



**How to Login:**

1. Open your web browser (e.g. Internet Explorer) and log into the following website: <https://benstrat.navigatorsuite.com/>
2. **Login using the following:**

**Username:** Your username will be your first name initial followed by your full last name and the last four digits of your social security number (e.g. jdoe1234).

**Password:** *changeme*

If this is your first time logging into the system, use *changeme* as your password. You will then be instructed by the system to create a new and unique password.



**Login**

Username:

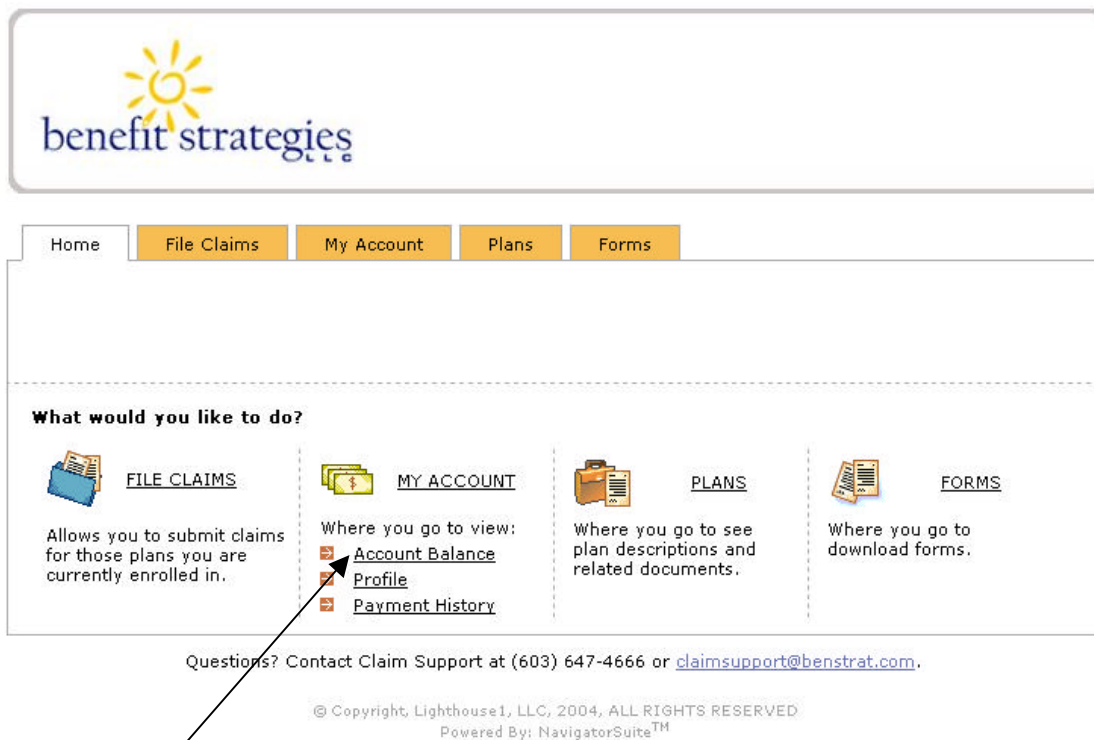
Password:

Questions? Contact Claims Support at (603) 647-4666 or [claimsupport@benstrat.com](mailto:claimsupport@benstrat.com).

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Powered By: NavigatorSuite™

## Account Balances

For your convenience, up-to-date account information may be accessed twenty-four hours a day via your personal log-in screen. Choose **Account Balance** to check the balance(s) of your account(s).



The screenshot shows the Benefit Strategies website interface. At the top is the logo with a sun icon and the text "benefit strategies". Below the logo is a navigation bar with tabs for "Home", "File Claims", "My Account", "Plans", and "Forms". The "My Account" tab is selected. Below the navigation bar is a section titled "What would you like to do?" with four columns:

- FILE CLAIMS**: Allows you to submit claims for those plans you are currently enrolled in.
- MY ACCOUNT**: Where you go to view:
  - [Account Balance](#)
  - [Profile](#)
  - [Payment History](#)
- PLANS**: Where you go to see plan descriptions and related documents.
- FORMS**: Where you go to download forms.

Below the "MY ACCOUNT" section, there is a line of text: "Questions? Contact Claim Support at (603) 647-4666 or [claimsupport@benstrat.com](mailto:claimsupport@benstrat.com)." At the bottom, there is a copyright notice: "© Copyright, Lighthouse1, LLC, 2004, ALL RIGHTS RESERVED" and "Powered By: NavigatorSuite™". An arrow points from the text below to the "Account Balance" link in the screenshot.

Alternatively, Account Balance information may be obtained by calling Toll Free 1-888-401-FLEX (3539) M-F between the hours of 8:00am to 5:00pm EST.

## Plan Information

Plan descriptions and plan documents may be viewed by clicking on **PLANS**.

