

WELCOME TO SURENCY FLEX

Now that you've enrolled in a **Surency Flex** account, you're ready to start using your funds as soon as your Plan Year starts. You may have a few questions about accessing your account information online, filing claims and using your **Surency Flex Benefits Card**. This document will help you get started using the funds in your account and navigating your online Member Account.

Click on the account you've enrolled in below to get started:



FSA (Flexible Spending Account)



DC FSA (Dependent Care Flexible Spending Account)



It sure is easy.

HSA (Health Savings Account)



HRA (Health Reimbursement Arrangement)



Commuter Benefits (Parking and/or Transit)



Contact Surency

surency.com | 866-818-8805

WELCOME TO YOUR FLEXIBLE SPENDING ACCOUNT (FSA)



WHAT'S NEXT?

The amount you elected will be automatically taken out of your paychecks in equal increments throughout the Plan Year before you pay federal, state and FICA taxes on the designated amount.

ACCESSING YOUR FUNDS

The full amount you elected is available on day one of your Plan Year.

USE YOUR BENEFITS CARD TO PAY FOR ELIGIBLE EXPENSES

- 1. Have the cashier ring up all of your items together.
- 2. When it's time to pay, swipe your Surency Flex Benefits Card first. Select 'credit' and sign for your purchase. *Optional: In addition to your signature, you can set up a PIN number to access your funds by calling 866-898-9795. If you have a PIN number, select 'debit' and enter your PIN.*
- 3. All eligible expenses will be paid for from your account and deducted from your total.
- 4. If you are purchasing non-eligible items, you will need to have a second form of payment available for those items.
- 5. Keep your receipts in the event that further validation is needed.

MANAGING YOUR BENEFITS

You have **24/7 access to your account** through the **Surency Flex mobile app** or on your **Member Account** at Surency.com.



USE THESE LINKS TO LEARN MORE





Click here to go back.

- 1. Visit **Surency.com** and select the Surency Flex Member Account.
- 2. You will need the preset username and password that has been generated for you by Surency*.

Username: your first name + the last four digits of your Social Security Number Password: your last name + the last four digits of your Social Security Number

If your last name is hyphenated, your password should be entered without a hyphen or space between the two names (see Example 2).

Example 1: if your name is Jane Smith, and the last four digits of your Social Security Number are 1234, your username would be jane1234 and your password would be smith1234.

Example 2: if your name is Jane Smith-Jones, and the last four digits of your Social Security Number are 1234, your username would be jane1234 and your password would be smithjones1234.

* You must be enrolled in our system either by yourself, your employer or a Surency representative before you will be able to access the Member Account using the information above. If you have already registered for the Member Account during online enrollment or you were participating in a prior Plan Year with Surency, please disregard the information above as your username and password have not changed.

Note: If you experience any difficulty signing in to your Surency Member Account, please call Customer Service at 866-818-8805.

Existing Use	er?		
Login to your	r account		
Username	1	Forgot Username?	
Password		Forgot Password?	
	Login		



Click here to go back.

3. You will need to set your security questions and answers to complete your user setup.

Please enter an answer to any 5 security asked to answer 3 of these questions to	r questions to complete your user setup. To complete sensitive actions within the porta	b keep your information secure, you will be I such as resetting a forgotten password.
Select a question	*	
		*Req

4. Set your login information.

Please change your logir	n information.
Username*	
	Your username may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (_), and dash (-).
New Password*	
	The password must · Have a minimum of 6 characters & 20 character max · Not be one of your last 3 passwords · Contain at least one number
Confirm Password*	
	"Required

5. You are ready to begin managing your account!

MANAGING YOUR MEMBER ACCOUNT



Once logged in to your Surency Member Account, follow these easy steps to view and manage your account:

View Your Account Balance

- 1. From the Accounts tab, select Account Summary.
- You can view summaries of other accounts by scrolling down the page. Your Available Balance is the amount you have available to spend on qualified medical expenses.

Home Your	Personal Da	ishboard	Accounts	Tools & Support	Statements & Notifications	Pro	file	1	Want to 🛪
Account Summary	/	Accou	ints / Acc	ount Sun	nmary				
Account Activity		The information benefits.	tion displayed o	n the Account S	ummary page wi	ill vary dep	ending upon y	our specific	healthcare
Claims						Estim	ated Per Pay Pe	riod Deductio	n: \$104.17 🔺
Payments		Account		Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
		Compreher FSA	nsive Medical	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00
						Estim	ated Per Pay Pe	riod Deductio	n: \$104.00 🔺
		Account		Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
		Compreher FSA	nsive Medical	\$2,496.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,496.00
						Estin	nated Per Pay P	eriod Deducti	on: \$77.00 🔺
		Account		Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
		Compreher FSA	nsive Medical	\$1,848.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,848.00

View Your Account Activity

- 1. From the Accounts tab, select Account Activity.
- 2. From this page you can view all activity on your accounts.

