NBS Participant How-To

Hello Benefit Participant,

Welcome to NBS! While we're working to get your benefit accounts and balances up and running in our system, we wanted you to know about the various resources you will have available to you as a participant client of National Benefit Services.

Enclosed you will find information regarding the following:

- **Participant Services Center**: Do you have questions? They have answers. Our participant services center is aware of the transition, and they will be your go-to for any questions or problems—both now and for as long as you have a benefit with NBS. They are available Monday-Friday, 6:00 a.m. to 6:00 p.m. MST via phone or email.

- **Employee Online Portal**: On our portal, you'll be able to check your account balances, view your transaction history, submit claims for reimbursement, report your benefits card lost or stolen, and much more. The handout here explains how to register and login to your online account.

- **Mobile App**: Yes, we have an app! Available for free on both the App Store for iPhones and Google Play for Androids, the mobile app is a mini-version of our online portal where you'll be able to see your account balances, access our contact information, and even submit claims using the camera on your device. (**Note:** *you need to register online before you can use the app.*)

- **Healthcare Sample Expenses**: Not sure where to use your FSA funds? This list covers the most common expenses. You may be surprised how flexible your benefit is.

- **Direct Deposit Info**: At NBS, we will send your reimbursement for manual claims directly to you rather than adding the step of having your employer process the funds. For even quicker and more convenient reimbursement, you can submit your direct deposit information. We'll deposit your reimbursements right into your bank account instead of sending a check in the mail.

- **Claim Forms**: Do you prefer to use claim forms instead of an online portal or mobile app? That's no problem. You can send in a traditional claim form with the necessary documentation via mail, fax, or email. Within 48 hours of claim receipt (via any method), we will process your claim and reimbursement if all required documentation is provided.

If you have any questions or need more information, please don't hesitate to contact our Participant Services Center or your HR representative. Thanks!

