



Reimbursement Plan

Employer Administrative Guide: The Participant Experience



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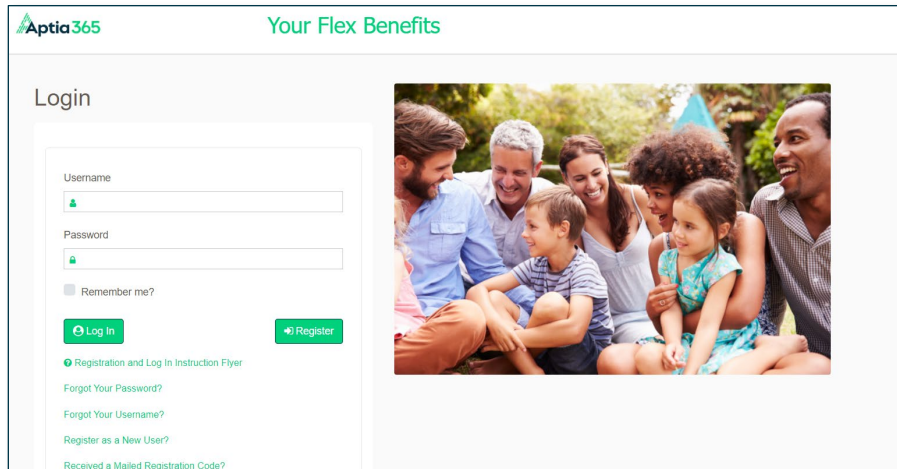
Table of Contents

- Participant Experience.....3
- Login.....3
- Home Screen Navigation4
- Account Information6
- Transactions9
- Deposits.....10
- Card Transactions.....11
- Manual Claims14
- How to Submit a Claim16
- FSA, HRA, Wellness, Transit, and Parking Claim Submission16
- HSA Claim Submission18
- How to Attach a Receipt to a Claim19
- Benefits Cards20
- How to Order Dependent Cards.....20
- Report a Card Lost or Stolen22
- How to View the Personal Identification Number (PIN).....23
- Communication/Alert Settings24
- Alert Notifications24
- Resources.....26
- Direct Deposit Setup26
- Mobile App Registration27

Participant Experience

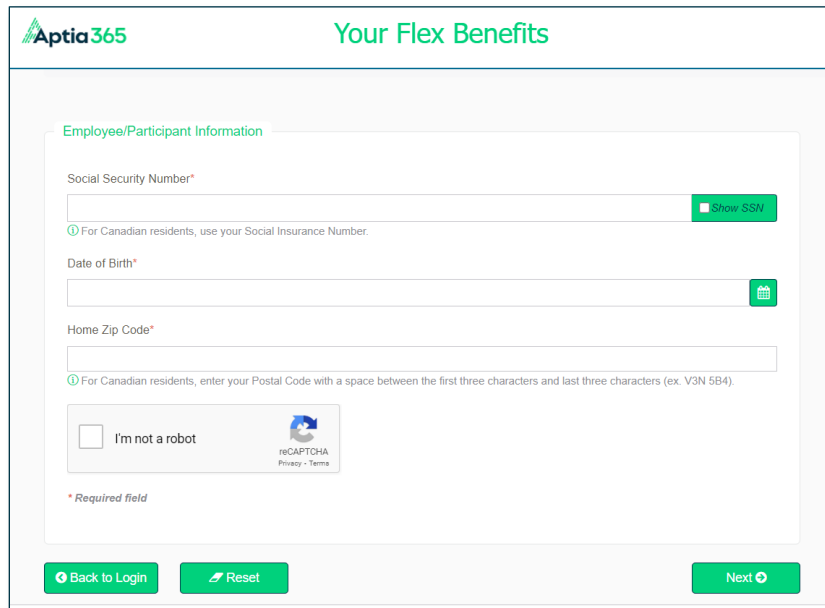
Login

To access the reimbursement participant website, Your Flex Benefits, participants log in to www.yourflexbenefits.aptia365.com. First-time users must register and create a secure Username and Password by clicking the Register Now button.



Participants must complete the following steps to complete the registration process:

- Enter their Social Security Number, birth date, and home zip code
- Establish login credentials (Username and password)
- Define security questions and answers (password recovery)
- Enter the CAPTCHA code
- Save Registration

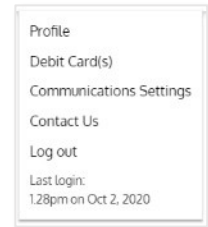
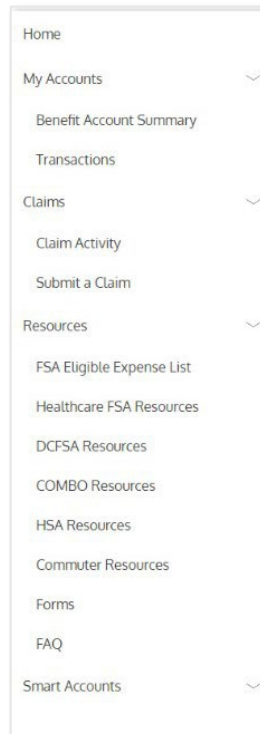


Once registration is complete, participants will enter their login credentials to access the system and select the Reimbursement Plan Account(s) tile.

Home Screen Navigation

From the left menu of the home page, participants have quick access to account management tools.

- Home Screen Return
- My Accounts
 - Benefit Account Summary
 - Transactions
- Claims
 - Claim Activity
 - Submit a Claim
- Resources
 - Various educational communications
 - FAQs
 - Forms
- Smart Accounts
- Alerts (upper right)
- User Profile (upper right)
 - Debit Cards
 - Communication Settings
 - Contact us
 - Log Out
 - Last login info



Over 4,000 essentials, all guaranteed FSA eligible, and sure to keep you healthy.



[See What's Eligible](#)

Mercer Marketplace 365 is now Aptia365!
Aug 1, 2024

Dependent Benefits Card Information
Jan 26, 2024

Looking for your HSA Tax Forms?
Dec 28, 2023

Mobile App - Easy Registration Instructions
Aug 24, 2022

My Accounts

Plan years to show: Previous Current Future

Health Savings Account Active *****151

\$2,858.65

Available \$2,858.65 Investment \$0.00

Go Green! Opt in for electronic delivery of HSA tax forms and to avoid a yearly fee of \$1.50
[Tax Forms](#)

VIEW MORE ACCOUNTS

Direct Deposit Options

Add your bank account for direct deposit reimbursement [+](#) ADD

Need to designate your HSA Beneficiaries?
View and assign Beneficiaries by navigating to your account summary page. [Learn More](#)

Avoid HSA Fees! Go Green!

