

Participant Portal *website account*

Website Access

Our new MGM Flex system offers participants the ability to manage their own account information. On our new site, you can:

- ▶ Create your own password
- ▶ Access your account information by provider name, date and amount
- ▶ File your claims online
- ▶ Create your own direct deposit accounts

Once your enrollment in the Section 125 has been processed, you will receive an enrollment confirmation, along with an attached **document entitled “Next Steps”**. **Download this document from your email** for instructions on setting up your participant portal and to access account options.

Follow these steps to create your Participant Portal:

1. Open your web browser (e.g. MS Explorer) and go to the following website:

<http://mgmflex.com>

2. Click on the participants Login. Both the username and password were sent to you via email with your enrollment confirmation.
3. The login for your username is:
 - ▶ The first initial of your first name
 - ▶ Your last name
 - ▶ The last 4 digits of your social security number

Example username: jdoe9999
(Be sure and not use spaces or commas)

4. The password is your last name and the last four digits of your social security number
Example password: doe9999

You will be prompted to create your own password (6 to 20 upper and lower characters with at least one number). If you forget or lose your password, you will need to reset it through the system. Please *be sure to record your password as MGM does not have access. If your password is lost or forgotten, you will need to re-set it on your participant portal.*

Participant Portal *Account View*

Sign in to your participant portal with your user name and password that you created for your account.

Home File Claims My Account Plans Forms

Welcome to Online Administration, Jane Sample 1

What would you like to do?

FILE CLAIMS
Allows you to submit claims for those plans you are currently enrolled in.

MY ACCOUNT
Where you go to view:
➤ [Account Balance](#)
➤ [Profile](#)
➤ [Payment History](#)

PLANS
Where you go to see plan descriptions and related documents.

FORMS
Where you go to download forms.

Home File Claims My Account Plans Forms

Account Balances

Plan	Effective Date	Eligible Amount	Submitted Claims	Paid	Pending	Denied	Plan Year Balance	Available Balance	History
Medical Flex Account	9/1/2005	\$1,200.00	\$20.00	\$0.00	\$0.00	\$20.00	\$1,200.00	\$1,200.00	History
Health Reimbursement Account	9/1/2005	\$3,000.00	\$0.00	\$0.00	\$0.00	\$0.00	\$3,000.00	\$3,000.00	History

My Account: You can view up-to-date account information at any time.

- Choose Account Balance to check the balances of any account. You can also check the claims history of any account by clicking the Claims History link.
- Select Profile to review your personal and dependent information that's on file in the system.
- Select Payment History to see a detail of the claims that have been paid. You can click View Detail for more information about any claim.

File Claims: You now have the option to file your claims online.

Plans: Your Pre-tax plan information is available at any time. To view this information, log on and click on the Plans tab.

Forms: You can download Pre-tax forms at any time. Log on and click on the Forms tab, and select the form you would like to download.

How to File Claims

You Have Options!

You may file your claims by one of the following methods:

1. If your employer offers the MGM Flex Visa Card: you may use your Card at the point of purchase towards qualified expenses. *Be sure to keep your receipts!* You may be required to submit them as proof of plan eligibility!
2. Online Claim Filing: File your claims online via our participant portal website. Instructions were attached to your enrollment confirmation **on the “Next Steps” document**. Be sure to submit receipts when filing claims online by fax or mail. *If you do not submit your claims and receipts after filing online, you will be sent a reminder to submit the information. Claims will be denied after a period of 14 consecutive days.*
3. Paper Claim Filing: You may also file claims using the paper form(s) available on the website **under the “Forms” tab, and attach required receipts according to IRS rules.**

Reminders:

Health Care Flexible Spending Claims:

- ▶ Your account balance is available for use on the first day of the plan year
- ▶ Funds remaining in your account that have not been spent, will be subject to the **“use it or lose it rules”**
- ▶ **Based on your Employer’s Plan rules, you will have a specified time period following the last day of your plan year to request reimbursement for expenses incurred, but not claimed, during the plan year**
- ▶ Some health care items may be eligible only if you are diagnosed by a medical professional for a specified medical condition. For these expenses, you will be asked to provide a copy of diagnosis and treatment from your physician.

No matter which option that you may choose for claim reimbursement, always be sure to keep your receipts.

Dependent Care Flexible Spending Claims:

- ▶ The MGM Flex Card does not accept charges for dependent care related expenses
- ▶ Claims may be filed by **Paper or “Manual” claims** or online through the Participant Portal website
- ▶ Funds must be available in dependent care accounts prior to reimbursement. IRS regulations do not allow pre-funding of DCAP accounts.