Home Your Personal D	ashboard	Accounts	Tools & Support	Statements & Notifications	Profile		I Want to 🔻
Account Summary	Accourt	nts / Acc	ount Acti	vity			
Account Activity			•				
Investments	Pending Tra	insactions					Export
Balance Detail 0	Requested Date	Description		Method	Contribution (Deposit)	Distribution (Withdrawal)	Available Cash Balance
Total Available Balance	05/24/2017	Debit Card P	reAuthorization	Debit Card			
Cash Account	Transaction Details	Request Date: Effective Date:	5/24/2017 1:57:30 05/24/2017	PM Amo	unt:		
Actual Balance	Debit Card Details	Card Number: Date of Service	XXXXXXXXXXXXX :: 05/24/2017	Merc	chant: FSASTORE.	COM NEW YOR	CUS
Pending Withdrawals	Processed	Transactions	6				
Available Balance	Processed Date	Description		Method	Contribution (Deposit)	Distribution (Withdrawal)	Actual Cash Balance

View Payment History

- 1. From the **Accounts** tab, select **Payments**.
- From this page, you can view all distributions from your accounts and the status of each. Click a transaction for detailed information on a specific payment.

Home Your Personal Da	ashboard	Accounts	Tools & Support	Statements & Notifications	Profile	I Want to
Account Summary	Accou	ints / Pa	yments			
Account Activity	Date -	Nu	mber	Method	Status	Amount
Claims	01/08/2018	3		Direct Deposit	Paid	\$5,000.00
Payments	06/01/2017	r :		Debit Card	Paid	\$153.99
Paymente Resat Silters	04/29/2017			Debit Card	Paid	\$181.89
rayments Reservices	04/27/2017	,		Debit Card	Paid	\$379.99
Method	04/27/2017	,		Debit Card	Paid	\$184.34
All Methods Direct Deposit	04/12/2017			Debit Card	Paid	\$92.17
Debit Card	04/12/2017			Debit Card	Paid	\$20.01
More Options 🔻	02/15/2017	,		Debit Card	Paid	\$34.50





MANAGING YOUR MEMBER ACCOUNT CONTINUED



Change Your Username or Password

- 1. From the **Profile** tab, select **Login Information**.
- To change your password, click Change Password. To change your username, click Change Username. Fill out all fields and select Save.

Home Your Per	sonal Dashboard	Accounts	Tools & Support	Statements & Notifications	Profile	I Want to 🔻
Profile	Login	Informati	on			
Banking/Cards	Passwor	ď	Change	Password		
Payment Method	Usernam	1e	Change	Username		
Login Information	Security	Questions	Change	Security Questions		

Home Your Personal Da	shboard	Accounts	Tools & Support	Statements & Notifications	Profile	I Want to 🔻
Profile	Login lı	nformati	on / Upd	ate Passwo	rd	
Banking/Cards	Current Pa	assword *				
Payment Method	New Passy	word *				
Login Information	Confirm N	ew Password	Please er must: · H be one of upper and one num!	nter a new password ave a minimum of 6 your last 3 passwoi I lowercase letters - ber	d. The passwor characters · N rds · Contain Contain at leas	d ot st
						*Required
	Cancel					Submit

Report a Lost/Stolen Benefits (Debit) Card

- 1. From the **Profile** tab, select **Banking/ Cards**.
- On the Banking/Cards page, locate the cardholder name and card number of the card you wish to replace. Under the Debit Cards column, select Report Lost/ Stolen.
- 3. Verify the selected card is the card you wish to report as lost or stolen and verify the shipping address. When you are finished, click **Submit**.

NOTE: If you need to report your card as lost or stolen or would like additional debit cards and the option is not available on the Debit Cards page, please contact Surency at 866-818-8805. If you would like to add a PIN to your Debit Card as an extra security measure, call 866-898-9795.







EDITING YOUR PROFILE INFORMATION



Once logged in to your Surency Member Account, follow these easy steps to edit your profile information:

View Profile Information

1. From the **Profile** tab, you can view and update your profile summary including your profile information, dependents and bank accounts.

Profile / Pro	ofile Summar	у		
Profile	Update Profile	Depe	ndents	Add Dependent
		No dep	endents	
		Benet	ficiaries	
Gender	Marital Status	No ben	eficiaries	
Participant Acco	ount ID			
	Profile / Pro	Profile / Profile Summar Profile Update Profile Gender Marital Status Participant Account ID	Profile / Profile Summary Profile / Profile Summary Profile Update Profile Depen Gender Marital Status Ne ber Participant Account ID	Profile / Profile Summary Profile Update Profile Dependents No dependents Beneficiaries Gender Marital Status No beneficiaries Participant Account ID

mm/dd/yyyy

O Male O Female

Select a relationship... *

Dependents added will be enrolled in the medical and dependent care plans in which you Please contact your administrator to enroll a dependent in an HRA plan.

⊖Yes ®No

Home Your Personal Dashboard Accounts Tools & Statements & Profile

Profile / Add Dependent

Dependent Information

Name *

Birth Date *

Gender *

Full Time Student

Relationship *

Cancel

Banking/Cards

Payment Method

Login Information

Add a Dependent or Spouse

- 1. From the **Profile Summary**, locate the Dependents section and click **Add Dependent**.
- 2. Enter your dependent's information into all required fields (marked with a red asterisk).
- 3. When you are finished, click Submit.

Add or Update a Bank Account

- From the Profile tab, select Banking/Cards on the left, locate the Bank Accounts section and click Add Bank Account. Or, if you are updating information for a bank account that has already been set up, click View/Update next to the bank account for which you wish to update information.
- Enter your bank account information. Hovering your mouse over the more information mark will open a pop up box showing where to find your bank's Routing Number. Your Account Nickname is the name you will use to identify the account. Next, enter your bank's information. After verifying you have entered correct information in all fields, click Submit.



Click here to go back.

