008
Claim Date:	06/07/2014
Claim Type:	Healthcare FSA
Total Claim Amount:	\$100.00
Payee Name:	John Doe
Payee Address:	999 24th Street, Oakland, CA 94612

Service Start:	Service End:	Description:	Medical Code	Amount:	Patient Name:
06/07/2014	06/07/2014	Lab Test	Medical-Lab	\$ 100.00	John Doe

Claim Documents

Document Name	Uploaded
Lab Receipt.pdf	06/09/2014

Payment Information

Claim Status	Approved Amount	Paid Amount	Paid Date	Pended Amount	Denied Amount	Denied Reason	Reimbursement Method
Denied	\$ 0.00	\$ 0.00		\$ 0.00	\$ 100.00	Offset for Debit Card claim #1446880	Check

SUSPENDED DEBIT CARD

If you have unsubstantiated debit card claims that are 45 days and older, your debit card will be automatically suspended. In order to reactivate it, you need to submit supporting documentation for the claim(s). You can see the days in 'Days Old' column.

Transaction Number	Transaction Date	Provider Name	Transaction Amount	Days Old	Status
1568965	04/15/2014		\$234.88	55	Unsubstantiated Claim

If you are unable to obtain documentation or have determined that the expense was ineligible and would prefer to pay the funds back, please mail a personal check to the address below along with the email notification received:

Sterling Administration
475 14th Street, Suite #650
Oakland, CA 94612

MANAGING BANK ACCOUNTS

You may have multiple bank accounts associated with your Flexible Benefits Plan.

TO ADD A NEW ACCOUNT

1. Go to 'Add/Edit Bank Accounts'
2. Click 'Add New Bank Account'
3. A form will appear on the page. Fill this out with your banking information and click 'Save.'

Add New Bank Account

Your Bank Routing Number and Account Number can be found on your check, bank statement, or online banking account. Because all banks are different, please contact your bank if you are unsure of these numbers.

*Required Information

*Bank Name	*Account Type	*Routing Number	*Account Number
<input type="text"/>	<input type="radio"/> Checking/Money Market Account <input type="radio"/> Saving	<input type="text"/>	<input type="text"/>

TO REMOVE AN EXISTING ACCOUNT

1. Go to 'Add/Edit Bank Accounts'
2. Check the box in the row of the account you would like to remove and click 'Save'

TO EDIT AN EXISTING ACCOUNT

1. Go to 'Add/Edit Bank Accounts'
2. Click the Edit icon in the row of the account you would like to edit.
3. A form will appear below with the account information.
4. Make the necessary changes and click 'Save'.

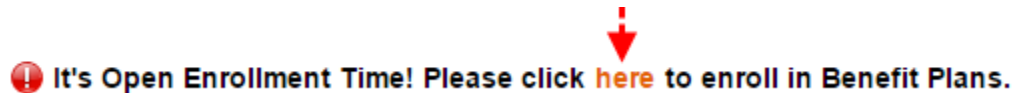
PLAN ACTIONS

In 'Plan Actions' page, you may enroll in available plans during open enrollment period. In addition, you can submit changes to your plans based on qualifying events. These features are available for existing employees with online access already established.

ONLINE ENROLLMENT OPTION FOR EXISTING EMPLOYEES

The existing employees can add new plans during open enrollment or renew their existing plans. The steps to perform these tasks are as follows:

1. Log in to <http://www.sterlingadministration.com/>
2. You will see the message below in 'Account Summary' page when it's open enrollment time then click on 'here':



3. You can also click on 'Plan Actions' tab on the left navigation menu. Once you land on 'Plan Actions' page, you will see the current benefit(s) your employer offers by clicking on 'Click here for more information'.

Your Company's Benefit Plan Information

The plans listed below are the current benefit(s) your employer offers. Please contact your employer for specific details on these plans. If you want to enroll, please click 'Enroll Now' button to start the process. 'Enroll Now' button will appear only during Open Enrollment and for a new hire within a specific period.