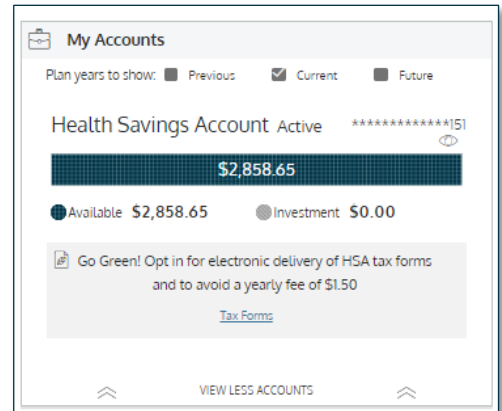
Go Green! Opt in for electronic delivery of HSA account statements and tax forms to avoid a fee of \$1.50 per document
[Tax Forms](#)

From the Participant Dashboard, participants see the following information:

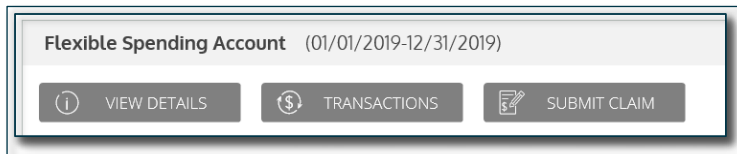
- Global Alerts (if applicable, set at the employer level)
- Account Information (Plan, Plan Year, Annual Election, Balance, Amount Spent)
- Recent Transactions (Amount, Plan, Status, Date)
- Alerts
- Direct Deposit Setup
- Submit a Claim
- Get Assistance

Account Information

Participants have access to account details through the Your Accounts feature of the Personal Dashboard. Participants can filter by previous, current, or future plan years. The home screen display shows the annual election, available balance, and amount spent. For Health Savings Accounts, the home screen display includes the total balance, available (cash) balance, investment balance, the HSA account number, and a link to HSA Statements. Participants can click on the account to view the Account Details page.

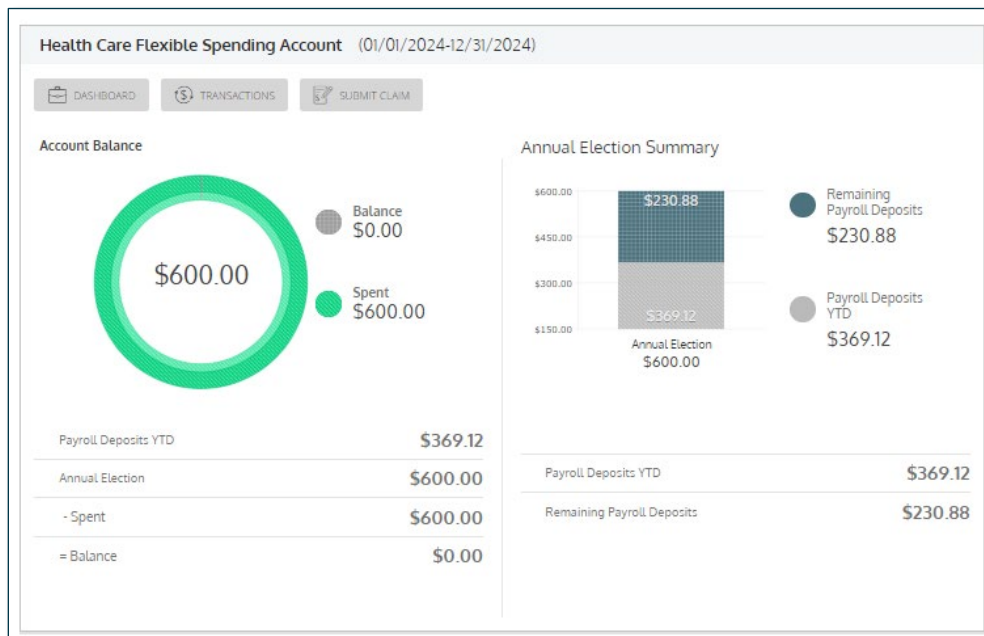


The Account Details page displays quick links to Account Listing, Transactions, and Submit a Claim features.



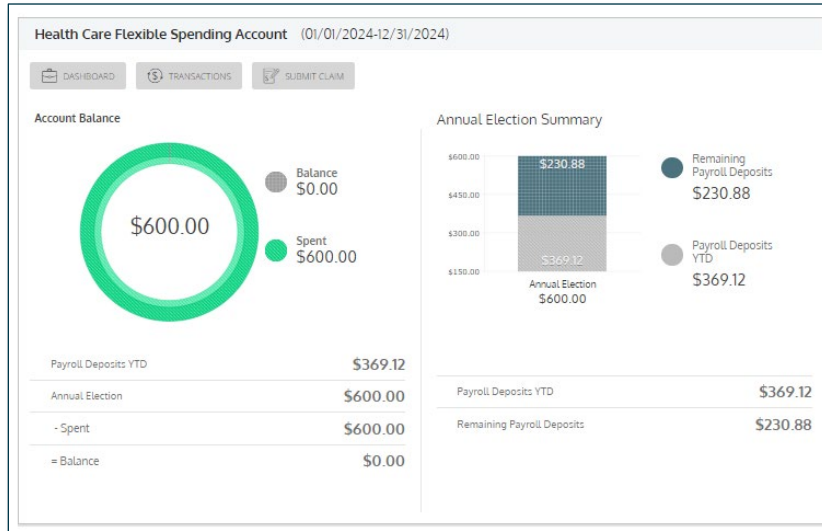
The Account Balance section displays the following information:

- Annual Election
- Available Balance
- Amount Spent



The Annual Election Summary section displays the following information:

- Annual Election
- Remaining Payroll Deposits
- Payroll Deposits YTD
- Payroll Cycle



The Family Details section displays the following information:

- Family Member Name
- Family Member Status

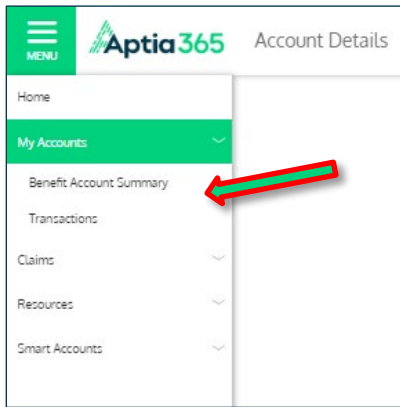
Family Details	
The following family members are linked to this account:	
Name	Current Status
Amy Phillips *	Active
*This participant is the primary account holder.	

