



Reimbursement Account

Using the PayFlex member website

Experience simple.

PAYFLEX[®]

Visit payflex.com, click **SIGN IN**.

PAYFLEX® Products & Services Individuals Employers Consultants About Us **SIGN IN**

Welcome to PayFlex®

Financial wellness made simple.

[Learn more about our products and services](#)

New to PayFlex?

[CREATE YOUR PROFILE](#)

A simple dashboard

We give you control and flexibility to manage the money in your tax advantaged accounts. We've made viewing your balance, filing a claim and accessing your funds even easier.

Enter your username and password. Or select
CREATE YOUR PROFILE.

PAYFLEX®

EMPLOYER

CONSULTANT

Member login

SIGN IN

[Forgot your username or password?](#)

First time user?

CREATE YOUR PROFILE



Aetna members can single-sign-on (SSO) through aetna.com, Aetna navigator.

aetna

Secure Member Log-in

Welcome to Aetna Navigator®

User name

Password

Remember user name

Secure Log In

[Forgot user name?](#) | [Forgot password?](#) | [Log in tips](#) | [Take a Tour](#)

First-time users
Please sign up for an account.
You will create a user name and password.

Register

Get Started



Find Me

Complete the following fields. If you're an employer or consultant, you'll need to contact your PayFlex Account Manager to create your profile.

*Indicates required field

Last Name*:

Mailing address*:

ZIP code*:

Your ID number*:

Last 4 characters of your ID number*:

Last 4 Social Security number

Date of birth

SUBMIT

Get Started



Find Me

Enter the last eight digits of your PayFlex Card® number.

*Indicates a required field.

PayFlex Card Number*:

Submit

Create my profile



Welcome David

Complete the following fields to create your profile. The username and password you choose will also work for the PayFlex Mobile® app.

*Indicates a required field

Create a username*:

Create a password*:

Confirm password*:

Phone number*: ⓘ

Mobile phone number: ⓘ

Limited FSA

01/01/2017 – 12/31/2017 [Change Plan Year](#) ▼

ABC Sample Company

Urgent action needed

\$2,300⁰⁰
available funds [?](#)



\$2,300.00 available funds

\$200.00 spent funds

Annual election [?](#)

\$2,500.00

Spent funds [?](#)

\$200.00

Last day to spend funds [?](#)

February 15, 2017

Last day to file claims [?](#)

March 31, 2017

Account Actions

- [View account details](#) >
- [File a claim](#) >
- [Link a bank account](#) >
- [Set up account notifications](#) >



Quick Tips

Make the most of your account. You can contribute, spend and save.

Explore [eligible expenses](#). Find out what you can pay for with your PayFlex account.

Limited FSA

01/01/2017 - 12/31/2017 [Change Plan Year](#)

ABC Sample Company

\$2,300⁰⁰ available funds



Spending snapshot



Account Actions

- [Eligible expenses >](#)
- [File a claim >](#)
- [Link a bank account >](#)
- [Set up account notifications >](#)
- [Money² for Health >](#)

Account activity

Urgent action needed



Your PayFlex Card is suspended for this account. Take action here!

Claims



You can view your claims here.

To-do list



You have 1 item on your to-do list. Be sure to review it today.

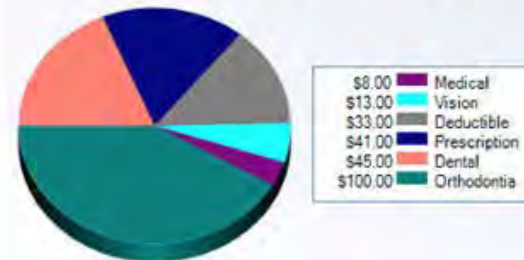
Transactions



You can view your transactions here. This may include deposits, payments and withdrawals.

