



Below are detailed instructions on how to submit claims online.

From [www.bpas.com](http://www.bpas.com), select Participant Accounts and Flex Account from the drop down menu. From the Flex Account page, select Account Access and log into the web using your login and password.

1. Scan the document or receipt. Please submit only one receipt per submission in one of the following file types: .doc, .pdf, .tif.
2. Navigate to the **New Claim** page (*My Account>New Claim*).
3. Complete the following fields:
  - **Plan**-Select the reimbursement plan from the pull-down list.
  - **Provider**-Enter the provider's name (i.e Dr. Jones, Day Care for Kids, My Pharmacy).
  - **Claimant Name**-Enter the name of the person who received the service (i.e. your name, your spouse's, or your dependent's name).
  - **Description**-Enter a short description of the care, prescription, or services received (i.e. co-pay, weekly day care fees).
  - **From**-Enter the beginning date of service, or select the date from the calendar (*this is not necessarily the date the expense was paid*).
  - **To**-Select the ending date of service. For a purchase or an appointment, change both date fields to the same day. For hospital stays or a range of dependent care, enter the last date of service.
  - **Requested**-Enter the amount of your claim (the amount of reimbursable expenses). **\*\* NOTE: If you are submitting documentation for a Benny Card transaction, please enter 0.00 as the "Requested" amount.**
  - **Notes**-Enter any relevant information about this claim that you feel the claim processor should be aware of.
4. Click BROWSE, navigate to the scanned document or image, and click Open.
5. Click Submit to enter your claim.

When the **Claim Confirmation Receipt** report is displayed, if you have another claim to enter, click Enter a New Claim. Otherwise, navigate to another page or log out.

Should you have any questions, please contact our Customer Service Department at 1-866-401-5272.