The Deadlines section displays the following information

- Your Start Date
- Your End Date
- Last Day for Spending
- Last Day to Submit Claims



The Benefit Account Summary page is accessed through the Benefit Account Summary link from the My Accounts drop-down menu or through the Accounts List button in the Account Details page.



The Benefit Account Summary page displays the following information:

- Account Balance
- Account Summary
- Deadlines
- View Details Link
- Transactions Link
- Submit Claim Link

Choose which account to view (Accounts of Selected Period will be Populated)

Current ~

- All
- Current
- Previous
- Future

Health Care Flexible Spending Account (01/01/2024-12/31/2024)

VIEW DETAILS | TRANSACTIONS | SUBMIT CLAIM

Account Balance

Balance \$0.00
Spent \$600.00

Account Summary

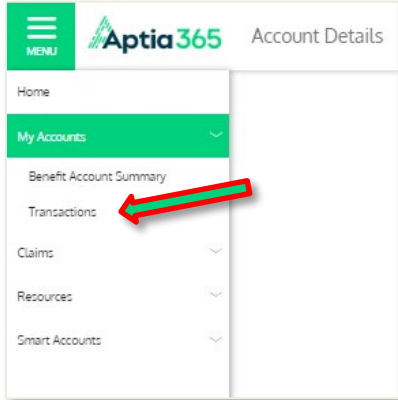
Payroll Deposits YTD	\$369.12
Annual Election	\$600.00
- Spent	\$600.00
= Balance	\$0.00

Deadlines

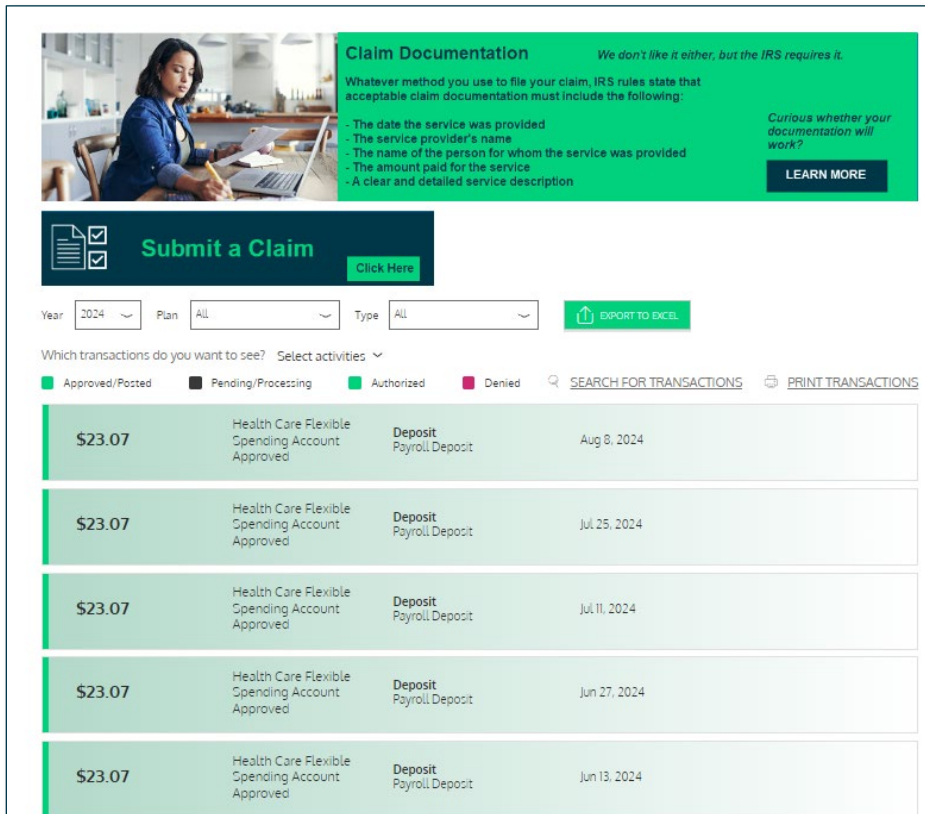
Plan Start Date	Jan 1, 2024
Plan End Date	Dec 31, 2024
Last Day for Spending	Dec 31, 2024
Last Day to Submit Claims	Mar 31, 2025

Transactions

Participants can access transactional information through the Transactions link within the My Accounts drop-down menu. Recent transactions are displayed on the Personal Dashboard also.



Participants can filter by plan year, plan type, transaction type (Deposit, Claim, Card, Other), and transaction status (Approved/Posted, Pending/Processing, Denied).



Claim Documentation *We don't like it either, but the IRS requires it.*
Whatever method you use to file your claim, IRS rules state that acceptable claim documentation must include the following:

- The date the service was provided
- The service provider's name
- The name of the person for whom the service was provided
- The amount paid for the service
- A clear and detailed service description

Curious whether your documentation will work? [LEARN MORE](#)

Submit a Claim [Click Here](#)

Year: 2024 Plan: All Type: All [EXPORT TO EXCEL](#)

Which transactions do you want to see? Select activities

Approved/Posted Pending/Processing Authorized Denied [SEARCH FOR TRANSACTIONS](#) [PRINT TRANSACTIONS](#)

\$23.07	Health Care Flexible Spending Account Approved	Deposit Payroll Deposit	Aug 8, 2024
\$23.07	Health Care Flexible Spending Account Approved	Deposit Payroll Deposit	Jul 25, 2024
\$23.07	Health Care Flexible Spending Account Approved	Deposit Payroll Deposit	Jul 11, 2024
\$23.07	Health Care Flexible Spending Account Approved	Deposit Payroll Deposit	Jun 27, 2024
\$23.07	Health Care Flexible Spending Account Approved	Deposit Payroll Deposit	Jun 13, 2024

Participants can search for transactions using the Search for Transactions link.