Multiple Resources to Help You

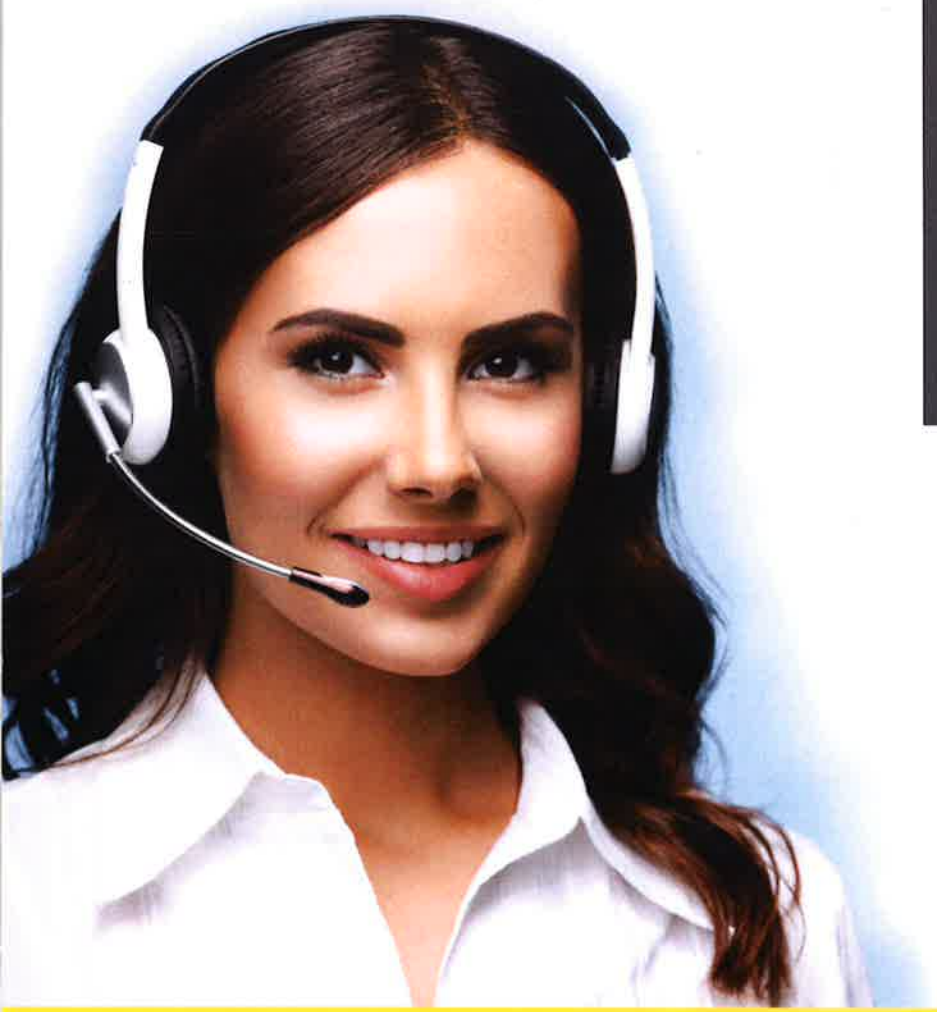
Manage Your Account

Does managing your new HSA, FSA, or HRA sound complicated? Don't worry, our dedicated service center is available to help with any of your individual needs including accessing your account or requesting new debit cards.

We look forward to serving you!

Hours of Operation: 6:00 a.m. - 6:00 p.m. MST Mon - Fri
Phone: (855) 399-3035
Fax: (844) 438-1496
Email: service@nbsbenefits.com

Our IVR is accessible 24/7 for account balance information.



For Self-Service

Visit my.nbsbenefits.com

- View account balances
- Access transaction history
- Submit Claims
- Send receipts for debit card transactions
- Pay Providers
- Report and re-issue lost or stolen Benefits Cards