Annual Election	\$1,600.00
Deposits To Date	\$200.00
Submitted Claims	\$240.00
Paid Claims	\$1.00
Denied Claims	\$10.00
Available Balance	\$999.00
Grace Period Paid	\$0.00
File Claims By	02/14/2018

Claims By Expense Type



Transactions


[Export to Excel](#)

Date	Description	Debit	Credit	Balance	Transaction Number
01/25/2017	Deposit (Contribution)		\$100.00	\$100.00	
02/20/2017	Deposit (Payroll Deduction)		\$100.00	\$200.00	
02/22/2017	Payment (Pay Them) - Unremitted	\$1.00		\$199.00	000001077

File a Claim

PayFlex allows you to file your claims online for fast and easy reimbursement of your expenses.

Start below by choosing your employer.

Boeing-Test15 

Below, choose whether you want us to reimburse you or pay your payee directly.

Pay Me

File your claims, provide documentation and receive a check or direct deposit.



Pay Them

File your claim, provide documentation and PayFlex will send a check directly to your payee.



Pay Me

File a Claim



Step 1:

Claim Details

Add a line for each expense



Step 2:

Confirmation

Confirm all expense details



Step 3:

Documentation

How would you like to send in your receipts



Step 4:

Send Receipts

To begin submitting your claims follow the instructions below:

- Expense Type, Expense Begin Date and Amount are required for all claim items.
- Expense End Date and Dependent First Name are only required for certain Expense Types.
- Click on the "Add Another Expense" button to enter additional expenses.
- If you have completed entering all your expenses, click "Next" to proceed to the next step.

Note: If you have more than one expense, please enter them separately. Click "Add Another Expense" to add more expenses.

Expense Type	<input type="text" value="Please Select"/>
Expense Begin Date	<input type="text"/>
Expense End Date	<input type="text"/>
Amount	<input type="text" value="\$0.00"/>

ADD ANOTHER EXPENSE

NEXT

File a Claim



Step 1:

Claim Details

Add a line for each expense



Step 2:

Confirmation

Confirm all expense details



Step 3:

Documentation

How would you like to send in your receipts



Step 4:

Send Receipts

If the information below is correct, click "Next" to continue. To edit the claim click the "Previous" button.

Expense Type	Expense Begin Date	Expense End Date	Dependent Name	Dependent Age	Amount
Medical	04/14/2016				\$150.00

PREVIOUS

NEXT

File a Claim



Step 1:

Claim Details

Add a line for each expense



Step 2:

Confirmation

Confirm all expense details



Step 3:

Documentation

How would you like to send in your receipts



Step 4:

Send

Receipts

Please select a method to submit your receipts for this claim. We recommend uploading your receipts, as this will expedite the processing of your claims.

To upload, it must be in a PDF and less than 5 MB.

By checking this box I certify these eligible expenses have been incurred by me, my spouse, or my eligible dependent and health care expenses are not for cosmetic purposes but for the treatment of an illness, injury, trauma, or medical condition. I understand "incurred" means the service has been provided that gave rise to the expense, regardless of when I am billed or charged for, or pay for the service. I also certify the expenses have not been reimbursed and I will not seek reimbursement elsewhere. I understand that any amounts reimbursed may not be claimed on my or my spouse's income tax returns. I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

Signature (You must check this box to electronically sign your claim form)

FAX

UPLOAD

File a Claim



Step 1:

Claim Details

Add a line for each expense



Step 2:

Confirmation

Confirm all expense details



Step 3:

Documentation

How would you like to send in your receipts



Step 4:

Send

Receipts

Upload Instructions:

- Browse for the document/receipt you would like to upload.
- Documents/Receipts must be in PDF format and the combined size of all documents/receipts must be less than 5MB.
- To upload additional documents/receipts for this claim, click on the "Add Additional Documents" button.
- You must check the Signature Box as an electronic signature for your claims.
- For Dependent Care claims, please make sure to upload any Dependent Care provider signatures with your documentation, if applicable.
- Click on the "Submit" button to complete the process for submitting your claim and receipts.

The total size of all documents you attempt to upload must be less than 5 MB.