Which transactions do you want to see? Select activities ▾

Approved/Posted Pending/Processing Authorized Denied

[SEARCH FOR TRANSACTIONS](#) [PRINT TRANSACTIONS](#)

Date Range

From

To

Amount

From \$

To \$

Status

Claim #

Deposits

Within the transaction display, participants can view the following information:

- Amount
- Account Type
- Status (Approved, Denied, etc.)
- Transaction Type
- Date

Participants can view additional information by clicking on the transaction. The following additional details are displayed:

- Description
- Claimant
- Plan Start and Plan End Dates

(\$28.00)	Flexible Spending Account Approved	Claim SAMPLE 00	Mar 22, 2024
Claim Details Service Start Date Mar 22, 2024 Service End Date Mar 22, 2024 Service Code Detail Description Claimant Amy Phillips Claim #		RECEIPTS  PRINT No receipts to display.	
Adjudication Details Total \$28.00 Pended - \$0.00 Denied - \$0.00 Excluded - \$0.00 Eligible = \$28.00 Offset - \$0.00 On Hold - \$0.00 Approved = \$28.00			
Reimbursement Details Reimbursement Date Mar 22, 2024 Reimbursement Method Check Check/Trace # 63			
Plan Details Account Flexible Spending Account Plan Start Date Jan 1, 2024 Plan End Date Dec 31, 2024			

Card Transactions

Within the transaction display, participants can view the following information:

- Amount
- Account Type
- Status (Approved, Denied, etc.)
- Transaction Type
- Date


Participants can view additional information by clicking on the transaction. The following additional details are displayed:

- Date of Service
- Description
- Claimant
- Account Type
- Plan Start and End Dates
- Merchant Name
- Total
- Total Approved
- Ineligible Amount

- Ineligible Reason
- Copy of Receipt (if applicable)

(\$1.00)	Combination FSA Approved	Card	Aug 17, 2017	
Date Of Service	Aug 17, 2017		RECEIPTS	PRINT
Description	CARD - POST		No receipts to display.	
Claimant	Mercer Test			
Account Type	LP2			
Plan Start Date	Jan 1, 2017			
Plan End Date	Dec 31, 2017			
Merchant Name				
Total	\$1.00			
Total Approved	(\$1.00)			
Ineligible Amount	\$0.00			
Ineligible Reason				


(\$57.00)	Flexible Spending Account Denied	Claim Glasses	Jul 15, 2024	
Claim Details			RECEIPTS	PRINT
Service Start Date	Jul 3, 2024		Jul 11, 2024	
Service End Date	Jul 3, 2024			
Service Code	GLASSES			
Detail Description	Glasses			
Claimant	Amy Phillips			
Claim #	443526			
Reason For Denial	0002 - Resubmission required. Documentation is not legible/cannot be opened.			
Denial Comment				
Adjudication Details				
Total	\$57.00			
Pended	- \$0.00			
Denied	- \$57.00			
Excluded	- \$0.00			
Eligible	= \$0.00			
Offset	- \$0.00			
On Hold	- \$0.00			
Approved	= \$0.00			
Reimbursement Method	Check			
Plan Details				
Account	Flexible Spending Account			
Plan Start Date	Jan 1, 2024			
Plan End Date	Dec 31, 2024			

(\$2. ⁰⁰)	Flexible Spending Account Resolved Offset	Card	Aug 1, 2017
Date Of Service	Aug 1, 2017		RECEIPTS  PRINT
Description	CARD - POST		No receipts to display.
Claimant	Mercer Test		
Account Type	FSA		
Plan Start Date	Jan 1, 2017		
Plan End Date	Dec 31, 2017		
Merchant Name			
Reason For Denial	0008 - Ineligible Expense/Fee/Service (Denied)		

Helpful Tips:

If a card transaction is in a pending status, the participant can upload the receipt to the transaction using the Add Receipt link.

(\$8. ⁰⁰)	Dependent Care Account Denied	Card	Sep 25, 2017
Date Of Service	Sep 25, 2017		RECEIPTS  PRINT
Description	CARD - AUTH		No receipts to display.
Claimant	Mercer Test		
Account Type	DCA		
Plan Start Date	Jan 1, 2017		
Plan End Date	Dec 31, 2017		
Merchant Name			

(\$2. ⁰⁰)	Flexible Spending Account Resolved Offset	Card	Aug 1, 2017
Date Of Service	Aug 1, 2017		RECEIPTS  PRINT
Description	CARD - POST		No receipts to display.
Claimant	Mercer Test		
Account Type	FSA		
Plan Start Date	Jan 1, 2017		
Plan End Date	Dec 31, 2017		
Merchant Name			
Reason For Denial	0008 - Ineligible Expense/Fee/Service (Denied)		

Helpful Tips:

If a card transaction is denied at the point of sale, the reason for the denial is not displayed. If a card transaction is approved at the point of sale but deemed ineligible based on the documentation provided, the reason for the denial is displayed.


Manual Claims

Within the transaction display, participants can view the following information:

- Amount
- Account Type
- Status (Approved, Denied, etc.)
- Transaction Type
- Date

Participants can view additional information by clicking on the transaction. The following additional details are displayed:

- Service Start and End Dates
- Service Code
- Detail Description
- Claimant
- Claim Number
- Adjudication Details
- Reimbursement Details
- Plan Details
- Copy of Receipt

(\$50.⁰⁰)	Transit Reimbursement Approved	Claim TRAIN PASS	Jul 29, 2019	
Claim Details			RECEIPTS	 PRINT
Service Start Date	Jul 1, 2019		No receipts to display.	
Service End Date	Jul 31, 2019			
Service Code				
Detail Description				
Claimant	Timothy Smith			
Claim #				
Adjudication Details				
Total	\$50. ⁰⁰			
Pended	- \$0. ⁰⁰			
Denied	- \$0. ⁰⁰			
Excluded	- \$0. ⁰⁰			
Eligible	= \$50. ⁰⁰			
Applied to Up Front Deductible	- \$0. ⁰⁰			
Offset	- \$0. ⁰⁰			
On Hold	- \$0. ⁰⁰			
Approved	= \$50. ⁰⁰			
Reimbursement Details				
Reimbursement Date				
Reimbursement Method	None			
Check/Trace #				
Plan Details				
Account	TRN			
Plan Start	Jul 1, 2017			
Plan End	Dec 31, 2199			