Online Claim Filing

Logon to www.mgmflex.com

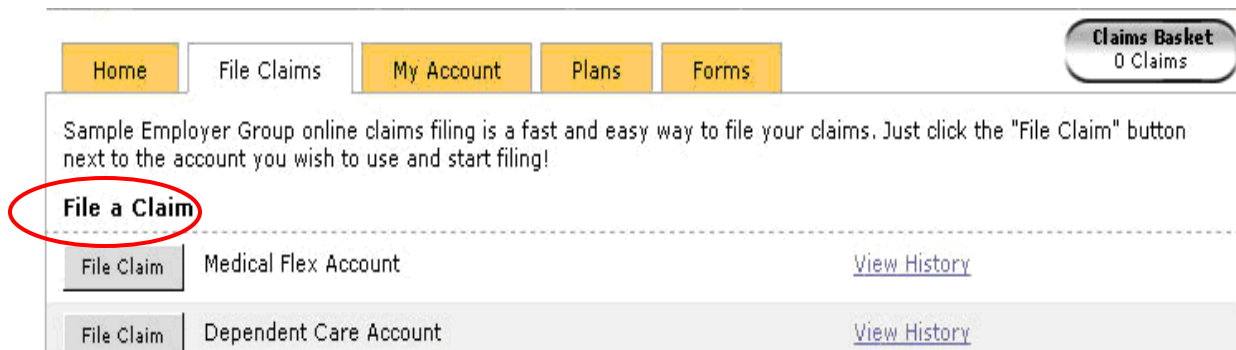
Participant Login
Home Page



1. Click the File Claims tab.



2. Click the File Claim button next to the plan you wish to file a claim for.



Online Claim Filing *continued*

3. Enter your claim information and submit the claim. Make sure you have valid receipt(s) for your expenses, as you will need to send these in.

Medical Flex Account

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 for this product/service?* Yes No [What is a valid receipt?](#)

Date of Service:* (mm/dd/yyyy)

Please choose the category and type of product/service that best describes your claim. If you choose "Other" or "Over-the-Counter Drugs," you must provide a description below.

Category:* Choose from list... [Eligible Expenses](#)

Type of Product/Service:* Choose from list...

Product/Service Description:

Product/Service Provider:*

Person receiving Product/Service:* Joe Sample
 Kid Joe Sample
 Mrs. Joe Sample

Claim Amount:* \$

Did you drive to receive this product/service?* Yes No [Claiming Mileage](#)
You may claim mileage expense for reimbursement.

Number of Miles:

Mileage Reimbursement:

Total Claim Amount:

4. If you have more than one claim you'd like to file, you may choose to Add a New Claim from your claim basket.

Claims Basket
1 Claims

	Date of Service	Plan	Type of Product/Service	Provider	Claim Amount	Approved Amount*	
<input type="button" value="Update"/>	3/7/2005	Medical Flex Account	Prescription medication co-pay/cost	Walgreen's Pharmacy	\$25.00	\$25.00	<input type="button" value="Remove"/>
Total:					\$25.00	\$25.00	

* The approved claim amount will be reimbursed based on your available balance. If a plan requires funds to be contributed prior to the reimbursement of claims, you will be reimbursed as funds become available in your plan account.

Terms and Conditions

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

You must choose to SUBMIT this basket in order to send these claims for processing.

5. Once all claims are entered, you must agree to the Terms & Conditions and submit the claim.

Online Claim Filing *continued*

6. Print the Confirmation Page. This is your verification that all claims have been successfully submitted!

Home | File Claims | My Account | Plans | Forms

Joe Sample
Sample Employer Group
Order Number: SAM050307100011000

You have successfully filed the claim(s) listed below.

Custom claim submission text goes here.

Receipt(s) Required - Print this Page:
Print this confirmation, attach the required receipts and **fax or mail to Sample Administrator** at one of the contacts listed below.

Fax: (952) 939-0990
Mail: P.O. Box 600
Hopkins, MN, 55343
Email: info@corphealthsys.com

If you are unable to print this confirmation:
Send your receipts with a note that includes (a) the name of the company you work for, (b) your name, and (c) the claim number(s) listed below.

Claim Number	Plan	Date of Service	Provider	Receipt Amount	Mileage Amount	Approved Amount*	Receipt Required
SAM05030710001100010	Medical Flex Account	3/7/2005	Walgreen's Pharmacy	\$25.00	\$0.00	\$25.00	Yes
SAM05030710001100011	Dependent Care Account	3/1/2005 - 3/4/2005	Kinder Care	\$200.00	\$0.00	\$200.00	Yes
Totals:				\$225.00	\$0.00	\$225.00	

* The approved claim amount will be reimbursed based on your available balance. If a plan requires funds to be contributed prior to the reimbursement of claims, you will be reimbursed as funds become available in your plan account.

Please send in the Required Receipt(s) listed above within 60 days. If we do not receive the receipt/s by this date, your reimbursement will be denied.

Remember, regardless of which (if any) receipts you are required to submit, you are responsible for retaining a copy of all receipts for three years in the event you or your Pre-tax Account plan are audited by the IRS.

Print Confirmation | Home | Logout

7. Attach the Confirmation Page with a copy of your receipt; fax or mail to MGM for processing.

Fax Number: (800) 973- 3702

Mailing Address: MGM Flex
2121 N. Glenville Drive
Richardson, TX 75082