ADD ADDITIONAL DOCUMENT

SUBMIT

Pay Them

File a Claim



Step 1:
Payee
Information



Step 2:
Payment
Information



Step 3:
Claim
Details



Step 4:
Confirmation



Step 5:
Documentation

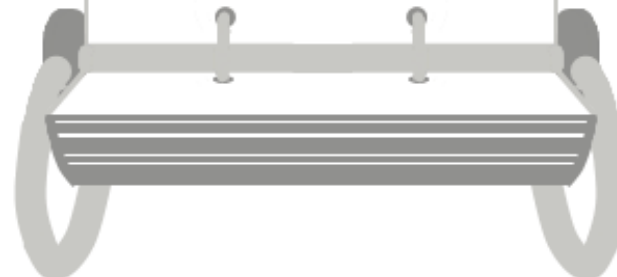


Step 6:
Send
Receipts

You have chosen to have PayFlex® reimburse your payee directly for this claim. Please choose a payee from the list below or click on the link to enter a new payee.

Select a payee from your list of previously established payees or click on "+" to add a new payee.

Select Your Payee▼+



NEXT

File a Claim



Step 1:
Payee
Information



Step 2:
Payment
Information



Step 3:
Claim
Details



Step 4:
Confirmation



Step 5:
Documentation



Step 6:
Send
Receipts

Please provide the additional information below. This will be included with your payment to help your provider correctly apply your payment.

Required Field*

Your Contact Number*

Statement Date

Invoice Number(s)

Patient Name*

Comments (250 Characters)

PREVIOUS

NEXT

File a Claim



Step 1:

Payee
Information



Step 2:

Payment
Information



Step
3:

Claim
Details



Step 4:

Confirmation



Step 5:

Documentation



Step 6:

Send
Receipts

To begin submitting your claims follow the instructions below:

- Expense Type, Expense Begin Date and Amount are required for all claim items.
- Expense End Date and Dependent First Name are only required for certain Expense Types.
- Click on the "Add Another Expense" button to enter additional expenses.
- If you have completed entering all your expenses, click "Next" to proceed to the next step.

Note: If you have more than one expense, please enter them separately. Click "Add Another Expense" to add more expenses.

Expense Type

Expense Begin Date

Expense End Date

Amount

ADD ANOTHER EXPENSE

PREVIOUS

NEXT

File a Claim



Step 1:

Payee
Information



Step 2:

Payment
Information



Step
3:

Claim
Details



Step 4:

Confirmation



Step 5:

Documentation



Step 6:

Send
Receipts

Please verify the information below is correct.

Payee Information:

Dr. Jones
1001 ROSE STREET
HARTFORD, CT 06771

Payment Information:

Contact Number **(400) 555-5555**

Statement Date **03/18/2016**

Invoice Number **700024227**

Patient Name **John Clark**

Comment

Comment	
Healthcare (FSA)	\$150.00

Total Payment

\$150.00

PREVIOUS

NEXT

File a Claim



Step 1:

Payee
Information



Step 2:

Payment
Information



Step
3:

Claim
Details



Step 4:

Confirmation



Step 5:

Documentation



Step 6:

Send
Receipts

Please select a method to submit your receipts for this claim. We recommend uploading your receipts, as this will expedite the processing of your claims.

To upload, it must be in a PDF and less than 5 MB.

By checking this box I certify these eligible expenses have been incurred by me, my spouse, or my eligible dependent and health care expenses are not for cosmetic purposes but for the treatment of an illness, injury, trauma, or medical condition. I understand "incurred" means the service has been provided that gave rise to the expense, regardless of when I am billed or charged for, or pay for the service. I also certify the expenses have not been reimbursed and I will not seek reimbursement elsewhere. I understand that any amounts reimbursed may not be claimed on my or my spouse's income tax returns. I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

Signature (You must check this box to electronically sign your claim form)

FAX

UPLOAD

Account Settings

Account settings

My profile

Bank accounts

Account notifications

Beneficiaries

Privacy

My Profile

Address

UEX

My address for my HSA

15 Boston Ave.
Boston, MA 02115

UEX

My address for my Reimbursement Account(s)

15 Boston Ave.
Boston, MA 02115

Sprint Review Data Employer II

15 Boston Ave.
Boston, MA 02115

Date of birth 01/01/1970

Username kirtley [Edit](#)

Password •••••••• [Edit](#)

Phone number 215-123-4567 [Edit](#)

Mobile phone number 215-456-7897 [Edit](#)

Email address kirtley@gmail.com [Edit](#)

Security questions [Edit](#)
 What is your mother's maiden name?
 What was the model name of your first car?
 What color are your eyes?