Or download the NBS Mobile App

Download on the App Store | GET IT ON Google Play

First Time Login

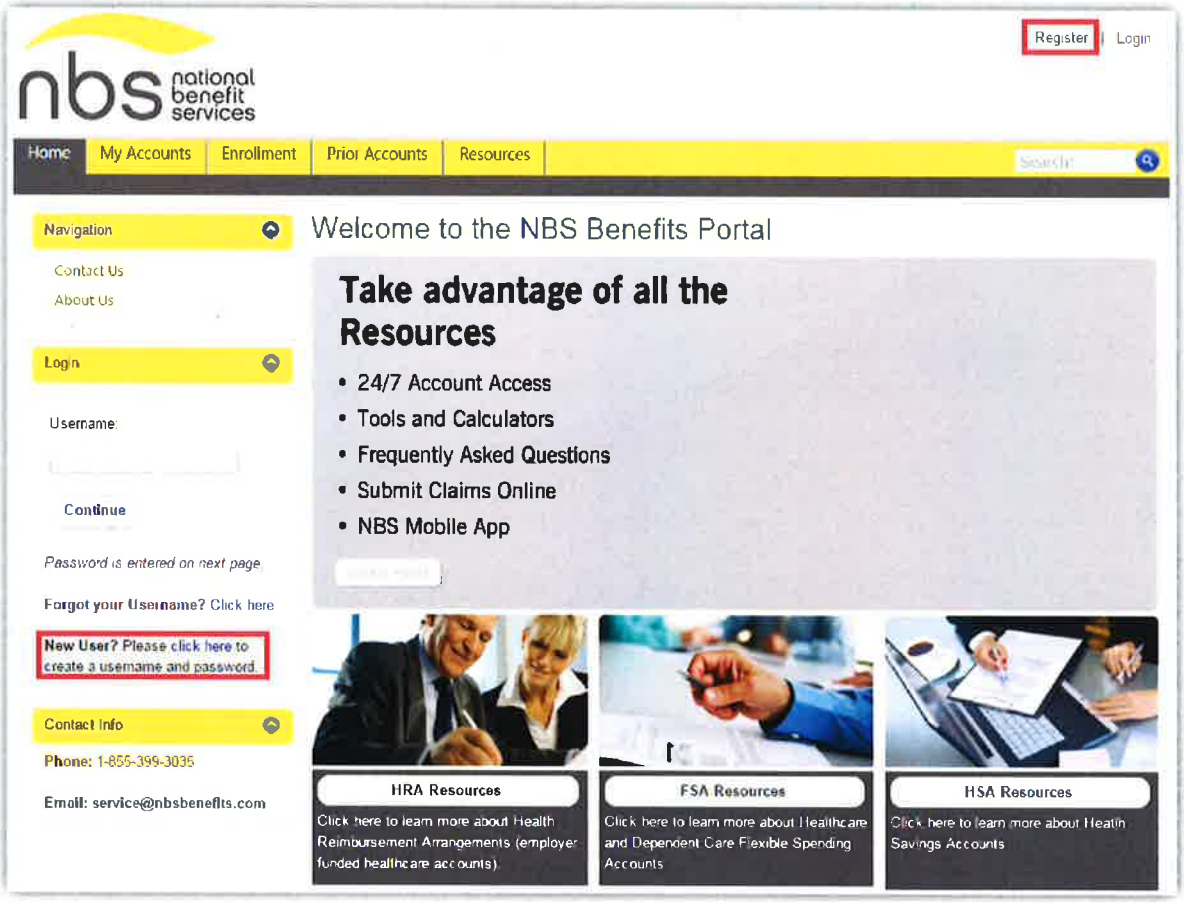
NBS Web Portal

How Do I Access My Online Account?

Registering for and logging into your account online is easy. Just follow the instructions below.

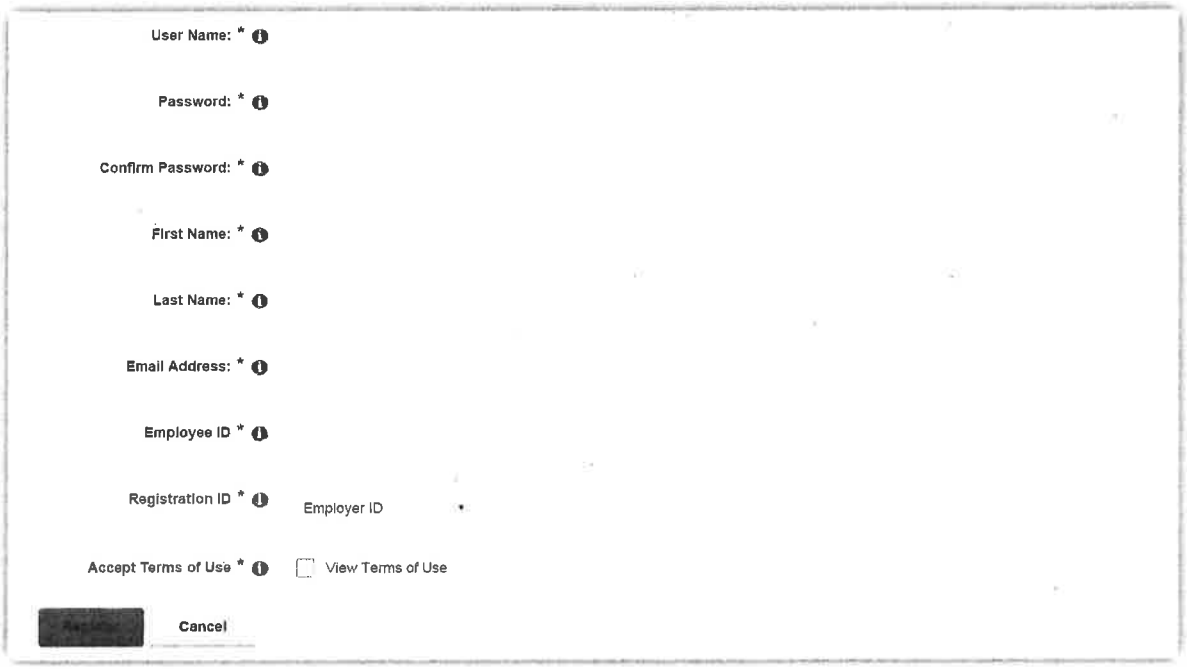
1 Get to the website

- Using your Internet browser, navigate to: http://my.nbsbenefits.com
- Click "Register" in one of the two locations on the home page. (Highlighted in red below.)