I Want to... 🔻

USING YOUR SURENCY FLEX BENEFITS CARD



Your **Surency Flex Benefits Card** is a special-purpose Visa[®] Card that gives you an easy, automatic way to pay for eligible expenses. The Benefits Card lets you electronically access the pre-tax amounts set aside in your Surency Flex accounts. Use it when paying for eligible expenses at a provider or merchant that accepts Visa Cards and uses an inventory control system. These transactions may be automatically substantiated, meaning you don't have to file a claim and may not have to submit a receipt. However, always keep all documentation for tax purposes or in case Surency requests further documentation.



HOW TO USE YOUR BENEFITS CARD

- 1. Have the cashier ring up all of your items together.
- 2. When it's time to pay, swipe your Surency Flex Benefits Card first. Select 'credit' and sign for your purchase. *Optional: In addition to your signature, you can set up a PIN number to access your funds by calling 866-898-9795. If you have a PIN number, select 'debit' and enter your PIN.*
- 3. All eligible expenses will be paid for from your account and deducted from your total.
- 4. If you are purchasing non-eligible items, you will need to have a second form of payment available for those items.
- 5. Keep your receipts in the event that further validation is needed.

DID YOU PAY OUT-OF-POCKET FOR AN ELIGIBLE EXPENSE?

Submit a claim to get paid back using money from your accout. There are three ways to submit a claim:

- SURENCY FLEX APP
 Download the Surency Flex
 mobile app and submit the claim
 by taking a photo of your receipt.
- 2. **MEMBER ACCOUNT AT SURENCY.COM** Log into your Member Account at Surency.com to upload your receipt.
- 3. PAPER CLAIM FORM

Visit Surency.com to download a paper claim form. Complete and return to Surency.

WANT TO GET PAID BACK AUTOMATICALLY?

Sign up for Direct Deposit and after you submit a claim, Surency will automatically deposit those dollars back into your bank account. There are two ways to set up Direct Deposit:

1. **MEMBER ACCOUNT AT SURENCY.COM** Log into your Member Account at Surency.com to input bank information.

2. PAPER DIRECT DEPOSIT FORM

Visit Surency.com to download a Direct Deposit form. Complete and return to Surency.



FILING CLAIMS



Once logged in to your Surency Member Account, follow these easy steps to file a claim:

File a Claim Online

- 1. From the **Home** tab, select **File a New Claim**.
- As determined by your plan design, you may be able to choose the account you wish to be reimbursed from by clicking the File Claim button next to that account.
- 3. Fill out all required fields on the claim form and click **Add Claim** when finished.
- In your Claims Basket, you can update or remove claims. If you are finished editing your claims, you must click Submit to finish the claims filing process.

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	Welcome		D A	57
Want To	We're Making it Easy to Manage	e Your Healthcare Expenses View Mo	ire	
File A New Claim				
Manage My Expenses				
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me Your Personal Da	Ashboard Accounts	Tools & Statements & Support Notifications	Profile	I Want to.
allable Balance	Accounts / File A	New Claim		
nprehensive Medical ()	Accounter			
	Claim Details			
n Filing Rules	Start Date of Service	mnvaavyyyy		
Madia al	End Date of Service	mm/dd/yyyy		
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	Provider *			
	Category * 0	Select a category	•	
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	Type *	Select a type	-	
	Type *	Select a type	•	
	Type * Description	Select a type	•	
	Type * Description	Select a type	* Over-the-Counter	
	Type * Description	Select a type If the category is 'Other' or Drugs', you must provide a	• Over-the-Counter description.	
	Type * Description Recipient *	Select a type If the category is 'Other' or Drugs', you must provide a	• Over-the-Counter description.	
	Type * Description Recipient *	Select a type If the category is 'Other' or Drugs', you must provide a Add Dependent	• Over-the-Counter description.	
	Type * Description Recipient * Did You Drive To Receive This Product/Service? *	Select a type If the category is 'Other' or Drugs', you must provide a Add Dependent O Yes * No	• Over-the-Counter description.	
	Type * Description Recipient * Did You Drive To Receive This Product/Service?" Summary	Select a type Select a type If the category is 'Other' or Drugs', you must provide a Add Dependent Yes No	• Over-the-Counter description.	
	Type * Description Recipient * Did You Drive To Receive This Product/Service?" Summary Pay From	Select a type Select a type If the category is 'Other' or Drugs', you must provide a Add Dependent Yes & No Medical	• Over-the-Counter description.	
	Type * Description Recipient * Did You Drive To Receive This Product/Service?* Summary Pay From Pay To	Select a type Select a type If the category is 'Other' or Drugs', you must provide a Add Dependent Yes & No Medical Me	• Over-the-Counter description.	
	Type * Description Recipient * Did You Drive To Receive This Product/Service?* Summary Pay From Pay To Documentation Uploaded	Select a type Select a type If the category is 'Other' or Drugs', you must provide a Add Dependent Yes ® No Medical Me No	• Over-the-Counter description.	

Print a Claim Form

- 1. Click on the **Tool & Support** tab at the top of the portal.
- 2. Click on FSA/DC FSA/HRA Claim Form to download and print a claim form.
- 3. Follow the directions on the form to fill it out completely and send it to us to be processed.

Go to the next page to learn how to access the Surency Flex Mobile App, where you can submit claims right from your mobile device.

