

Instructions for Online Account Access & Claims Entry

To access your account online, please go to www.eBeneAdmin.com



Go to “Select Your Role” and choose “Employee”



Select “Account Login”



Click on the link located under the “Employee Login” area

EMPLOYEE Login
<https://www.online-enrollment.com/EBRES>

For your INITIAL log in: USER ID = Social Security number and PIN = the last four digits of your SSN

You have now reached the Welcome page for eBenefits online system

**Welcome to the eBenefits Administrators, Inc.
Online System**

Please enter your “User ID” & “PIN” and click on “Enter”

After your initial log in you will be prompted to create an account

- Type your new *User Name*
- Type your new *Password*
- Type your new *Password* again, to confirm
- Type the *Email Address* you'd prefer notices be sent to
- Type a *Security Question*
- Type the *Security Question's Answer*
- Click on **Create User**

You have now reached our Online System's Home Page



eBenefits 2

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Welcome to the Flexible Spending Account Online System

You choose from:

The Online Inquiry system allows you to access Personalized Inquiry Screens containing payment information, Claim information and Balance information by simply clicking on one of the buttons below: Payments, Claims, or Balances.

The Payments button will take you to the Payment Inquiry screen, which provides information on the most recent Payments that have been issued.

The Claims button will take you to the Claim Inquiry screen, which provides information on your recently submitted claims along with their payment status.

The Balance Button will take you to the Balance Inquiry screen, which provides information on your Annual Election, the Year-to-Date Deposits & Claims submitted and your Account Balances.

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- [***Processed Claims***](#)
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- [***Payments***](#)
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Online Inquiry Processed Claims

Name:	Betty Boop
SSN:	XXX-XX-0007
Employer:	EBR Sample Company

The Claim Inquiry screen displayed below provides information on the most recent claims that you have submitted including the Account Type, the Claim Number and the Claim Amount. If you have submitted additional claims, you will be able to display them by clicking on the 'Next Page' button at the bottom of the screen. To see more detail about a specific claim, click on the claim number.

1/1/2009 - 12/31/2009
[Switch Plan Year](#)

Claim Number	Account Type	Service From Date	Service To Date	Claim Amount
SUP090500001	FSA	2/1/2009	2/1/2009	\$50.00
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Select the Claim Number to view more detail

Claim Number					Account Type				
SUP090500001					FSA				
Service From Date	Service To Date	Request Amount	Denied Amount	Eligible Amount	Pending Amount	Total Paid To Date	Last Paid Date	Claimant First Name	Provider Name
2/1/2009	2/1/2009	\$50.00	\$0.00	\$50.00	\$0.00	\$50.00	2/19/2009	Betty	

Claims Submitted

Name:	Betty Boop
SSN:	XXX-XX-0007
Employer:	EBR Sample Company

Listed below are the claims that have been submitted to your administrator, but not yet returned, and their current status.

There are no items to display.

Payment List

Name:	Betty Boop
SSN:	XXX-XX-0007
Employer:	EBR Sample Company

The Payments Inquiry screen displayed below provides information on the most recent payments that have been issued including the Payment Date, the Payment Amount and the Payment Number. If additional payments have been issued, you will be able to display them by clicking on the 'Next Page' button at the bottom of the screen. To see more detail about a specific payment, click on the payment number.

1/1/2009 - 12/31/2009

[Switch Plan Year](#)

	<u>Check Date</u>	<u>Check Number</u>	<u>Check Amount</u>
Select	2/19/2009	200000001	\$50.00
< Prev - Next >			

Click Select to view more detail on a Payment

Check Date	Check Number	Check Amount
2/19/2009	200000001	\$50.00
Payee		Payment Type
		Employee EFT
Account Type		Payment Amount
FSA		\$50.00

Balances Summary

Name:	Betty Boop
SSN:	XXX-XX-0007
Employer:	EBR Sample Company

The Balance Inquiry screen displayed below displays account specific information about your account. Shown are your annual election, the total deposits posted to date, the total eligible claims submitted, the amount of denied claims, the total paid to date, and the claim and account balances.

1/1/2009 - 12/31/2009
Switch Plan Year

Account Name	Employee Election	Deposit Posted To Date	Eligible Amount To Date	Claims Denied To Date	Claims Paid To Date	Remaining Claims Balance	Account Balance
Dependent Care							
FSA	\$1000.00	\$0.00	\$50.00	\$0.00	\$50.00	\$950.00	(\$50.00)
HRA							

Claims Entry

Name:	Betty Boop
SSN:	XXX-XX-0007
Employer:	EBR Sample Company

You may enter claims for any of the accounts listed below. Select the appropriate account to begin entering claims. After all claims are submitted for that account you may return to this page to choose another account.

Claims that are submitted through this site will be viewable within 24 hours on your online account. Please remember to submit your documentation so your claim can be processed timely, if not received your claim will be denied. Claims must be received by 5pm three business days prior to your scheduled processing day, for more information please review the reimbursement calendars located in the Forms Library on www.ebeneadmin.com or contact our Customer Service Department at 1-800-494-6804.