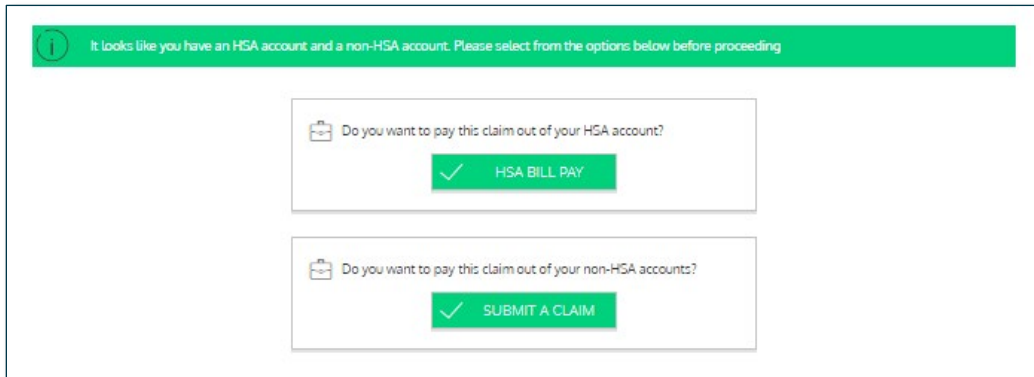
(\$85.12)	Flexible Spending Account Pended	Claim Purchase	Jun 21, 2019
Claim Details			RECEIPTS No receipts to display.
Service Start Date	Jun 20, 2019		ADD RECEIPT
Service End Date	Jun 20, 2019		PRINT
Service Code			
Detail Description			
Claimant	Timothy Smith		
Claim #	28358		
Reason For Pended	0003 - Insufficient documentation (Pended)		
Pended Comment	The documentation provided is missing multiple items that are required by the IRS regulations: Provider name, Date(s) service was incurred, Type or description of services, Patient/Dependent(s) name, and Amount/out-of-pocket cost.		
Adjudication Details			
Total	\$85.12		
Pended	- \$85.12		
Denied	- \$0.00		
Excluded	- \$0.00		
Eligible	= \$0.00		
Applied to Up Front Deductible	- \$0.00		
Offset	- \$0.00		
On Hold	- \$0.00		
Approved	= \$0.00		
Reimbursement Details			
Reimbursement Date			
Reimbursement Method	None		
Check/Trace #			
Plan Details			
Account	FSA		
Plan Start	Jan 1, 2019		
Plan End	Dec 31, 2019		

How to Submit a Claim

Participants can submit a claim by selecting the Submit a Claim link from the Claims drop-down menu.

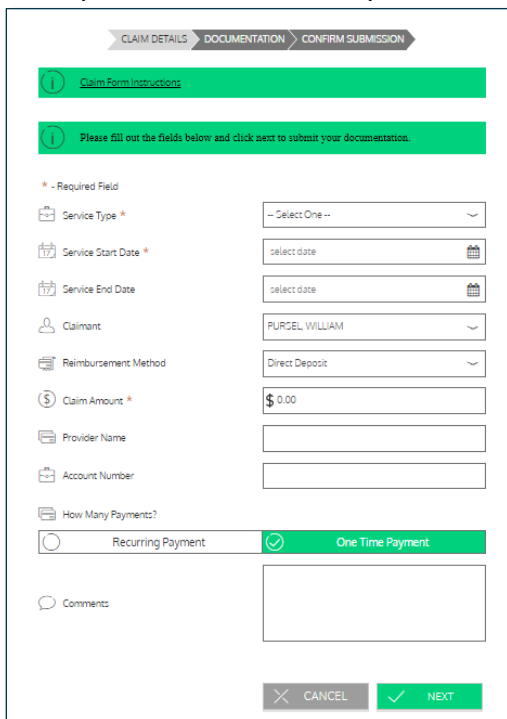


If the participant has an HSA and a Non-HSA account, the following message will appear:

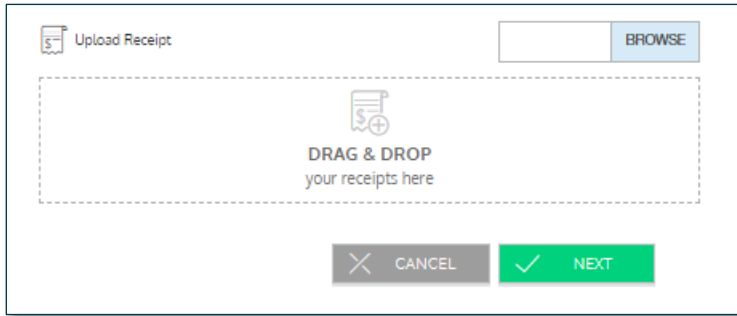
A screenshot of a confirmation message. At the top, a green banner with a white 'i' icon contains the text: "It looks like you have an HSA account and a non-HSA account. Please select from the options below before proceeding". Below this, there are two white boxes. The first box contains the question "Do you want to pay this claim out of your HSA account?" and a green button with a white checkmark and the text "HSA BILL PAY". The second box contains the question "Do you want to pay this claim out of your non-HSA accounts?" and a green button with a white checkmark and the text "SUBMIT A CLAIM".

FSA, HRA, Wellness, Transit, and Parking Claim Submission

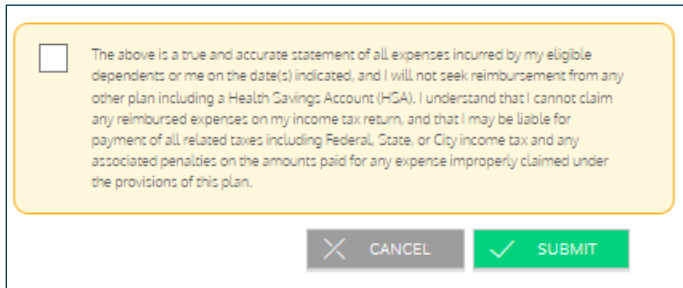
Participants will enter the required fields and use the drop-down menus where available.

A screenshot of a claim submission form. At the top, there are three tabs: "CLAIM DETAILS", "DOCUMENTATION", and "CONFIRM SUBMISSION". Below the tabs, there are two green banners with white text. The first banner says "Claim Form Instructions" and the second says "Please fill out the fields below and click next to submit your documentation." Below the banners, there is a list of fields with labels and icons. The fields are: "Service Type" (dropdown menu with "-- Select One --"), "Service Start Date" (date picker), "Service End Date" (date picker), "Claimant" (dropdown menu with "PURCEL WILLIAM"), "Reimbursement Method" (dropdown menu with "Direct Deposit"), "Claim Amount" (text input with "\$ 0.00"), "Provider Name" (text input), "Account Number" (text input), and "How Many Payments?" (radio buttons for "Recurring Payment" and "One Time Payment", with "One Time Payment" selected). At the bottom, there is a "Comments" text area and two buttons: "CANCEL" and "NEXT".