2 Complete the required fields of the registration form

- Username and password
- Personal information - name and email address
- Employee ID: Please enter your **Social Security Number**
- Employer ID OR NBS Benefits Card Number.
  - Employer ID is a 9 digit code given to you in your welcome email from NBS, or may be obtained through your employer or by contacting NBS at (855) 399-3035
- Accept the Terms of Use
- After completing all required fields, click "Register"



If you have questions, please call

(800) 274-0503

Making it Easy

NBS Mobile App

When you're on the go, save time and hassle with the NBS Mobile App.

Submit claims, check your balances, view transactions, and submit documentation using your device's camera.

Easy and convenient

- Designed to work just as other iOS and Android apps which makes it easy to learn and use.
- Shares user authentication with the NBS portal. Registered useres can download the app and log in immediately to gain access to their benefit accounts, with no need to register their phone or your account.

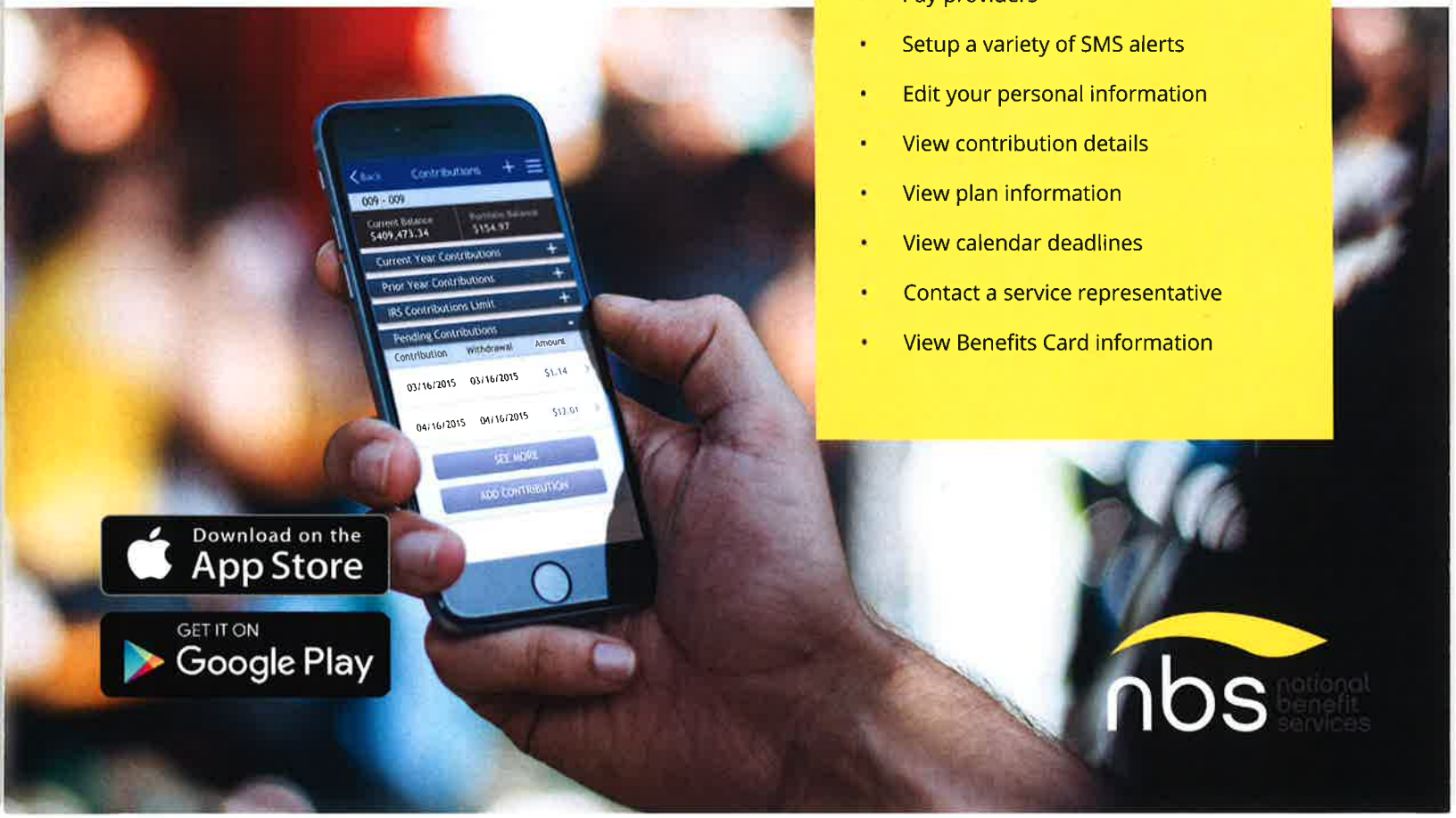
It's secure

- No sensitive account information is ever stored on your mobile device and secure encryption is used to protect all transmissions.

Mobile app features

The NBS mobile app supports a wide variety of features, empowering you to proactively manage your account.

- View account balances
- View claims
- View reimbursement history
- Submit claims
- Submit documentation using your device's camera
- Pay providers
- Setup a variety of SMS alerts
- Edit your personal information
- View contribution details
- View plan information
- View calendar deadlines
- Contact a service representative
- View Benefits Card information



Healthcare Expense Account

Sample Expenses

Medical expenses

- Acupuncture
- Addicition programs
- Adoption (medical expenses for baby birth)
- Alternative healer fees
- Ambulance
- Body scans
- Breast pumps
- Care for mentally handicapped
- Chiropractor
- Copayments
- Crutches
- Diabetes (insulin, glucose monitor)
- Eye patches
- Fertility treatment
- First aid (i.e. bandages, gauze)
- Hearing aids & batteries
- Hypnosis (for treatment of illness)