You will be able to Enter New or Edit Saved Claims

Enter New or Edit Saved Claims:

Service Date From:	<input type="text"/>		*	To:	<input type="text"/>		*
Plan:	FSA 1/1/2009-12/31/2009		▼	*			
Claim Amount:	<input type="text"/>		*				
Claimant:	<input type="text"/>		*				
Provider:	<input type="text"/>						
<input type="button" value="Clear Fields"/>		<input type="button" value="Save Claim"/>		* required fields			

You must complete the Claim Information Box & each claim MUST be entered separately

1. Service From & To Date – this should normally be the same date
 - a. This will be the date services were rendered (date of your appointment, etc.)
 - b. For prescriptions this will be the “Fill Date”
2. Plan – select the desired benefit & year that your claim should be processed in
 - a. Unless your plan has a grace period the date(s) of service should always fall during your current plan year
3. Claim Amount – this is how much you are responsible for after insurance (if applicable) & how much you wish to have reimbursed back to you
4. Claimant – list the eligible family member (under this plan) that incurred this expense
5. Provider – this can be left blank or you may list the name of the provider or location of the purchase

Once your claim box is completed, select Save Claim ~ you will then see your claim in the Claims Awaiting Submission – there you may Edit or Delete any claims not submitted

Claims Awaiting Submission:

Service Period	Plan	Claim Amount	Claimant	Provider	Date Entered	
1/1/2009 1/1/2009	FSA 1/1/2009 - 12/31/2009	\$50.00	Betty	Walmart	7/21/2009	Edit Delete

Complete the Claim Information Box for each claim you wish to submit. When you are finished review the Claims Awaiting Submission to confirm all data is correct.

[Submit My Claims](#)

To send your online claim submissions to eBenefits, select

You will be required select the Claims Substantiation Method for which your documentation will be submitted (Mail, Fax, or Email), and you will be required to enter your account User Name and Password

Claims Entry

Name:	Betty Boop
SSN:	XXX-XX-0007
Employer:	EBR Sample Company

Read Carefully:

The undersigned participant in the plan certifies that all expenses, for which reimbursement of payment is claimed by submission of this form, were incurred during a period while the undersigned was covered under the companys cafeteria plan. The undersigned fully understands that he/she alone is responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned and that, unless an expense for which payment of reimbursement is claimed is a proper expense under the plan, the undersigned by be liable for payment of all related federal, state, or city income tax on amounts paid from the plan which relate to such expense.

Claim Substantiation Method:

▼

Fax (1-866-661-0885)
 US Postal (4740 Peach Street.Erie.PA.16509)
 E-Mail (claims@eBeneAdmin.com)

Claim Substantiation Method:

▼

Username:

Password:

[Submit Claims](#)
[Return to Claim Entry](#)

You may Select *Submit Claims* to finalize your submission or *Return to Claim Entry* to go back

The Submitted Claims screen will appear

Submitted Claims

Name:	Betty Boop
SSN:	XXX-XX-0007
Employer:	EBR Sample Company

These claims have been submitted to your plan administrator. Please print two copies of this page and include one when you mail in your claim substantiation documents to your administrator. Keep the second copy as a receipt for your records.

Date Signed:	7/21/2009
Proposed Substantiation Method:	E-Mail (claims@eBeneAdmin)
Number of Claims Submitted:	1

Service Period	Plan	Claim Amount	Claimant	Provider	Date Entered	Claim Number
1/1/2009 1/1/2009	FSA 1/1/2009 - 12/31/2009	\$50.00	Betty	Walmart	7/21/2009	WB2092020001

[Email A Copy To Me](#)

[Return to Claims Entry](#)

This page MUST be printed & sent along with your documentation before your claim can be processed. Claims are unable to be processed until all information is received. Once all data is received that will determine the reimbursement processing date for your claim.

[Email A Copy To Me](#)

If you select [Email A Copy To Me](#) you will receive a copy of the Submitted Claims web page sent to the email address you entered when you created your account

You may now go back to the Inquiry Menu and Select Claims Submitted to view your unprocessed claims submission

Claims Submitted

Name:	Betty Boop
SSN:	XXX-XX-0007
Employer:	EBR Sample Company

Listed below are the claims that have been submitted to your administrator, but not yet returned, and their current status.

<u>Claim Number</u>	<u>Account Type</u>	<u>Service From Date</u>	<u>Service To Date</u>	<u>Claim Amount</u>	<u>Claim Status</u>
WB2092020001	FSA	1/1/2009	1/1/2009	\$50.00	Signed
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Select the Claim Number to view more detail

<i>Claim Number</i>	<i>Claimant</i>	<i>Provider</i>	<i>Submitted</i>
WB2092020001	Betty	Walmart	

<i>Substantiation Method</i>	<i>Plan Year</i>	<i>Claim Status</i>
E-Mail (claims@eBeneAdmin)	1/1/2009 - 12/31/2009	Signed

Any questions should be directed to your HR department or by contacting eBenefits Customer Service department: customerservice@eBeneAdmin.com or 1-800-494-6804