

ONLINE CLAIM FILING and SECURE RECEIPT UPLOAD INSTRUCTIONS

Online Claim Filing with Secure Receipt Upload is the fastest way to file your claims for reimbursement. Before you begin, be sure to have the valid receipt(s) for your expenses handy. If you have your receipts saved on your computer, you can save yourself a trip to the fax machine or post office by using the online Secure Receipt Upload to submit them electronically. If you only have paper copies of your receipts, you can still file your claims online, and then send your receipts via efax, email or mail to Genesis.

Online Claim Filing

1. Login

Visit www.GenesisBenefits.net and click on Participant Login in the upper right corner. Choose your Login Type, based on what plan(s) you are enrolled in this year. If you currently have an account, you should continue to use your established username and password. The following default is for first time users:

USERNAME: Social Security Number (no dashes)
PASSWORD/PIN: Last 4 digits of Social Security Number
First time users will be prompted to choose a unique password for future use.

2. File Claims or Review Accounts

If you logged in to your America's VEBA account choose "Manage Claims" on the top of the left-hand menu to access the Claims Tool Kit; or, you may have logged in directly to the Claims Tool Kit based on your login type. Once on the File Claims homepage, you can view the accounts you are enrolled in, account balances, and claim history.

To file claims, either click on File Claims under the Accounts tab, or click on the File Claim link next to the Account Name on the Home page.

Genesis File Claims
Employee Benefits.

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS LINKS Peter Brady Logout

Welcome, Peter

Welcome to your single source for all you need to know about your pre-tax benefits. File claims, upload receipts, check payment status, view account balance and summary information, access important notifications about your account, and more!

If you have both a Medical FSA and a VEBA Health Savings Plan, you must use all of the funds in your Medical FSA before filing claims under your VEBA.

Account	Available Balance	Final Service Date	Final Filing Date	Actions
Medical FSA 7/1/2009-6/30/2010 FSA	\$4,000.00	6/30/2010	9/28/2010	File Claim View Claim History
VEBA Health Savings Plan	\$7,542.13	--	--	File Claim View Claim History
Dependent Care FSA 7/1/2009-6/30/2010 FSA	\$1,250.06	6/30/2010	9/28/2010	File Claim View Claim History

Questions?
Contact Genesis Customer Care Center at: (952) 653-4422 Or toll free at: (866) 678-8322 or CustomerCare@GenesisBenefits.net.

Accounts Profile Notifications Forms
[Account Summary](#) [Profile Summary](#) [Notification History](#)
[File Claims](#) [Dependents](#)
[Payment History](#)
[Election Summary](#)
[Plan Descriptions](#)

If you have a Medical FSA and a VEBA, you must file under the Medical FSA first, until the balance in that account is \$0.

Previous year's FSA and HRA & 105 claims can be filed using the drop down menu near the bottom of your screen (not pictured)

3. Enter Claim Information

Enter the information from your claim, completing all required fields, designated with an *

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File Claim: Medical FSA Claims Basket (0)

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) 10/01/2009

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:* Peter Brady [Add Dependent](#)

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:

[Calculate Total](#)

[Submit](#) [Cancel](#)

Receipts are required for all claims filed

The date must be formatted mm/dd/yyyy

Enter the number of miles you traveled for this product or service and the system will calculate your mileage reimbursement, based on the IRS designated reimbursement rate. A receipt is not required for mileage.

When Complete, click Submit

4. Enter Multiple Claims

If you are entering more than one claim, add additional claims by selecting "File New Claim". Then choose the plan from the drop down menu for the next claim and repeat step 3 above. You can see how many claims you have entered by viewing the Claims Basket in the upper right corner of the screen.

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS LINKS Peter Brady Logout

Claims Basket Claims Basket (1)

[File New Claim](#)

Date of Service	Plan	Type of Product/Service	Provider	Claim Amount	Approved Amount*
Update 10/1/2009	Medical FSA	Medical Services	Dr. Lisa Good	\$250.00	\$250.00 Remove
Total:				\$250.00	\$250.00

* 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.

[Submit](#) [Cancel](#)

The Claims Basket tracks the number of claims you have filed

File another claim here

5. Submit the Claims

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS LINKS Peter Brady Logout

Claims Basket Claims Basket (2)

File New Claim

	Date of Service	Plan	Type of Product/Service	Provider	Claim Amount	Approved Amount*	
Update	10/1/2009	Medical FSA	Medical Services	Dr. Lisa Good	\$250.00	\$250.00	Remove
Update	10/1/2009	Medical FSA	Prescription Medication Copay/Cost	CVS Pharmacy	\$35.00	\$35.00	Remove
Total:					\$285.00	\$285.00	

* 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.

Submit Cancel

Read and agree to the Terms and Conditions then check Submit the Claims Basket

6. Print or Save Confirmation

After you submit the Claims Basket, you will receive a confirmation page. Using the navigation buttons at the bottom of the screen, Print the confirmation page. **If you plan to upload your receipts electronically, you must save (or print to Adobe as a .pdf) this confirmation page on your computer. It has to be saved electronically to upload online.**

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS LINKS Peter Brady Logout

Claim Confirmation

Peter Brady
333221111
City of America

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

Secure Receipt Upload enables you to upload your confirmation and receipts directly to Genesis if you have your receipts saved electronically. Choose "Secure Receipt Upload" under the Links tab on the website to get started. You must have your confirmation saved electronically to use the Secure Receipt Upload. Choose PRINT CONFIRMATION below to save this page electronically, or print it to Adobe as a .pdf. If you do not have your receipts saved electronically, you can fax, email or mail them to Genesis using the contact information below.

