

Managing Your Account Online: Filing a Claim for a Recurring Premium



WWW.CHARD-SNYDER.COM

Access Your Account

To file claims online, you will first need to log in to your account.

- Start by going to www.chard-snyder.com.
- Click the bright blue *Login* button in the upper right corner of the page.
- Your default user name is your social security or employee ID number, no dashes.
- Your default password is the last four digits of your social security or employee ID number.
- You will be asked to answer security questions and can change your user name and password after the first time you log in.
- If you have forgotten your Username or Password, please click on 'Forgot Username' or 'Forgot Password' links and follow the instructions to reset.
- If you have forgotten your security answers, please call Chard Snyder Customer Service at 800.982.7715 and they will be able to reset your security questions. They will not be able to tell you your Username and Password.



ACCESS YOUR FSA, HRA, HSA ADVANTAGE, TRP ACC	UNT(S)	VIEW YO EMPLOY	OUR EMPLOYEES' FSA, HRA, I	HSA ADVANTA	CE, TRP PLAN IN	F0 /
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Existing User?		New User?
Login to your account		Create your new username and passwo
Username	Forgot Username?	
Password	Forgot Password?	

Getting Started

On almost every page in the portal, you can find the *I Want To...* quick links. On some pages, like the *Home* tab, it is prominently displayed near the top of the left hand column. On most other pages you will find an *I Want To...* drop-down box in the upper right hand corner.

Use the *File A Claim* button to begin.



If you have any questions, please contact Chard Snyder Customer Service at:

> 513.459.9997 or 800.982.7715 askpenny@chard-snyder.com www.chard-snyder.com



Step 1-Create Reimbursement

The Create Reimbursement screen will default the Pay From field to 'Premiums' and the Pay To field to 'Me'. Leave these default settings as they are.

Please click on the button on the lower right of the screen that says 'Next'.

Home Dashboard	Accounts	Tools & Support	Statements & Notifications	Profile		I Want to 🔻
Available Balance	Accor	unts / Fi	le A Claim			
HRA Premium Reimbursem \$5,400.00 Plan Filing Rules	Online of account	Reimburser claims filing is you wish to u	ment a fast and easy way use and start filing!	r to file claims. Just c	lick the "File Claim" buttor	* Required
01/01/2017 - 12/31/2017 HRA Premium Reimbursem	Pay Fro	om *	Premiums		•	
	Pay To	* 0	Me		•	
	Based o	on your select	ion, you will be requ	esting a Claim Reimb	oursement.	
	Can	icel				Next

Step 2—Upload Documentation

Click on 'Upload Valid Documentation' to upload your premium statements. Please file separate claims for each type of premium.

Statements must be in a JPG, GIF, PNG or PDF format and cannot exceed 2 MB.

Click on the 'Submit' button after browsing and attaching required documentation.

When you return to the File a Claim screen, click the 'Next' button to continue.





Step 3-Claim Details

Start Date of Service: Please enter the first of the month that your premiums will start during the available plan year. Please note that if you enter a date outside of the available plan year, we cannot reimburse your claim.

End Date of Service: Enter the first of the month of the **last month** your premium will be incurred. If you are requesting a full year of benefits, please use 12/1/2018 as your 'End Date of Service'.

Amount: Enter the amount you would like to be reimbursed **for each month**. For example, if a monthly Premium Amount for Medicare Part D plan is \$100.00, please enter \$100.00.

Category: The Category field will always default to Insurance.

Type: Use the drop down arrow to select the type of premium for which you are requesting reimbursement. Again, please remember to enter one recurring claim for each premium type for which you are requesting reimbursement.

After you have entered the claim details, click on the 'Next' button located in the lower right of your screen to continue.



Home Dashboard	Accounts Tools & Support	Statements & Profile Notifications	I Want to 🔻
Available Balance	Accounts / File	A Claim	
HRA Premium Reimbursem \$5,400.00	Claim Details		* Required
Plan Filing Rules	Start Date of Service	1/1/2018	
01/01/2017 - 12/31/2017	End Date of Service *	12/1/2018	
HRA Premium Reimbursem	Amount *	\$ 100.00	
	Insurance Provider *	Express Scripts Medicare Part D	
	Category * 🕕	Insurance	
	Туре *	Medicare Part D 🔹	
	Summary		
	Pay From	Premiums	
	Рау То	Me	
	Documentation Uploade	ed Yes	
	Cancel	Previous	Next

Step 4—Transaction Summary

You will then be given a summary screen on which you can choose to file another claim or click on 'Submit' to file the claim for which you have already uploaded documentation.

Home Dashboard	Accounts Tools & Support	Statements & Notifications	Profile	
Available Balance	Accounts / T	ransaction Su	mmary	
HRA Premium Reimbursem \$5,300.00 **	Transaction Sum	mary (1)		
** Balance reflects claims not yet submitted	From	To Expense	Amount	Approved Amount
	HRA Premium Reimbursement	Me Medicare Part D	\$100.00	\$100.00 Remove Update
	Total Amount		\$100.00	\$100.00
	Cancel		Save for Later	Add Another Submit

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Step 5—Transaction Confirmation

Please make sure the final page states 'Confirmation' at the top. If it does, you have successfully filed a 'Recurring Premium Claim'.

Home Dashboard /	Accounts S	ools & Sta upport No	atements & otifications	Profile		
Available Balance	Account	s / Transa	action C	onfirm	ation	
HRA Premium Reimbursem \$5,300.00 ** ** Balance reflects claims not yet submitted	Confirmation Please click Successful	Confirmation Please click the "Receipts Needed" link below and upload your receipt(s). Successfully Submitted				
	From		То	Amount	Approved Amount	Receipt Status
	HRA Premiu	m Reimburseme	nt Me	\$100.00	\$100.00	Uploaded(1) Upload another Receipt
	Total Approv	ed Amount			\$100.00	

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Your tomorrow, today.



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