The screenshot shows the Benefit Strategies website interface. At the top left is the logo for "benefit strategies" with a sun icon. Below the logo is a navigation bar with five tabs: "Home", "File Claims", "My Account", "Plans", and "Forms". The "Plans" tab is highlighted. Below the navigation bar is a section titled "What would you like to do?" with four columns of options:

- FILE CLAIMS**: Allows you to submit claims for those plans you are currently enrolled in.
- MY ACCOUNT**: Where you go to view:
  - Account Balance
  - Profile
  - Payment History
- PLANS**: Where you go to see plan descriptions and related documents. An arrow points from this section to the "Plan Information" text above.
- FORMS**: Where you go to download forms.

At the bottom of the screenshot, there is contact information: "Questions? Contact Claim Support at (603) 647-4666 or [claimsupport@benstrat.com](mailto:claimsupport@benstrat.com)." Below that is the copyright notice: "© Copyright, Lighthouse1, LLC, 2004, ALL RIGHTS RESERVED. Powered By: NavigatorSuite™".

Copies of these documents may also be attained through your employer.

## Filing a Claim

### Acceptable Methods for Filing Flexible Benefit Claims with Benefit Strategies, LLC:

- 1.) USPS Mail  
Benefit Strategies, LLC  
PO Box 1300  
Manchester, NH 03105-1300
- 2.) FAX  
(603) 647-4668
- 3.) Online claim submission, via your personal account log-in (see next page)

Forms for the first two methods can be found via your personal log-in screen:



The screenshot shows the Benefit Strategies website interface. At the top is the logo with a sun icon and the text "benefit strategies". Below the logo is a navigation bar with tabs for "Home", "File Claims", "My Account", "Plans", and "Forms". The "File Claims" tab is highlighted. Below the navigation bar is a section titled "What would you like to do?". This section contains four columns, each with an icon and a title: "FILE CLAIMS" (with a folder icon), "MY ACCOUNT" (with a wallet icon), "PLANS" (with a briefcase icon), and "FORMS" (with a document icon). Under "FILE CLAIMS" is the text "Allows you to submit claims for those plans you are currently enrolled in." Under "MY ACCOUNT" is the text "Where you go to view:" followed by a list of links: "Account Balance", "Profile", and "Payment History". Under "PLANS" is the text "Where you go to see plan descriptions and related documents." Under "FORMS" is the text "Where you go to download forms." A black arrow points from the bottom right of the page towards the "FORMS" icon. Below the "What would you like to do?" section is a line of text: "Questions? Contact Claim Support at (603) 647-4666 or [claimsupport@benstrat.com](mailto:claimsupport@benstrat.com)". At the bottom of the screenshot is the copyright notice: "© Copyright, Lighthouse1, LLC, 2004, ALL RIGHTS RESERVED. Powered By: NavigatorSuite™".

The forms are in .pdf format, requiring Adobe Acrobat Reader. You may download a free version of acrobat reader from the Adobe website below:

<http://www.adobe.com/products/acrobat/readstep2.html>

## STEPS to File Your Claim Online:

1. Click the **File Claims** tab or menu item



benefit strategies

Home File Claims My Account Plans Forms

**What would you like to do?**

**FILE CLAIMS**  
Allows you to submit claims for those plans you are currently enrolled in.

**MY ACCOUNT**  
Where you go to view:  
➤ [Account Balance](#)  
➤ [Profile](#)  
➤ [Payment History](#)

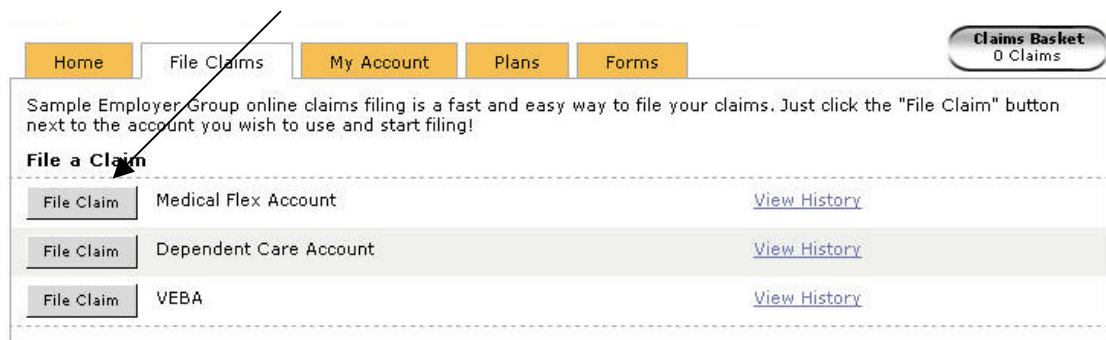
**PLANS**  
Where you go to see plan descriptions and related documents.

**FORMS**  
Where you go to download forms.

Questions? Contact Claim Support at (603) 647-4666 or [claimsupport@benstrat.com](mailto:claimsupport@benstrat.com).

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2. Click the **File Claim** button next to the plan for which you wish to file a claim.



Home File Claims My Account Plans Forms **Claims Basket**  
0 Claims

Sample Employer Group online claims filing is a fast and easy way to file your claims. Just click the "File Claim" button next to the account you wish to use and start filing!