- Incontinence products (i.e. Depends, Serene)
- Joint support bandages and hosiery
- Lab fees
- Monitoring device (blood pressure, cholesterol)
- Physical exams
- Pregnancy tests
- Prescription drugs
- Psychiatrist/psychologist (for mental illness)
- Physical therapy
- Speech therapy
- Vaccinations
- Vaporizers or humidifiers
- Weight loss program fees (if prescribed by physician)
- Wheelchair

Dental expenses

- Artificial teeth
- Copayments
- Deductible
- Dental work
- Dentures
- Orthodontia expenses
- Preventative care at dentist office
- Bridges, crowns, etc.

Vision expenses

- Braille - books & magazines
- Contact lenses
- Contact lens solutions
- Eye exams
- Eye glasses
- Laser surgery
- Office fees
- Guide dog and upkeep/other animal aid

Items that generally do not qualify for reimbursement

- Personal hygiene (deodorant, soap, body powder, sanitary products)
- Addiction products
- Allergy relief (oral meds, nasal spray)
- Antacids and heartburn relief
- Anti-itch and hydrocortisone creams
- Athlete's foot treatment
- Arthritis pain relieving creams
- Cold medicines (i.e. syrups, drops, tablets)
- Cosmetic surgery
- Cosmetics (i.e. makeup, lipstick, cotton swabs, cotton balls, baby oil)
- Counseling (i.e. marriage/family)
- Dental care - routine (i.e. toothpaste, toothbrushes, dental floss, anti-bacterial mouthwashes, fluoride rinses, teeth whitening/bleaching)
- Exercise equipment
- Fever & pain reducers (i.e. Aspirin, Tylenol)
- Hair care (i.e. hair color, shampoo, conditioner, brushes, hair loss products)
- Health club or fitness program fees
- Homeopathic supplement or herbs
- Household or domestic help
- Laser hair removal
- Laxatives
- Massage therapy
- Motion sickness medication
- Nutritional and dietary supplements (i.e. bars, milkshakes, power drinks, Pedialyte)
- Skin care (i.e. sun block, moisturizing lotion, lip balm)
- Sleep aids (ie.e oral meds, snoring strips)
- Smoking cessation relief (i.e. patches, gum)
- Stomach & digestive relief (i.e. Pepto-Bismol, Imodium)
- Tooth and mouth pain relief (Orajel, Anbesol)
- Vitamins
- Wart removal medication
- Weight reduction aids (i.e. Slimfast, appetite suppresant