Forms How Do I/ Autonatic Orthodontia Reguest Form Change Capital Expense Form Change Claims Terms and Conditions FSA/DC FSA/HRA Claims Form FSA/DC FSA/HRA Claims Form Change FSA/DC FSA/HRA Claims Form Coutroether FSA/DC FSA/HRA Claims Form Coutroether FSA/DC FSA/HRA Claims Form Coutroether FSA/DC FSA/HRA Claims Form All About 1 FSA/DC FSA/HRA Claims Form All About 1 Comprehensive Medical FSA (1/1/16-12/31/16) Plan Rules Surrency Comprehensive Medical FSA (1/1/16-12/31/16) Plan Details Surrency Surrency U.s. Details Surrency Duels & Agreements No agreements are currently availabl	'ayment Method
Documents & Forms How Do I' Forms Change Automatic Orthodontia Request Form Update I Capital Expense Form Update I Claims Terms and Conditions Download FSAIDC FSAIRRA Direct Deposit Setup Form Download FRADE CRAINERA Direct Deposit Setup Form Calains Receipt and Substantiation Form Leater of Medical Necessity Form Receipt and Substantiation Form Leater M Surrency Next Steps Guide Surrency Plan Summaries Comprehensive Medical FSA (11/16-12/31/16) Plan Rules Comprehensive Medical FSA (11/16-12/31/16) Plan Details Comprehensive Medical FSA (11/16-12/31/16) Plan Details Comprehensive Medical FSA (11/16-12/31/16) Plan Surrency Decements No agreements No agreements are currently available. Shop For	ayment Method
Forms Change Report Change Report Automatic Orthodontia Request Form Update II Claims Tames and Conditions Update II FSAUCE FSA/HRA Claims Form Downlosi FSAUCE SA/HRA Claims Form Outket Lin HIPAA Delignable Rep Automation Form All About: Neeeipt and Substantiation Form Learn M Surency Next Steps Guide Surency Pan Sumaries Comprehensive Medical FSA (11/16-12/31/16) Plan Rules Comprehensive Medical FSA (11/16-12/31/16) Plan Rules Surency Comprehensive Medical FSA (11/16-12/31/16) Plan Details Surency Descriptions Surency Ocomprehensive Medical FSA (11/16-12/31/16) Plan Details Surency Ocomprehensive Medical FSA (11/16-12/31/16) Plan Surency Descriptions Surency Us. Surency Surency Documents Surency No agreements No agreements No agreements are currently available. Shop Fort	Payment Method
Contact Us	In Los of aver offication Preferences 3 Mobile App 5 bur Plan re About Your Plan -ogin Turonal AdvantagePlau Benefits Card ArvantagePlau Benefits Card ArvantagePlau Boble Sty Merchant Locator AdvantagePlau Mobile Resources t of HHS Hospital Compare Quality of Care Tool tof HHS Hospital Compare Quality of Care Tool

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ACCESS YOUR ACCOUNT FROM ANYWHERE

ACCESS THE INFORMATION YOU NEED:

- Check your Health Care Flexible Spending Account (FSA) balance.
- View account activity.
- Access FSAStore.com to purchase eligible items like contact lenses, first aid kits, sunscreen and more. Use your Surency Flex Benefits Card to pay.



TAKE ACTION:

- Submit claims for Health Care FSA expenses.
- Snap a photo of receipts within the app to submit with new or existing claims.
- Access account funds to pay yourself back or to pay your doctor.
- Report a Surency Flex Benefits Card as lost or stolen.



Google Play

nload on the

LOGGING IN FOR THE FIRST TIME

The username and password to log into the app is the same as for your Member Account online. If you are a new member and do not have a username and password, you must first log in online at Surency.com using the information below:

FSA Store

- Username: first name (all lowercase) + last four digits of Social Security Number.
- Password: last name (all lowercase) + last four digits of Social Security Number.*

*If your last name is hyphenated, your password should be entered with no hyphen or space between the two names. If you experience any difficulty signing in, please call Customer Service at 866-818-8805.



YOUR DEPENDENT CARE FLEXIBLE SPENDING ACCOUNT (DC FSA)



WHAT'S NEXT?

The amount you elected will be automatically taken out of your paychecks in equal increments throughout the Plan Year before you pay federal, state and FICA taxes on the designated amount.

ACCESSING YOUR FUNDS

Use the Surency Flex mobile app to file claims and take pictures of your receipts, or complete **one form for the entire year** if your dependent care expenses are for the same amount, from the same provider, and for the same length of time.

CHOOSE YOUR REIMBURSEMENT METHOD

1 – RECURRING DEPENDENT CARE REIMBURSEMENT

With Surency you can submit one claim form for the entire year and receive recurring reimbursements. Choose this option if your dependent care expenses are for the same amount, from the same provider and for the same length of time. For example, if your child attends a day care five days a week and the costs are the same each week, you can choose this reimbursement method.

2 - INDIVIDUAL CLAIMS REIMBURSEMENT

You may request reimbursement after you've incurred the dependent care expense and the funds have been withdrawn from your paycheck. Choose this option if you prefer to submit claims throughout the year or if your day care expenses vary throughout the year. For example, if your child attends a day care for part of the year and an after school program for part of the year.

MANAGING YOUR BENEFITS

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USE THESE LINKS TO LEARN MORE





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Note: If you experience any difficulty signing in to your Surency Member Account, please call Customer Service at 866-818-8805.