Marital status Married [Edit](#)

High deductible health plan start date 01/01/2017 [Edit](#)

Under Internal Revenue Service (IRS) regulations, the high deductible health plan (HDHP) start date helps determine when an HSA can be opened and how much you can contribute to your HSA. You or your employer provided the HDHP start date shown above. If you were enrolled in an HDHP prior to this date, you should update your HDHP start date on this page. PayFlex is not responsible for determining the accuracy of this information.

Account settings

My profile

Bank accounts

Account notifications

Beneficiaries

Privacy

My linked bank accounts

Bank accounts linked to my reimbursement account(s):

UEX

You have no bank accounts linked to your PayFlex reimbursement account(s). You can get your money faster by linking an account.

[LINK BANK ACCOUNT TO MY REIMBURSEMENT ACCOUNT\(S\)](#)

Bank accounts linked to my HSA:

Savings - 5555



[Complete Validation](#)

[Remove](#)

FIRST NATIONAL BANK OF LI
Routing Number - 021411335

Savings - 1230



[Complete Validation](#)

[Remove](#)

VIST BANK
Routing Number - 031312194

[LINK BANK ACCOUNT TO MY HSA](#)

Account settings

My profile

Bank accounts

Account notifications

Beneficiaries

Privacy

Account notifications

You can manage your account notifications here. Select a + sign to view your options. Then choose the notifications you want to receive. You should also verify your contact information under [My profile](#).

- Reimbursement Account

Type:	Email:	Text:	Online:
Balance reminder Select frequency: <input checked="" type="radio"/> Monthly <input type="radio"/> Quarterly	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Claim received	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Health Savings Account

Type:	Email:	Text:	Online:
Balance reminder Select frequency: <input checked="" type="radio"/> Monthly <input type="radio"/> Quarterly	<input type="checkbox"/>	<input type="checkbox"/>	
Contribution maximum reached	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Eligible to enroll in investments	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Low balance (weekly reminder) Notify me when my balance is: <input type="text" value="1000000.00"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Recurring transaction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Rejected deposit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Scheduled transaction	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Tax year to date contribution alert Notify me when my contribution is: <input type="text" value="10000000.00"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Connected Claims

Type:	Email:	Text:
Claim available for action	<input checked="" type="checkbox"/>	<input type="checkbox"/>

+ Money² for Health

[My profile](#)

[Bank accounts](#)

[Account notifications](#)

Beneficiaries

[Privacy](#)

Add a primary beneficiary

You can name a person, trust, or your estate as your primary beneficiary for your HSA. The primary beneficiary will receive any remaining balance in your HSA after your death. You can have more than one beneficiary. If you do, you'll need to assign percentages to each beneficiary. The percentages determine the amount each beneficiary will receive from your HSA.

You can also name a contingent beneficiary. A contingent beneficiary receives your HSA balance if your primary beneficiaries are deceased at the time of your death. If you need to make changes later, you (the account holder) can do it in Account Settings.

*Indicates required field.

Select your primary beneficiary*

Select type of beneficiary

Beneficiary Terms

CANCEL

SAVE AND CONTINUE

Account settings

[My profile](#)

[Bank accounts](#)

[Account notifications](#)

[Beneficiaries](#)

Privacy

Privacy

Update your privacy settings here. You can change them at any time.

Select your privacy settings

You may be able to view your PayFlex account balance on your other secure benefit sites, if your employer offers this option. You decide if you want to do this. Select an option below. You'll still see your balance on the PayFlex website.

- Show my account balance on my other secure benefit sites.
- Don't show my account balance on my other secure benefit sites.

SAVE