

## Guide to Filing Claims

Claims for out-of-pocket expenses can be filed online, via mail or fax.

### Online

#### Step 1: Log In

- Log in at [www.discoverybenefits.com](http://www.discoverybenefits.com)
- Select Reimbursement Account (Employer Sponsored Plans)
- Enter your login information  
(For assistance with your username and password, contact Participant Services at 866.451.3399)

#### Participant Login

##### Reimbursement Account (Employer Sponsored Plans)

- > Flexible Spending Accounts (FSA)
- > Health Savings Accounts (HSA)
- > Health Reimbursement Arrangements (HRA)
- > Transportation (for participants not on the WiredCommuter platform)

#### Step 2: Select [File Claims](#) in the **ACCOUNTS** tab

- Select the plan for which you would like to file a claim

#### Step 3: Enter your claim information but before you select **Add Claim**, click on [Upload Receipt](#).

File Claim: Medical FSA 01/01/2012-12/31/2012 Claims Basket (0)

Please enter your claim information below. If all or part of your claim is not reimbursable due to auditing factors (i.e. claim exceeds available balance in your account), then you will only be reimbursed the approved amount. You will be notified of any pending or denied claim amounts.

\* Do You Have a Valid Receipt?  No  Yes [What is a valid receipt?](#)

Receipt:

#### Step 4: You will be prompted to upload supporting documentation. Browse your documents and select the correct attachment. Once the documentation is attached, select [Upload](#).

**Upload Receipts**

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

Test.pdf  [Remove](#)

[Add Another Receipt](#)

#### Step 5: Select **Add Claim**, agree to the **Terms and Conditions**, and select **Submit**.

#### Step 6: Once uploaded, you will receive a confirmation that your claim was submitted and you will see the receipt status of [Uploaded](#) for that claim.

Claim Successfully Submitted			
You may print your <a href="#">Claim Confirmation Form</a> as a record of your submission.			
Account	Claim Amount and Date of Service	Approved Amount	Receipt Status
Medical FSA (01/01/2012-12/31/2012)	\$1.00 on 1/1/2012 From Medical for Emily Example	\$1.00	<a href="#">Uploaded(1)</a> <a href="#">Upload another Receipt</a>
		\$1.00	

### Fax or Mail

In order to file a claim via mail or fax please submit a Reimbursement Request Form with supporting documentation. The Reimbursement Request Form can be found on our website under Participant Forms.