Company Provided Flexible Benefit Plans (FSA) [Click here for more information.](#)

Plan Type	Plan Start Date	Plan End Date	Min Annual Election	Max Annual Election
Dependent Care FSA	01/01/2014	12/31/2014		2500
Dependent Care FSA	01/01/2015	12/31/2015		2500
Healthcare FSA	01/01/2014	12/31/2014		2500
Healthcare FSA	01/01/2015	12/31/2015		2500
Ind Ins Premium	01/01/2014	12/31/2014		2000
Limited Purpose Healthcare FSA	01/01/2014	12/31/2014		2000
Limited Purpose Healthcare FSA	01/01/2015	12/31/2015		2000
Parking FSA	01/01/2014	12/31/2099		3000
Transit FSA	01/01/2014	12/31/2099		1560

[Enroll Now](#)

4. When you are ready, click on 'Enroll Now'. 'Enroll Now' button only appears in the following cases:
 - a) During Open Enrollment period.
 - b) Employer denies the plan.
 - c) Employee withdraws from a plan during open enrollment period.
 - d) TRN, PKG, UA1 offered by the Employer.
 - e)

- You will be landed on the plan page where you can click on the checkbox(es) of the plan type you wish to enroll.

Flexible Benefit Plans (FSA)

Your Company's Benefit Plan Information

The plans listed below are the current benefit(s) your employer offer. For additional information on the specific details for these plans, please contact your employer. Click on the checkbox then 'Add Plan' to add.

	Plan Type	Plan Start Date	Plan End Date	Open Enrollment Start Date	Open Enrollment End Date	Min Annual Election	Max Annual Election
<input checked="" type="checkbox"/>	Dependent Care FSA	01/01/2015	12/31/2015	10/01/2014	11/14/2014	0	5000
<input checked="" type="checkbox"/>	Parking FSA	01/01/2014	12/31/2099	10/17/2014	10/17/2014	0	3000
<input type="checkbox"/>	Transit FSA	01/01/2014	12/31/2099	01/01/2014	10/17/2014	0	1560

Add Plan

Note: If your Employer offers a Health Reimbursement Arrangement plan, you will see options to select either FSA or HRA as shown below before seeing the corresponding plan selection screen like the example above.

Select the type of benefit you would like to enroll in or renew:

- ☐ Flexible Spending Account(FSA)
- ☐ Health Reimbursement Arrangement (HRA)

Continue

- After you have selected the plan type and clicked on 'Add Plan', the selected plan(s) will expand for you to fill in more data. The details for each field are described below.

Your Annual Election

To get an estimate on the contribution you will be making each pay period, please enter your information in the required fields and click on the 'Calculate' button. The value returned in the 'Estimated Pay Period Contribution' field serves as an estimation and is editable by you before you continue.

Your employer will review your submission and approve the contribution amount based upon your annual election and number of pay periods.

*Required Information

Plan Type	*Effective Date	*Qualifying Event	*Annual Election \$	*Payroll Schedule	*1st Payroll Contribution Date (?)	Estimated Pay Period Contribution
Dependent Care FSA	01/01/2015	Open Enrollment ▼	<input type="text"/>	Semimonthly ▼	MM/DD/YY	<input type="text"/>
Parking FSA	11/02/2014		<input type="text"/>	Semimonthly ▼	MM/DD/YY	<input type="text"/>

Calculate

Submit

Effective Date:

Date the plan starts for you. Must be between start and end date of the plan year.

Qualifying Event:

This will be defaulted to 'Open Enrollment'.

Annual Election:

The amount which you will contribute for the plan year.

Payroll Schedule:

Schedule to deduct funds from your payroll for contribution.

1st Payroll

Contribution Date:

First date to withdraw the funds from your payroll.

Estimated Pay Period

Contribution:

This field will be populated after entering/selecting the previous fields then clicking on 'Calculate'.

- Click 'Calculate' to populate the 'Estimated Pay Period Contribution' value then 'Submit' after completing all of the above fields.
- The confirmation page is shown below after submission where you can download your Enrollment Summary.

You have successfully added your plan(s)!



Your plan has been successfully submitted to your employer. If you have any questions regarding this request, please contact your employer.

Note: If you would like to keep a record of the details you enrolled, please click 'Download Enrollment Summary'. Once you leave this page, you will not be able to return.



Download your Enrollment Summary



ANNUAL ELECTION CHANGE

Annual election can be changed during Open Enrollment or when you have a Qualifying Event.




DURING OPEN ENROLLMENT

- Log in to <http://www.sterlingadministration.com/>
- Click on 'Plan Actions' tab on the left navigation menu.
- 'Your Benefit Plan Information' module will show all of your plans.
- You can withdraw from all the plans that are in 'Pending Activation' status by click on the red x under 'Actions' column.

Your Benefit Plan Information

The plans listed below are your current benefit(s). If you would like to submit a change, please click on the icon under 'Actions' column of the corresponding plan.