**File a Claim**

<b>File Claim</b>	Medical Flex Account	<a href="#">View History</a>
<b>File Claim</b>	Dependent Care Account	<a href="#">View History</a>
<b>File Claim</b>	VEBA	<a href="#">View History</a>

3. **Enter your claim information** and **submit** the claim. Make sure you have valid receipt(s) for your expenses, as you will need to send these to Benefit Strategies, LLC via USPS mail or Fax.

Home File Claims My Account Plans Forms **Claims Basket**  
0 Claims

**Medical Flex Account**

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)

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:\*  Joe Sample  
 Kid Joe Sample  
 Mrs. Joe Sample

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:

*Make sure to click **Submit**.*

4. **ATTENTION:** If you have more than one claim you would like to file, you may choose to **Add a New Claim** from your claims basket.

The screenshot shows a web interface for a 'Claims Basket' containing 1 claim. At the top, there are navigation tabs: Home, File Claims, My Account, Plans, and Forms. A 'Claims Basket' badge in the top right corner indicates '1 Claims'. Below the navigation is an 'Add New Claim' button. The main content area features a table with the following data:

	Date of Service	Plan	Type of Product/Service	Provider	Claim Amount	Approved Amount*	
Update	3/7/2005	Medical Flex Account	Prescription medication co-pay/cost	Walgreen's Pharmacy	\$25.00	\$25.00	Remove
<b>Total:</b>					<b>\$25.00</b>	<b>\$25.00</b>	

Below the table, there is a disclaimer: "\* 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." This is followed by a section titled "Terms and Conditions" with an unchecked checkbox: "I have read and agree to the Terms and Conditions." A red instruction states: "You must choose to SUBMIT this basket in order to send these claims for processing." At the bottom, there are 'Submit' and 'Cancel' buttons. An arrow from the text above points to the 'Add New Claim' button.

5. Once all claims are entered, you must:

- 1) Agree to the **Terms & Conditions** (click on appropriate box) and
- 2) Commit the claim(s) by clicking **Submit**.

This screenshot is identical to the one above, but with two arrows pointing to specific elements. One arrow points to the checkbox under "Terms and Conditions" with the text "1) Agree to the Terms & Conditions (click on appropriate box) and". The second arrow points to the "Submit" button with the text "2) Commit the claim(s) by clicking Submit."

## 6. PRINT AND SEND CONFIRMATION WITH RECEIPTS!

The Confirmation page verifies that all claims have been successfully submitted!

You must print this page and mail it along with your receipts to:

Benefit Strategies  
PO Box 1300  
Manchester, NH 03105-1300

Or FAX to: (603) 647-4668

Home	File Claims	My Account	Plans	Forms
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**Joe Sample**  
**Sample Employer Group**  
**Order Number: SAM050307100011000**

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

Custom claim submission text goes here.

**Receipt(s) Required - Print this Page:**  
Print this confirmation, attach the required receipts and **fax or mail to Sample Administrator** at one of the contacts listed below.

**Fax:**  
**Mail:**  
**Email:**

*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	Receipt Amount	Mileage Amount	Approved Amount*	Receipt Required
SAM05030710001100010	Medical Flex Account	3/7/2005	Walgreen's Pharmacy	\$25.00	\$0.00	\$25.00	Yes
SAM05030710001100011	Dependent Care Account	3/1/2005 - 3/4/2005	Kinder Care	\$200.00	\$0.00	\$200.00	Yes
<b>Totals:</b>				<b>\$225.00</b>	<b>\$0.00</b>	<b>\$225.00</b>	

\* 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 60 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 Pre-tax Account plan are audited by the IRS.

Print Confirmation	Home	Logout
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### **Important Notes Regarding Claims:**

Regardless of the above method(s) used, all claim form documentation must be filled out **completely** and **truthfully**. Failure to comply with these instructions will result in a denial of your claim, which will be returned to you.

#### ***As a Reminder:***

For Healthcare Care Reimbursement Accounts, please keep in mind the following:

- a. COPIES of all third party documentation on 8 1/2 X 11 paper(s).
- b. *Keep ORIGINAL receipts for your tax records.*
- c. If filing online, you **MUST** submit copies of your receipt(s) by USPS Mail or Fax along with your printed confirmation page.
- d. Documentation **must clearly show all of the following:**
  - 1.) the **date** the expense was **incurred** (NOT the date paid),
  - 2.) the **provider** of services,
  - 3.) a **description of the service** and/ or expense, and
  - 4.) the **charge** for each service and amount paid or denied by insurance.

#### **Note:**

**Acceptable** documentation includes statements, itemized bills, and/ or insurance "Explanation of Benefit" forms.

**Unacceptable** forms of documentation are cancelled checks, credit card receipts, and balance forward statements.

For Dependent Care Reimbursement Accounts, please provide the following:

- a. Documentation must clearly show: dates of service, provider's name, and dependent's name.
- b. You will also be required to provide either the Taxpayer ID Number or Social Security Number of your Dependent Care provider(s).