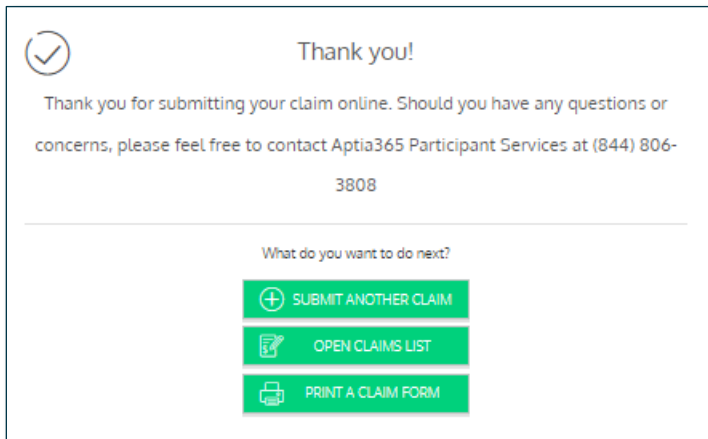
To upload receipts, participants can click the Browse button, locate the document and attach or use the Drag and Drop feature. Once attached, the document can be deleted using the trashcan icon.



Participants must attest to the legitimacy of the claim by checking the box and clicking Submit to complete the process.

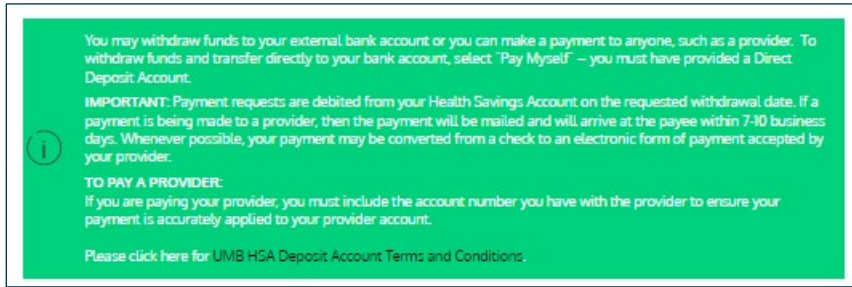


Participants will see a confirmation screen with the option to Submit Another Claim or Open Claims List.



HSA Claim Submission

To take a withdrawal or pay a bill from the HSA, participants select the Bill Pay from the HSA option. Participants can choose to have the payment directly issued to a third party or paid to themselves. The following message appears:



Participants must select the Pay Me option to be reimbursed directly. If Pay Me is selected, participants must choose direct deposit or physical check through the Deposit to my Account on File or Send Me a Check features.

Withdrawal Account * Health Savings Account

Your Payment Request

PaySomeoneElse PayMe

How would you like the funds to be sent to you?

Deposit to my account on file Send me a check

Deposit to

Bank Name JP Morgan Chase

Account Number *****1583

Routing Number *****1017

Amount * \$

[EDIT DEPOSIT ACCOUNT](#)

Participants can choose the disbursement frequency as one-time or recurring on a weekly or monthly basis. A date must be entered in the Send Out Payments On field. Participants have the option to enter a description in the Description box.

Payment Preferences

Once Weekly Monthly

Send out Payments on *

Description

Participants must attest by checking the attestation box and then click Submit to finalize.

I understand that payments will be made according to the [UMB HCA Deposit Account Terms and Conditions](#); that I have full responsibility to maintain documentation that substantiates my bill, payment requests are for qualified expenses; that payment requests for non-qualified expenses may have tax consequences for me; and Payments are deducted from my HCA Deposit account on the mail date and will arrive at the payee up to 7-10 business days later, depending upon mail time. I understand payments or distributions from my HCA account may be sent to and held by an external payment processor to be processed. Payments to providers may be converted from a check to an electronic form of payment.

Funds in your HCA Deposit Account are held at UMB Bank, n.a. Member FDIC. Funds in this account are insured by the FDIC to the maximum permitted by law. For additional disclosures and information, view our [UMB Healthcare Services Privacy Notice](#).

If the participant does not have sufficient funds in the account, an error message will appear.

Once complete, a confirmation message will appear.

How to Attach a Receipt to a Claim

Transactions requiring additional documentation are displayed in the Items that require your attention section of the Personal Dashboard. Claims are also displayed through the Claim Activity link in the Claims drop-down menu. To attach documentation to a claim, participants click the Add Receipt button.

Items that require your attention

(\$85.12) Needs Receipt

Claim

Date of Service: Jun 20, 2019
Date of Transaction: Jun 21, 2019
Claimant Name: Timothy Smith

Provider:

To upload receipts, participants can click the Browse button, locate the document and attach or use the Drag and Drop feature. To delete a document, participants click on the trashcan icon.

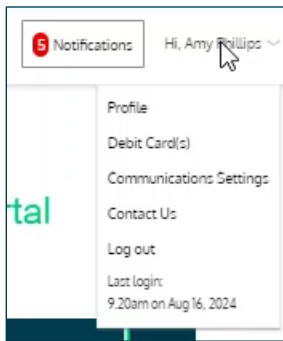
Upload Receipt

DRAG & DROP
your receipts here

Participants must attest to the legitimacy of the claim by checking the attestation box and clicking Submit to complete the process.

Benefits Cards

Participants can view the Benefits Cards on file through the credit card icon in the upper menu. The masked card number, card status and participant name are displayed.



The following additional information is available by clicking on the card:

- Issue Status
- Mailed Date
- Activate Date (date first used)
- Expiration Date
- Report Lost/Stolen Link
- Active Link (not required)
- View Pin Link



Helpful Tips:

Benefits Cards are activated upon the first transaction. Participants do not have to activate the card before using it.

How to Order Dependent Cards

When a participant card is issued, Benefits Cards are automatically issued to dependent spouses on file. If a Benefits Card was issued to a dependent but never received, participants should request a new card using the Report Lost/Stolen link within the Cards menu.

Participants can order a Benefits Card for their dependents through the User Profile page, accessed through the Username in the upper menu.

The User Profile page displays demographic information and allows participants to edit their reimbursement method or change their password.

If you need to update your home address, you must contact your employer. All benefits cards, including for family members, should be mailed to your home address. If you or your family member's shipping address needs to be updated to match your home address, you can submit a request online by clicking your name at the top right of this page and selecting 'Contact Us'. Please allow 3-5 business days for the update.