Existing Us	er?		
Login to you	ir account		
Username	1	Forgot Username?	
Password		Forgot Password?	
	Login		

LOGGING IN TO YOUR MEMBER ACCOUNT CONTINUED



Click here to go back.

3. You will need to set your security questions and answers to complete your user setup.

Select a question *	
Select a question *	
Select a question *	
Select a question *	
Select a question	

4. Set your login information.

Please change your login	information.
Username*	
	Your username may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (_), and dash (-).
New Password*	
	The password must \cdot Have a minimum of 6 characters & 20 character max \cdot Not be one of your last 3 passwords \cdot Contain at least one number
Confirm Password*	
	20 anvirad

5. You are ready to begin managing your account!

MANAGING YOUR MEMBER ACCOUNT



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View Your Account Balance

- 1. From the **Accounts** tab, select **Account Summary**.
- You can view summaries of other accounts by scrolling down the page. Your Available Balance is the amount you have available to spend on dependent care expenses.

Home Your Perso	nal Dashboard	Accounts	Tools & Support	Statements & Notifications	Pro	file	1	Want to •
Account Summary	Accou	ints / Acc	ount Sun	nmary				
Account Activity	The information benefits.	ation displayed o	n the Account S	ummary page wi	ll vary dep	ending upon y	our specific	healthcare
Claims					Estim	ated Per Pay Pe	riod Deductio	n: \$104.17 🔺
Payments	Account		Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
	Comprehe FSA	nsive Medical	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00
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	Account		Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
	Comprehe FSA	nsive Medical	\$2,496.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,496.00
					Estin	nated Per Pay P	eriod Deducti	on: \$77.00 🔺
	Account		Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
	Comprehe ESA	nsive Medical	\$1,848.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,848.00

View Your Account Activity

- 1. From the Accounts tab, select Account Activity.
- 2. From this page you can view all activity on your accounts.

Home Your Personal D	ashboard	Accounts	Tools & Support	Statements & Notifications	Profile		I Want to 🔻
Account Summary	Accourt	nts / Acc	ount Acti	vity			
Account Activity			•				
Investments	Pending Tra	ansactions					Export
Balance Detail	Requested Date	Description		Method	Contribution (Deposit)	Distribution (Withdrawal)	Available Cash Balance
Total Available Balance	05/24/2017	Debit Card P	reAuthorization	Debit Card			
Cash Account	Transaction Details	Request Date: Effective Date:	5/24/2017 1:57:30 05/24/2017	PM Amo	unt:		
Actual Balance	Debit Card Details	Card Number: Date of Service	00000000000000000000000000000000000000	Merc	chant: FSASTORE.	COM NEW YOR	CUS
Pending Withdrawals	Processed	Transactions					
Available Balance	Processed Date	Description		Method	Contribution (Deposit)	Distribution (Withdrawal)	Actual Cash Balance

View Payment History

- 1. From the **Accounts** tab, select **Payments**.
- 2. From this page, you can view all distributions from your accounts and the status of each. Click a transaction for detailed information on a specific payment.

Home Your Person	al Dashboard	Accounts	Support	Notifications	Profile	I Want to
Assessed Survivary	Accou	nta i Paya	nenta			
Account Activity	Edu -		1.0	Materia	iluin .	Arrest
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COLUMN STATE	100000			Design Cares	100	10.528
	Company &			Free Care	Table	Col III



MANAGING YOUR MEMBER ACCOUNT CONTINUED



Change Your Username or Password

- 1. From the **Profile** tab, select **Login Information**.
- To change your password, click Change Password. To change your username, click Change Username. Fill out all fields and select Save.

Home Your Persor	nal Dashboard Accounts	Tools & Support	Statements & Notifications	Profile	I Want to 🔻
Profile	Login Information	on			
Banking/Cards	Password	Change	Password		
Payment Method	Username	Change	lisername		
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	Security Questions	Change	security Questions		

Home Your Personal Da	shboard	Accounts	Tools & Support	Statements & Notifications	Profile		I Want to 🔻
Profile	Login I	nformatio	on / Upd	ate Passwo	rd		
Banking/Cards	Current P	assword *					
Login Information	New Pass	word *	Please er	iter a new password	I. The passw	ord	
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	Confirm N	lew Password '					
						_	*Required
	Cance	I					Submit

Report a Lost/Stolen Benefits (Debit) Card

- 1. From the **Profile** tab, select **Banking/ Cards**.
- On the Banking/Cards page, locate the cardholder name and card number of the card you wish to replace. Under the Debit Cards column, select Report Lost/ Stolen.
- 3. Verify the selected card is the card you wish to report as lost or stolen and verify the shipping address. When you are finished, click **Submit**.

NOTE: If you need to report your card as lost or stolen or would like additional debit cards and the option is not available on the Debit Cards page, please contact Surency at 866-818-8805. If you would like to add a PIN to your Debit Card as an extra security measure, call 866-898-9795.



EDITING YOUR PROFILE INFORMATION



Once logged in to your Surency Member Account, follow these easy steps to edit your profile information:

View Profile Information

1. From the **Profile** tab, you can view and update your profile summary including your profile information, dependents, and bank accounts.