These expenses may be eligible if they are prescribed by a physician (if medically necessary for a specific condition).

nbs national benefit services

8523 South Redwood Road, West Jordan, Utah 84088 (800) 274-0503 service@nbsbenefits.com **www.nbsbenefits.com**

Direct Deposit Request Form

Please complete this form and return it to National Benefit Services, LLC

1 Personal Information

Employee Name (First Name, Last Name) | Company Name

Street Address, City, State, Zip | ☐No ☐Yes Address Change?

Current Date | Social Security Number | Email Address (for claim payment notification)

2 Direct Deposit Request

Your Financial Institution | ☐Checking Account ☐Savings Account Account Type

Financial Institution Address

Routing Number | Account Number

3 Employee Signature

I (We) authorize National Benefit Services, LLC to initiate credit entries and, if necessary, debit and adjustment entries for any credit entries and adjustments made in error to my (our) account indicated above and the financial institution named above.

Employee Signature | Date

4 Voided Check

Attach a blank voided check here.

IMPORTANT! Please attach a voided check with this form (not a deposit slip). Only for a savings account is a deposit slip acceptable. If you have Direct Deposit information on file it carries forward unless corrected or rescinded in writing by you.

Please return to National Benefit Services, LLC

P.O. Box 6980 West Jordan, UT 84084 • (855) 399-3035 • Fax (844) 438-1496 • service@nbsbenefits.com

Flexible Spending Account (FSA) Claim Form

Instructions For Quick Claim Processing:

- Fully complete & sign this claim form
- Attach copies of supporting EOB, receipts, vouchers, bills, etc.
- All receipts must detail each of the items summarized below
- Please list one expense per line
- Please print in dark blue or black ink when using this form
- Minimum Total Reimbursement = $25
- Please allow 2 business days for claims to be processed

For Account Balance:
Go to my.nbsbenefits.com
or call (855) 399-3035

Notice
All over-the-counter (OTC) medication claims must be accompanied by a prescription to be eligible under new federal regulations

1 Personal Information

Employee Name (First Name, Last Name) _____ Company Name _____

Street Address _____ City _____ State _____ Zip Code _____ ☐No ☐Yes Address Change?

Phone Number _____ Social Security Number _____

2 Health Care Expenses

	Date of Service MM	DD	YY	Office Visit	Rx	Dental	Vision	Non-Drug OTC	Orthodontia	Other Services: Please Specify	Person Receiving Service	Amount
1				☐	☐	☐	☐	☐	☐			
2				☐	☐	☐	☐	☐	☐			
3				☐	☐	☐	☐	☐	☐			
4				☐	☐	☐	☐	☐	☐			
5				☐	☐	☐	☐	☐	☐			
6				☐	☐	☐	☐	☐	☐			
7				☐	☐	☐	☐	☐	☐			
8				☐	☐	☐	☐	☐	☐			
9				☐	☐	☐	☐	☐	☐			
10				☐	☐	☐	☐	☐	☐			
11				☐	☐	☐	☐	☐	☐			
12				☐	☐	☐	☐	☐	☐			
13				☐	☐	☐	☐	☐	☐			
14				☐	☐	☐	☐	☐	☐			
15				☐	☐	☐	☐	☐	☐			
16				☐	☐	☐	☐	☐	☐			

Total Health Care Expenses _____

4 Employee Signature

I, the undersigned, attest that to the best of my knowledge these statements are complete and true. I authorize the release of any medical information to my spouse. I certify these expenses are for valid services provided on the dates indicated and will not be reimbursed or claimed under any other Plan or claimed as a tax deduction.