Change Picture

Amy Phillips

Date of Birth
Jul 11, 1952

Marital Status
None

Gender
None

Phone
Mobile Phone

Email Address: [Edit](#)
b***jr@tri-ad.com

Home Address
221 W. Crest St Suite 300
Escondido
CA, 92025
US

[Edit](#)

Employer
Stellar Technologies

Employee Status
Active

Reimbursement Method
Check

To add a family member, participants click Add Family Member.

Family Members [+ ADD FAMILY MEMBER](#)

Participants enter the required information and check the Issue Dependent Card box. Once complete, participants click Next.

Add Family Member

First Name * Last Name *

Initial

General Info

Relationship

Date of Birth *

SSN *

Gender *

Full-Time-Student Yes No

Phone

Use your primary address

Address 1 *

Address 2

City *

State *

ZIP *

Country *

Helpful Tips:

If the Issue Dependent Card box is not checked when a family member is added, participants must contact Participant Services to request a dependent Benefits Card.

Participants choose which account(s) the Benefits Card should be linked to by checking the applicable boxes. Then click Submit.

Account Linking X

Please un-check the benefit account(s) that a b will not have access to.





	Account	PlanStart date	PlanEnd date	PlanId	CardEligible
<input checked="" type="checkbox"/>	Health Care Flexible Spending Account	Jan 1, 2024	Dec 31, 2024	HCFSA	<input checked="" type="checkbox"/>

i No card will be issued.

Issue Dependent Card?

X CANCEL
← EDIT
✓ SUBMIT

Once complete, the dependent will be listed in the Family Members section of the User Profile.

Family Members	
	Dependent Test Spouse Or Common Law Spouse
	Lisa Test Unknown
	Dependent Test Unknown
	Sample Test Unknown

Report a Card Lost or Stolen

Participants can report their card(s) lost or stolen by clicking on the Report Lost/Stolen button within the card details.


Aptia365 (866) 268-0142 Cards

5 Notifications
 Hi, Amy Phillips ▼


**** -6941

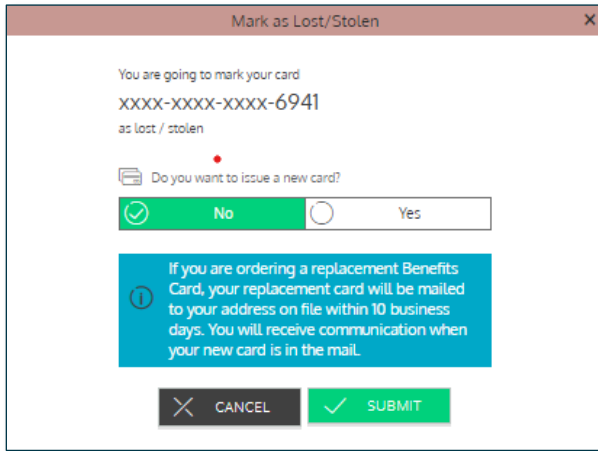
New
Ryan Phillips

✓ ACTIVATE
👁️ VIEW PIN

Issue Status:	Sent	Activation Date:	Jun 30, 2026
Mailed Date:	Jun 15, 2021	Expiration Date:	Jun 30, 2026

REPORT LOST / STOLEN

Participants must choose whether to have a new card issued. Participants click Submit to finalize the request.



Mark as Lost/Stolen

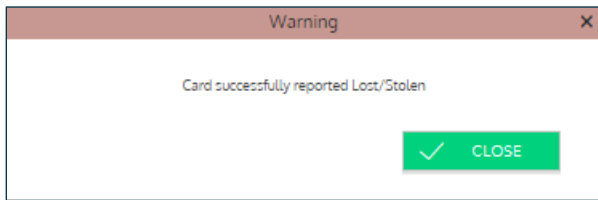
You are going to mark your card
XXXX-XXXX-XXXX-6941
as lost / stolen

Do you want to issue a new card?

No Yes

If you are ordering a replacement Benefits Card, your replacement card will be mailed to your address on file within 10 business days. You will receive communication when your new card is in the mail.

A confirmation page will appear.



Warning

Card successfully reported Lost/Stolen


How to View the Personal Identification Number (PIN)

Participants can view their Benefits Card PIN number by clicking on the View PIN button within the card details.



MENU Aptia365 (866) 268-0142 Cards Notifications Hi, Amy Phillips

Card Number	Status	Owner	Actions
**** -6941	New	Ryan Phillips	ACTIVATE VIEW PIN REPORT LOST / STOLEN
Issue Status:	Sent	Activation Date:	
Mailed Date:	Jun 15, 2021	Expiration Date:	Jun 30, 2026



Card Number	Status	Owner	Actions
**** -9732	New	Ryan Phillips	ACTIVATE 4767 REPORT LOST / STOLEN
Issue Status:	Issue	Activation Date:	
Mailed Date:		Expiration Date:	Sep 30, 2029

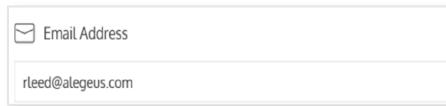
Communication/Alert Settings

Participants can update communication preferences through the gear icon in the upper menu.

Within the communications settings, participants can define the delivery method(s) for each alert communication they wish to receive. Delivery options are:

- Mobile (text)
- Email
- Both
- None

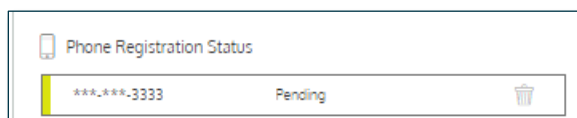
The default email address displayed is the participant's email address on file. The email address cannot be changed through the site.



Email Address
rteed@alegeus.com

Participants who wish to receive communications via mobile must enter a cellphone number and complete the registration process. A text message will be sent with registration instructions.

Once the registration is complete, the registration status changes to Registered. To stop mobile communications, participants can unregister the cell phone number or text STOP to 97487. To add a new cell phone number, participants delete the number on file using the trashcan icon and add the new phone number.