Home Your Personal	Dashboard Acco	unts Tools & Support	Statements & Notifications	Profile	I Want to 🔻
Profile	Profile / Pro	ofile Summa	ary		
Banking/Cards	Profile	Update Prof	ile Depe	endents /	Add Dependent
Payment Method			No de	ependents	
Login Information			Ben	eficiaries	
	Gender	Marital Stat	us No be	eneficiaries	
	Participant Acco	unt ID			
Contact Us	- Call Surency Life & Health i	it (316) 462-3316, Toll Fi	vee at (866) 818-8805 or E	mail us at moreinfo@su	rency.com

Add a Dependent or Spouse

- 1. From the **Profile Summary**, locate the Dependents section and click **Add Dependent**.
- 2. Enter your dependent's information into all required fields (marked with a red asterisk).
- 3. When you are finished, click Submit.

Add or Update a Bank Account

- From the Profile tab, select Banking/Cards on the left, locate the Bank Accounts section and click Add Bank Account. Or, if you are updating information for a bank account that has already been set up, click View/Update next to the bank account for which you wish to update information.
- Enter your bank account information. Hovering your mouse over the more information mark will open a pop up box showing where to find your bank's Routing Number. Your Account Nickname is the name you will use to identify the account. Next, enter your bank's information. After verifying you have entered correct information in all fields, click Submit.



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USING YOUR SURENCY FLEX BENEFITS CARD



Your **Surency Flex Benefits Card** is a special-purpose Visa[®] Card that gives you an easy, automatic way to pay for eligible expenses. The Benefits Card lets you electronically access the pre-tax amounts set aside in your Surency Flex accounts. Use it when paying for eligible expenses at a provider or merchant that accepts Visa Cards and uses an inventory control system. These transactions may be automatically substantiated, meaning you don't have to file a claim and may not have to submit a receipt. However, always keep all documentation for tax purposes or in case Surency requests further documentation.



HOW TO USE YOUR BENEFITS CARD

- 1. When it's time to pay, swipe your Surency Flex Benefits Card. Select 'credit' and sign for your purchase. *Optional: In addition to your signature, you can set up a PIN number to access your funds by calling 866-898-9795. If you have a PIN number, select 'debit' and enter your PIN.*
- 2. Eligible dependent care expenses will be paid for from your account.
- 3. Keep your receipts in the event that further validation is needed.

DID YOU PAY OUT-OF-POCKET FOR AN ELIGIBLE EXPENSE?

Submit a claim to get paid back using money from your accout. There are three ways to submit a claim:

- SURENCY FLEX APP
 Download the Surency Flex
 mobile app and submit the claim
 by taking a photo of your receipt.
- 2. **MEMBER ACCOUNT AT SURENCY.COM** Log into your Member Account at Surency.com to upload your receipt.
- 3. **PAPER CLAIM FORM** Visit Surency.com to download a paper claim form. Complete and return to Surency.

WANT TO GET PAID BACK AUTOMATICALLY?

Sign up for Direct Deposit and after you submit a claim, Surency will automatically deposit those dollars back into your bank account. There are two ways to set up Direct Deposit:

surency.com | 866-818-8805

- 1. **MEMBER ACCOUNT AT SURENCY.COM** Log into your Member Account at Surency.com to input bank information.
- 2. PAPER DIRECT DEPOSIT FORM

Visit Surency.com to download a Direct Deposit form. Complete and return to Surency.





Once logged in to your Surency Member Account, follow these easy steps to file a claim:

File a Claim Online

- 1. From the **Home** tab, select **File a New Claim**.
- As determined by your plan design, you may be able to choose the account you wish to be reimbursed from by clicking the File Claim button next to that account.
- 3. Fill out all required fields on the claim form and click **Add Claim** when finished.
- In your Claims Basket, you can update or remove claims. If you are finished editing your claims, you must click Submit to finish the claims filing process.

		oupport notifications		
	Welcome		D, Ox	57
Want To	We're Making it Easy to Manag	e Your Healthcare Expenses View N	Nore	
File A New Claim				
manage my Expenses	Message Center 1			
vailable Balance 🛛 🕕	Download Mobile App View	w More		
omprehensive Medic0	Quick View			
	Election	Summary	Contributions To Date	
	Benefits (1/1/16	6-12/31/16 RO)	1/1/2016 - 12/31/2016	
		Your \$96.	Contributions 20	of \$250.00
		Tools & Statements &	Profile	
me tour Personal Da	shboard Accounts	Support Notifications	Prome	I want to
ailable Balance 0	Accounts / File A	New Claim		
nprehensive Medical 🕚	Claim Details			
	Start Date of Service *	mm/dd/yyyy		
n Filing Rules	End Date of Service			
norehensive Medical	End Date of Service	mm/dd/yyyy		
pronon of the second	Amount *	\$		
	Provider *			
	Category * (Select a category	•	
	Time *	C desta trac		
	Туре *	Select a type	•	
	Type * Description	Select a type	•	
	Type * Description	Select a type	-	
	Type * Description	Select a type If the category is 'Other' o Drugs', you must provide	r 'Over-the-Counter a description.	
	Type * Description Recipient *	Select a type If the category is 'Other' o Drugs', you must provide	r 'Over-the-Counter a description.	
	Type * Description Recipient *	Select a type If the category is 'Other' o Drugs', you must provide	r 'Over-the-Counter a description.	
	Type * Description Recipient * Did You Drive To Receive This Product/Service?*	Select a type If the category is 'Other' o Drugs', you must provide Add Dependent © Yes ® No	* 'Over-the-Counter a description.	
	Type * Description Recipient * Did You Drive To Receive This Product/Service?" Summary	Select a type If the category is 'Other' o Drugs', you must provide Add Dependent Yes No	* Over-the-Counter a description.	
	Type * Description Recipient * Did You Drive To Receive This Product/Service?* Summary Pay From	Select a type If the category is 'Other' o Drugs', you must provide Add Dependent • Yes • No Medical	* Over-the Counter a description.	
	Type * Description Recipient * Did You Drive To Receive This Product/Service?* Summary Pay From Pay To	Select a type If the category is 'Other' o Drugs', you must provide Add Dependent • Yes No Medical Me	* Over-the-Counter a description.	
	Type * Description Recipient * Did You Drive To Receive This ProductService?* Summary Pay From Pay To Documentation Uploaded	Select a type If the category is 'Othe' o Drugs', you must provide Add Dependent Yes * No Medical Me No	r Over-the-Counter a description.	