Employee Signature _____ Date _____

Please fax, mail, or email your claim form and receipts to the following:
Mail: National Benefit Services, LLC, P.O. Box 6980, West Jordan, UT 84084
Fax: (844) 438-1496
Email: service@nbsbenefits.com (PDF, TIFF, or JPG files only)

Flexible Spending Account (FSA) Claim Form

national benefit services

Instructions For Quick Claim Processing:

- Fully complete & sign this claim form
- Attach copies of supporting EOB, receipts, vouchers, bills, etc.
- All receipts must include a date, description, and amount of the service
- Please list one expense per line
- Please print in dark blue or black ink when using this form
- Minimum Total Reimbursement = $25
- Please allow 2 business days for claims to be processed

For Account Balance:
Go to my.nbsbenefits.com
or call (855) 399-3035

Notice
All over-the-counter (OTC) medication claims must be accompanied by a prescription to be eligible under new federal regulations

1 Personal Information

Employee Name _____ Company Name _____

Street Address, City, State, Zip _____ ☐No ☐Yes Address Change?

Phone Number _____ Social Security Number _____

2 Dependent Care Expenses *(Dates of Service are required in order to process claim)*

	Date of Service Start Date	Date of Service End Date	Service Provider Tax ID# or SS#	Dependent's Name	Age	Amount
1						
2						
3						
4						

Total Dependent Care Expenses _____

3 Health Care Expenses

	Date of Service MM	DD	YY	Office Visit	Rx	Dental	Vision	Non-Drug OTC	Ortho dontia	Other Services: Please Specify	Person Receiving Service	Amount
1				☐	☐	☐	☐	☐	☐			
2				☐	☐	☐	☐	☐	☐			
3				☐	☐	☐	☐	☐	☐			
4				☐	☐	☐	☐	☐	☐			
5				☐	☐	☐	☐	☐	☐			
6				☐	☐	☐	☐	☐	☐			
7				☐	☐	☐	☐	☐	☐			
8				☐	☐	☐	☐	☐	☐			
9				☐	☐	☐	☐	☐	☐			

Total Health Care Expenses

4 Employee Signature

I, the undersigned, attest that to the best of my knowledge these statements are complete and true. I authorize the release of any medical information to my spouse. I certify these expenses are for valid services provided on the dates indicated and will not be reimbursed or claimed under any other Plan or claimed as a tax deduction.

Employee Signature _____ Date _____

Please fax, mail, or email your claim form and receipts to the following:
Mail: National Benefit Services, LLC, P.O. Box 6980, West Jordan, UT 84084
Fax: (844) 438-1496
Email: service@nbsbenefits.com (PDF, TIFF, or JPG files only)

Limited Flexible Spending Account (LFSA) Claim Form

Instructions For Quick Claim Processing:

- Fully complete & sign this claim form
- Attach copies of supporting EOB, receipts, vouchers, bills, etc.
- All receipts must detail each of the items summarized below
- Please list one expense per line
- Please print in dark blue or black ink when using this form
- Minimum Total Reimbursement = $25
- Please allow 2 business days for claims to be processed

For Account Balance:
Go to my.nbsbenefits.com
or call (855) 399-3035

****Notice****

Claims submitted on this form are for Limited FSA expenses and may include the following: Dental, Vision, Preventative Care. Please refer to your current SPD to determine which expenses apply.

1 Personal Information

Employee Name _____ Company Name _____

Street Address, City, State, Zip _____ ☐No ☐Yes Address Change?

Phone Number _____ Social Security Number _____

2 Limited Health Care Expenses

	Date of Service MM	DD	YY	Dental	Vision	Person Receiving Service	Amount
1				☐	☐		
2				☐	☐		
3				☐	☐		
4				☐	☐		
5				☐	☐		
6				☐	☐		
7				☐	☐		
8				☐	☐		
9				☐	☐		
						Total Health Care Expenses	

3 Employee Signature

I, the undersigned, attest that to the best of my knowledge these statements are complete and true. I authorize the release of any medical information to my spouse. I certify these expenses are for valid services provided on the dates indicated and will not be reimbursed or claimed under any other Plan or claimed as a tax deduction.

Employee Signature _____ Date _____

Please fax, mail, or email your claim form and receipts to the following:
Mail: National Benefit Services, LLC, P.O. Box 6980, West Jordan, UT 84084
Fax: (844) 438-1496
Email: service@nbsbenefits.com (PDF, TIFF, or JPG files only)