

Your guide to managing your flexible spending account (FSA)

If you are enrolled in a flexible spending account (FSA) from UnitedHealthcare, use this guide to manage your account through uhcservices.com.

FSA checklist

Use this list to make sure you've taken all the first steps to creating an account on uhcservices.com.

- Go to **uhcservices.com** and select "New Member Registration" (if you haven't already registered).
- Complete the registration form
 - Check your email for the 'Activation Required' message .
 - Click on the link provided to activate your account.
- Sign up for direct deposit and other features at **uhcservices.com**.

Once you have registered on uhcservices.com, you can:

- ▶ Submit claims
- ▶ View account balance
- ▶ Review claim status
- ▶ Ask the Expert
- ▶ Access forms and other resources
- ▶ Access payment details

Sign up for eStatus

UnitedHealthcare will automatically send you emails when we've received a claim, issued a reimbursement, or made a system enhancement.

To sign up for eStatus click 'change your password' and check the 'Subscribe for eStatus and other information alerts'.

For more information



Please log on to uhcservices.com to view the complete participant guide, including additional information to manage your FSA account, in our resources section.

Why direct deposit?

Any eligible expenses that you pay out of your own pocket and submit for reimbursement from your FSA are automatically deposited right into your personal checking or savings account. You can also count on:

- ▶ Secure and automatic receipt of reimbursement funds
- ▶ Fewer envelopes to open and fewer trips to the bank to deposit your checks

Plus, you are making a decision that is good for the environment. You can cancel direct deposit at any time.

Timeframes

- ▶ Online eClaims are processed within one business day.
- ▶ Mailed/Faxed claims are processed within 5 business days.

UnitedHealthcare
Insurance Company



Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Administrative services provided by UnitedHealthcare Insurance Company, United HealthCare Services, Inc. or their affiliates. Health Plan coverage provided by or through a UnitedHealthcare company. A flexible spending account is not insurance.

Contact us

A staff committed to delivering excellence;
joining forces to serve you.

Participant Call Center

phone: **877-797-7475**

email: **asktheexperts@uhcservices.com**

Visit the Web!

UnitedHealthcare has the information you need

24 hours a day, 7 days a week at www.uhcservices.com



Account Summary

- ▶ Plan year election and balance
- ▶ Current balance
- ▶ YTD deposits, claims, payments

Claims

- ▶ Service dates
- ▶ Requested amount
- ▶ Paid amount

Payments

- ▶ Reimbursement method/check number
- ▶ Paid date
- ▶ Reimbursement amount

eClaims

Convenient. Simple.


eClaims offers several advantages over traditional claim filing!

1. Takes just SECONDS – drop down boxes make it EASY!
2. **eStatus** provides automatic notification of when the claim is processed.
3. Enrollment Expense Estimator automatically totals your expenses according to type of eClaims you submitted during the year.

NOTE: eClaims feature currently not available for the HRA product



Insurance coverage provided by or through United HealthCare Insurance Company or its affiliates.

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Authorization for Direct Deposit

Add/Change Direct Deposit

Complete all requested information below. **Fax or mail your completed form to:** fax to 800-760-3727 or PO Box 2490 Brookfield WI 53008-2490. You will receive email notifications of deposits to your account. Our process ensures the complete confidentiality of your account information at all times.

Employer Name: _____

Employee Name: _____

Employee Email Address: _____

Soc Sec # / ID : _____ - _____ - _____

Select one of the following authorization types:

- New Direct Deposit setup
- Change to an existing Direct Deposit setup
- Cancel an existing Direct Deposit setup

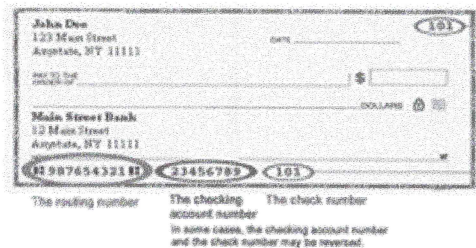
Enter your bank routing number, bank account number and account type.

Bank Account Number: _____

Routing Number: _____

Account Type Checking Account

Savings Account



- I authorize UnitedHealthcare to initiate credit entries and pay funds into the aforementioned account. I agree to allow UnitedHealthcare to stop payment or posting of, reverse or adjust any entry erroneously credited to my account. I realize if I fail to notify UnitedHealthcare of any bank account changes a service fee of \$10.00 will be charged for each returned direct deposit item.

Returned items will be reissued as paper reimbursement checks within 10 business days after the item is returned and receipt of the \$10.00 service fee. The authorizations contained herein shall remain in full force and effect until UnitedHealthcare has received notification from me of its termination in such time and manner as to afford UnitedHealthcare a reasonable opportunity to act on it. I acknowledge that the origination of Direct Deposit transactions to said account must comply with the provisions of United States Law.

EMPLOYEE SIGNATURE: _____

DATE: ___ / ___ / ___

UnitedHealthcare Benefit Services releases direct deposits to the financial institutions according to your employers scheduled reimbursement date(s). The financial institutions typically require two business days to process the direct deposits. UnitedHealthcare Benefit Services suggests contacting your financial institution to verify any direct deposits