Print a Claim Form

- 1. Click on the **Tool & Support** tab at the top of the portal.
- 2. Click on **FSA/DC FSA/HRA Claim Form** to download and print a claim form.
- 3. Follow the directions on the form to fill it out completely and send it to us to be processed.

Go to the next page to learn how to access the Surency Flex Mobile App, where you can submit claims right from your mobile device.



surency.com | 866-818-8805

SURENCY FLEX MOBILE APP



ACCESS YOUR ACCOUNT FROM ANYWHERE

ACCESS THE INFORMATION YOU NEED:

- Check your Dependent Care Flexible Spending Account (DC FSA) balance.
- View account activity.
- Access FSAStore.com to purchase eligible items like contact lenses, first aid kits, sunscreen and more. Use your Surency Flex Benefits Card to pay.



TAKE ACTION:

- Submit claims for Dependent Care FSA expenses.
- Snap a photo of receipts within the app to submit with new or existing claims.
- Access account funds to pay yourself back.
- Report a Surency Flex Benefits Card as lost or stolen.





LOGGING IN FOR THE FIRST TIME

The username and password to log into the app is the same as for your Member Account online. If you are a new member and do not have a username and password, you must first log in online at Surency.com using the information below:

- Username: first name (all lowercase) + last four digits of Social Security Number.
- Password: last name (all lowercase) + last four digits of Social Security Number.*

*If your last name is hyphenated, your password should be entered with no hyphen or space between the two names. If you experience any difficulty signing in, please call Customer Service at 866-818-8805.

surency.com | 866-818-8805



YOUR HEALTH SAVINGS	
ACCOUNT (HSA)	



WHAT'S NEXT?

The amount you elected will be automatically taken out of your paychecks in equal increments throughout the Plan Year before you pay federal, state and FICA taxes on the designated amount.

ACCESSING YOUR FUNDS

You may access your funds as they are deposited into your account.

USE YOUR BENEFITS CARD TO PAY FOR ELIGIBLE EXPENSES

- 1. Have the cashier ring up all of your items together.
- 2. When it's time to pay, swipe your Surency Flex Benefits Card first. Select 'credit' and sign for your purchase. *Optional: In addition to your signature, you can set up a PIN number to access your funds by calling 866-898-9795. If you have a PIN number, select 'debit' and enter your PIN.*
- 3. All eligible expenses will be paid for from your account and deducted from your total.
- 4. If you are purchasing non-eligible items, you will need to have a second form of payment available for those items.
- 5. Keep your receipts in the event that further validation is needed.

MANAGING YOUR BENEFITS

You have **24/7 access to your account** through the **Surency Flex mobile app** or on your **Member Account** at Surency.com.

Once you hit a certain threshold, you have the option of investing the money in your account. Click on the buttons below for more details.

USE THESE LINKS TO LEARN MORE



\checkmark





Click here to go back.

- 1. Visit Surency.com and select the Surency Flex member account.
- 2. You will need the preset username and password that has been generated for you by Surency*.

Username: your first name + the last four digits of your Social Security Number Password: your last name + the last four digits of your Social Security Number

If your last name is hyphenated, your password should be entered without a hyphen or space between the two names (see Example 2).

Example 1: if your name is Jane Smith, and the last four digits of your Social Security Number are 1234, your username would be jane1234 and your password would be smith1234.

Example 2: if your name is Jane Smith-Jones, and the last four digits of your Social Security Number are 1234, your username would be jane1234 and your password would be smithjones1234.

* You must be enrolled in our system either by yourself, your employer or a Surency representative before you will be able to access the Member Account using the information above. If you have already registered for the Member Account during online enrollment or you were participating in a prior plan year with Surency, please disregard the information above as your username and password have not changed.

Note: If you experience any difficulty signing in to your Surency Member Account, please call Customer Service at 866-818-8805.

Existing Us	er?		
Login to you	r account		
Username		Forgot Username?	
Password		Forgot Password?	
	Login		



Click here to go back.

3. You will need to set your security questions and answers to complete your user setup.

Please enter an answer to any 5 security asked to answer 3 of these questions to o	questions to complete your user setup. To l complete sensitive actions within the portal s	keep your information secure, you will be such as resetting a forgotten password.
Select a question	× .	
Select a question	*	
		*Red

4. Set your login information.

Please change your logir	n information.
Username*	
	Your username may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (_), and dash (-).
New Password*	
	The password must · Have a minimum of 6 characters & 20 character max · Not be one of your last 3 passwords · Contain at least one number
Confirm Password*	
	"Required

5. You are ready to begin managing your account!

MANAGING YOUR MEMBER ACCOUNT



Once logged in to your Surency Member Account, follow these easy steps to view and manage your account:

View Your Account Balance

- 1. From the **Accounts** tab, select **Account Summary**.
- You can view summaries of other accounts by scrolling down the page. Your Available Balance is the amount you have available to spend on qualified medical expenses.