Receipt(s) Required - Print this Page:

Print this confirmation, attach the required receipts and fax or mail to Genesis Employee Benefits, Inc. at one of the contacts listed below.

Fax: (866) 680-1413
Mail: PO Box 1578
Minneapolis, MN 55440
Email: CustomerCare@GenesisBenefits.net

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/Merchant	Recipient	Receipt Amount	Mileage Amount	Approved Amount*	Receipt Required
001091001P0000101	Medical FSA	10/1/2009	Dr. Lisa Good	Peter Brady	\$250.00	\$0.00	\$250.00	Yes
001091001P0000102	Medical FSA	10/1/2009	CVS Pharmacy	Peter Brady	\$35.00	\$0.00	\$35.00	Yes
Totals:					\$285.00	\$0.00	\$285.00	

* 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 30 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 Plan Account plan are audited by the IRS.

Print Confirmation

Trouble printing your confirmation? Get latest version of Adobe Reader at <http://www.adobe.com> or print from your browser by selecting File | Print in your browser menu.

If you have an email address on file with us, a confirmation of your claim submission will be emailed to you

Click "Print Confirmation" to either save an electronic copy of your confirmation or print it as a .pdf document that can be uploaded with your receipts

You can download Adobe Reader so you are able to print or save .pdf documents

7. Submit your Receipts

If you wish to send your receipts to Genesis electronically using the [Secure Receipt Upload](#), follow the instructions below. If you wish to send your receipts by fax, email, or mail, attach them to your printed Confirmation page from Step 6 and send them using the contact information on your Confirmation page.

Important Tips:

- To upload your receipts using [Secure Receipt Upload](#), you must have them saved electronically on your computer. Acceptable file formats for receipts include .pdf, .jpg, .jpeg, .gif, .tif, .tiff, and .png. Receipts sent in other file formats may be rejected.
- There are several ways to save claims electronically, including:
 - Scan your receipts using a scanner connected to your computer to create the file(s)
 - Download receipts like Explanations of Benefits (EOBs) directly from your healthcare provider's website
 - Take a digital picture of your receipts and save it on your computer.
- Each receipt must contain the date of service, product/service name or description, provider name, and recipient name (unless it is a store receipt for prescriptions or eligible over-the-counter items).
- Explanation of Benefits (EOB) documents from your health insurance provider contain all of the information necessary to substantiate your claims. *If you have an EOB for your expense, it is not necessary to send additional documentation.*
- You can scan and upload all of your receipts in one document or in multiple documents.
- Claims and valid Receipts must be received by Genesis by Wednesdays for reimbursement the following week on Friday. Please see the processing schedule for exceptions.

[See Next Page for Secure Receipt Uploading Instructions](#)

Secure Receipt Upload

1. After filing your claims online, click the Links tab and choose [Secure Receipt Upload](#) from the dropdown menu, or, go to www.GenesisBenefits.net and click on [Secure Receipt Upload](#) under the Resources tab.

2. Upload Your Confirmation and Receipts

Genesis Employee Benefits. Upload Receipts

Welcome

Before uploading Receipts, you must have both your **Claim Confirmation** and your **Receipts** saved electronically on your computer. Acceptable file formats for receipts include .pdf, .jpg, .jpeg, .gif, .tif, .tiff, and .png. Receipts sent in other file formats may be rejected. Please read the **Disclaimer and Terms** for more information.

Instructions

1. Enter the plan participant's name, organization, and email address.
2. Click Browse and find the Confirmation saved on your computer. Choose the file and click Open.
3. Click Browse and find the first receipt saved on your computer. Choose the file and click Open.
4. Repeat Step 3 for each receipt and then click "Submit Your Receipts".
5. If you have more than four receipts to upload, submit the first four then follow the prompt for additional submissions.
6. When you have finished uploading receipts, simply close the page.

*Full Name: ?

*Organization: ?

*Email: ?

*Confirmation: Browse... ?

*Receipt 1: Browse... ?

Receipt 2: Browse...

Receipt 3: Browse...

Receipt 4: Browse...

Submit Your Receipts

Questions?
Contact Genesis Customer Care Center at: (952) 653-4422 Or toll free at: (866) 678-8322 or CustomerCare@GenesisBenefits.net

Complete the plan participant's name, employer name, and email address

Browse your computer for the Claim Confirmation page you saved electronically and click Open to attach

Browse your computer for your first receipt and click Open to attach

Browse your computer and attach up to 3 additional receipts

Click Submit Your Receipts

3. Uploading more than 4 Receipts

You may add more receipts after you submit the first four, if necessary, by following the instructions above. When you have uploaded all receipts, simply close the [Secure Receipt Upload](#) browser window.

Questions?

Local Claims eFax: 952-460-1480
Toll-Free Claims eFax: 866-450-1480
Email: Claims@GenesisBenefits.net

Genesis Employee Benefits, Inc
PO Box 1578
Minneapolis, MN 55440-1578

Local Phone: 952-653-4422
Toll-Free Phone: 866-678-8322
CustomerCare@GenesisBenefits.net

Check the status of your claim online at www.GenesisBenefits.net. Choose Participant Login in the upper right corner.