Flexible Benefit Plans (FSA)







Plan Type	Plan Start Date	Plan End Date	Annual Election	Status	Actions
Dependent Care FSA	01/01/2015	12/31/2015	\$5,000.00	Pending Activation	
Healthcare FSA	01/01/2014	12/31/2014	\$100.00	Active	
Parking FSA	01/01/2014	12/31/2099	\$1,500.00	Pending Activation	

5. During 'Pending Activation' status, you can also edit the annual election by click on the edit icon.

Your Benefit Plan Information

The plans listed below are your current benefit(s). If you would like to submit a change, please click on the icon under 'Actions' column of the corresponding plan.

Flexible Benefit Plans (FSA)

Plan Type	Plan Start Date	Plan End Date	Annual Election	Status	Actions
Dependent Care FSA	01/01/2015	12/31/2015	\$5,000.00	Pending Activation	 
Healthcare FSA	01/01/2014	12/31/2014	\$100.00	Active	 
Parking FSA	01/01/2014	12/31/2099	\$1,500.00	Pending Activation	 



6. In the editing page, you will see the following fields for all FSA products:

- **Plan** - This is the plan EE wants to change and it is not editable.
- **Type of Event** - Qualifying event list with 'Open Enrollment' as the default.
- **Effective Date** - The date EE wants this change to happen.
- **Plan Year** - This will not be editable and shows the current plan year.
- **New Annual Election Amount** - The new annual election amount EE wants.
- **New Payroll Schedule** - This will be pre-populated according to how ER payroll schedule was setup in SAM by the Benefits Department.
- **New 1st Payroll Contribution Date** - The new 1st payroll contribution date that EE wants.

Change/Withdraw Benefit Plan



Your products are allowed to be changed here only during open enrollment or due to a qualifying event.

Plan	Dependent Care FSA
Type of Event	Open Enrollment ▼
Effective Date	01/01/2015 
Plan Year	01/01/2015-12/31/2015
New Annual Election Amount	5000
New Payroll Schedule	Semimonthly ▼
New 1st Payroll Contribution Date (?)	01/15/2015 
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	







QUALIFYING EVENT

1. Log in to <http://www.sterlingadministration.com/>
2. Click on 'Plan Actions' tab on the left navigation menu.
3. 'Your Benefit Plan Information' module will show all of your plans.
4. Click on the edit icon under 'Actions' column for an 'Active' status plan you want to make changes.

Your Benefit Plan Information

The plans listed below are your current benefit(s). If you would like to submit a change, please click on the icon under 'Actions' column of the corresponding plan.

Flexible Benefit Plans (FSA)

Plan Type	Plan Start Date	Plan End Date	Annual Election	Status	Actions
Dependent Care FSA	01/01/2015	12/31/2015	\$5,000.00	Pending Activation	 
Healthcare FSA	01/01/2014	12/31/2014	\$100.00	Active	 
Parking FSA	01/01/2014	12/31/2099	\$1,500.00	Pending Activation	 

5. The following fields will appear for all FSA products:
 - **Plan** - This is the plan EE wants to change and it is not editable.
 - **Type of Event** - Qualifying event list which requires one selection.
 - **Effective Date** - The date EE wants this change to happen.
 - **Plan Year** - This will not be editable and shows the current plan year.
 - **Notes** - Additional information if required.
 - **Current Annual Election Amount** - The last updated annual election amount.
 - **New Annual Election Amount** - The new annual election amount EE wants.
6. 'Qualifying Event Change History' module is provided for you to view the changes you have made thus far.

Qualifying Event/Annual Election Change



Use this form to advise your employer of your annual election change. Transit and Parking FSA can be changed at anytime. Other FSA products are allowed to be changed here only during open enrollment or due to a qualifying event.

Plan	Healthcare FSA
Type of Event	Select Qualifying Event
Effective Date	02/20/2014
Plan Year	01/01/2014-12/31/2014
Notes	
Current Annual Election Amount	100
New Annual Election Amount	
<input type="button" value="Submit"/> <input type="button" value="Cancel"/>	

Qualifying Event Change History

Plan	Type of Event	Effective Date	New Annual Election	Plan Year	Status	Notes
No Records found						

NOTIFICATIONS

The notifications will be sent to the Employee in the following frequency:

Notification Subject Line	Frequency
Your Annual Election has been submitted for review	Immediate
Your Annual Election has been Approved	Immediate after Employer's action
Your Annual Election has been Denied	Immediate after Employer's action
Your Qualifying Event Change has been submitted for review	Immediate
Your Qualifying Event Change Request has been Approved	Immediate after Employer's action
Your Qualifying Event Change Request has been Denied	Immediate after Employer's action
Confirmation of your Annual Election(s) Withdrawal	Immediate