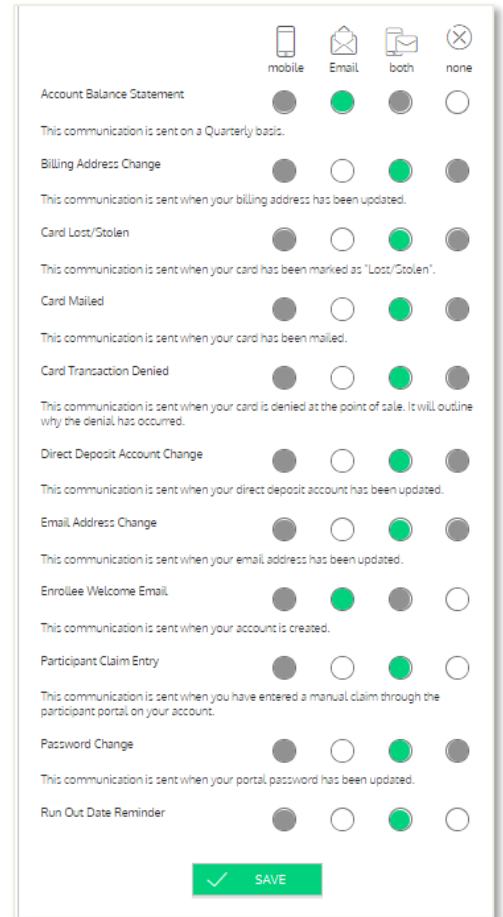
Phone Registration Status
--3333 Pending

Alert Notifications

Participants can access recent account alerts through the Notifications link in the top right near their name.



6 Notifications Hi, Amy Phillips



mobile Email both none

Account Balance Statement	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
This communication is sent on a Quarterly basis.				
Billing Address Change	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
This communication is sent when your billing address has been updated.				
Card Lost/Stolen	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
This communication is sent when your card has been marked as 'Lost/Stolen'.				
Card Mailed	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
This communication is sent when your card has been mailed.				
Card Transaction Denied	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
This communication is sent when your card is denied at the point of sale. It will outline why the denial has occurred.				
Direct Deposit Account Change	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
This communication is sent when your direct deposit account has been updated.				
Email Address Change	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
This communication is sent when your email address has been updated.				
Enrollee Welcome Email	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
This communication is sent when your account is created.				
Participant Claim Entry	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
This communication is sent when you have entered a manual claim through the participant portal on your account.				
Password Change	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
This communication is sent when your portal password has been updated.				
Run Out Date Reminder	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

SAVE

A sample notification:

Message Details x

Aug 16, 2024 10:39 am
noreply@tri-ad.Aptia365.com

UPDATE: Your Benefits Card was Reported Lost or Stolen

Administrator Name:	Aptia365
Administrator Address:	PO Box 424 Escondido, CA 92033
Employer Name:	Stellar Technologies

Cardholder Name	Card #	Card Lost/Stolen Date
Ryan Phillips	XXXXXXXXXXXX6941	8/16/2024

Dear Participant,

This is a courtesy email to let you know that your Aptia365 Benefits Card has been deactivated because it was reported lost or stolen. If you did not authorize this change, please contact our Participant Services Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

If you have ordered a replacement Benefits Card, it is on its way and will be sent to the address in your account profile.

Please log into the participant portal at www.yourflexbenefits.Aptia365.com and verify the address we have on record is correct. You will receive another communication when your new card is in the mail.

You will receive your replacement card in the mail within 10 business days in an unmarked white envelope (for security purposes). Until your card arrives, you may still request reimbursement for qualified purchases by submitting a claim through the Aptia365 participant portal or through the "Your Flex Benefits" mobile app.

If you have any questions, please contact our Participant Services, Monday through Friday from 8 am to 9 pm ET at (866) 268-0142.

Aptia365
PO Box 424
Escondido, CA 92033

🖨️ PRINT ✕ CLOSE

Participants can search for alerts using the magnifying glass icon and can filter to SMS (mobile) or email alert notifications.

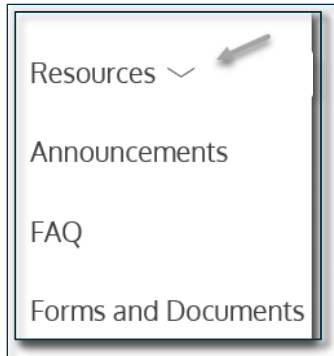
The alert date, type, and subject line are displayed.

Participants can click on an alert to view the content and are given the option to print the communication using the Print button.

Resources

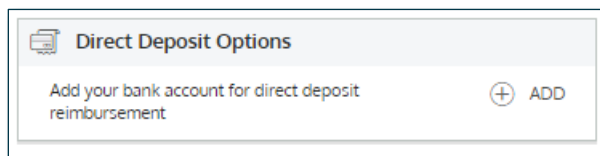
Through the Resources drop-down menu, participants can access the following:

- Global Announcement Page (set at the employer level)
- FAQ
- Forms and Documents



Direct Deposit Setup

Participants can choose to receive reimbursements by check or through direct deposit. Direct deposit can be set up through the Direct Deposit Options link on the Personal Dashboard or within the User Profile.



On the Reimbursement Method page, participants choose Check or Direct Deposit.

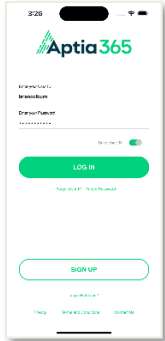
If Direct Deposit is chosen, participants will enter the required banking information (Bank Name, Routing Number, and Bank Account Number) and then click Save.

A screenshot of a web form titled 'Reimbursement Method'. At the top, there are two radio buttons: 'Check' (unselected) and 'Direct Deposit' (selected). Below this, the form is divided into two columns. The left column contains input fields for 'Bank Name *' (Santander Bank), 'Account *' (*****4339), 'Re-enter Account *', 'Account Routing *' (*****269), 'Re-enter Routing *', and 'Bank account type' (Checking). The right column contains a 'Check example' section with fields for 'Name', 'Address', 'Date', and 'Pay to the order of'. Below this is a table for 'Your bank' information: Routing Number (1233211231), Check # (234511), and Account Number (123456789123). A green callout box with a warning icon contains a 'Please note' message: 'The order of Routing, Account and Check numbers will vary from financial institution to financial institutions and will not necessarily be in the same order as shown above.' At the bottom, there are three buttons: 'CANCEL', 'EDIT', and 'CLOSE'.

Mobile App Registration

Participants can use the mobile application by downloading the app on an Apple or Android device and completing the registration process.

After downloading the application, participants click Register.



Participants will need to fill out all the required information to complete the mobile app registration.

Note: The employee ID and Employer ID/Benefits Card Number are required to complete registration. The Employee ID and Employer ID can both be found on the Welcome Email that is sent to the participant upon enrollment into the plan. The Employee ID is either the employee ID given to you by your employer or your full social security number with no dashes.

Participants will answer security questions and proceed through the authentication process. Once complete, participants can access their account(s) through the application. Touch ID can be enabled if the participant's device allows it.