Home Your Per	sonal Dashboard	Accounts	Tools & Support	Statements & Notifications	Pro	file	1	Want to 🔻
Account Summary	Αссоι	ints / Acc	ount Sun	nmary				
Account Activity	The information benefits.	ation displayed o	n the Account S	ummary page wil	ll vary dep	ending upon y	our specific	healthcare
Claims					Estim	ated Per Pay Pe	riod Deductio	n: \$104.17 🔺
Payments	Account		Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
	Comprehe FSA	nsive Medical	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00
					Estim	ated Per Pay Pe	riod Deductio	n: \$104.00 🔺
	Account		Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
	Comprehe FSA	nsive Medical	\$2,496.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,496.00
					Estin	nated Per Pay P	eriod Deducti	on: \$77.00 🔺
	Account		Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
	Comprehe FSA	nsive Medical	\$1,848.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,848.00

View Your Account Activity

- 1. From the Accounts tab, select Account Activity.
- 2. From this page you can view all activity on your accounts.

Home Your Personal D	ashboard	Accounts	Tools & Support	Statements & Notifications	Profile		I Want to 🔻
Account Summary	Accour	nts / Acc	ount Acti	vity			
Account Activity			•				
Investments	Pending Tra	ansactions					Export
Balance Detail 0	Requested Date	Description		Method	Contribution (Deposit)	Distribution (Withdrawal)	Available Cash Balance
Total Available Balance	05/24/2017	Debit Card P	reAuthorization	Debit Card			
Cash Account	Transaction Details	Request Date: Effective Date:	5/24/2017 1:57:30 05/24/2017	PM Amo	unt:		
Actual Balance	Debit Card Details	Card Number: Date of Service	xxxxxxxxxxx :: 05/24/2017	Merc	chant: FSASTORE.	COM NEW YOR	KUS
Pending Withdrawals	Processed	Transactions	3				
Available Balance	Processed Date	Description		Method	Contribution (Deposit)	Distribution (Withdrawal)	Actual Cash Balance

View Payment History

- 1. From the **Accounts** tab, select **Payments**.
- 2. From this page, you can view all distributions from your accounts and the status of each. Click a transaction for detailed information on a specific payment.

Home Your Person	al Dashboard	Accounts	Support	Notifications	Profile	I Want to
Assessed Survivary	Accou	nta i Paya	nenta			
Account Activity	Edu -		1.0	Materia	iluin .	Arrest
in technicia	OFFICE			Duki Card	Test	10.01
COLUMN STATE	100000			Design Cares	100	10.528
	Company &			Free Care	Table	Col III

MANAGING YOUR MEMBER ACCOUNT CONTINUED



Change Your Username or Password

- 1. From the **Profile** tab, select **Login Information**.
- To change your password, click Change Password. To change your username, click Change Username. Fill out all fields and select Save.

Home Your Persor	nal Dashboard Accounts	Tools & Support	Statements & Notifications	Profile	I Want to 🔻
Profile	Login Informati	on			
Banking/Cards	Password	Change	Password		
Payment Method	Username	Change	Username		
Login Information	Security Questions	Change	Security Questions		

Home Your Personal Da	ashboard	Accounts	Tools & Support	Statements & Notifications	Profile	I Want to
Profile	Login	Informati	on / Upd	ate Passwo	rd	
Banking/Cards	Current F	Password *				
Login Information	New Pas	sword *	Discourse			
			Please e must: · H be one of upper an one num	nter a new password lave a minimum of 6 ¹ your last 3 passwor d lowercase letters - ber	d. The passwo characters · I rds · Contain Contain at lea	nd Not ast
	Confirm I	New Password	*			*Required
	Cance	əl				Submit

Report a Lost/Stolen Benefits (Debit) Card

- 1. From the **Profile** tab, select **Banking/ Cards**.
- On the Banking/Cards page, locate the cardholder name and card number of the card you wish to replace. Under the Debit Cards column, select Report Lost/ Stolen.
- 3. Verify the selected card is the card you wish to report as lost or stolen and verify the shipping address. When you are finished, click **Submit**.

NOTE: If you need to report your card as lost or stolen or would like additional debit cards and the option is not available on the Debit Cards page, please contact Surency at 866-818-8805. If you would like to add a PIN to your Debit Card as an extra security measure, call 866-898-9795.



EDITING YOUR PROFILE INFORMATION



Once logged in to your Surency Member Account, follow these easy steps to edit your profile information:

View Profile Information

1. From the **Profile** tab, you can view and update your profile summary including your profile information, dependents, and bank accounts.

Home Your Personal	Dashboard Acco	unts Tools & Support	Statements & Notifications	Profile	I Want to 🔻
Profile	Profile / Pro	ofile Summa	ary		
Banking/Cards	Profile	Update Prof	ile Depe	endents /	Add Dependent
Payment Method			No de	ependents	
Login Information			Ben	eficiaries	
	Gender	Marital Stat	us No be	eneficiaries	
	Participant Acco	unt ID			
Contact Us	- Call Surency Life & Health i	it (316) 462-3316, Toll Fi	vee at (866) 818-8805 or E	mail us at moreinfo@su	rency.com

Add a Dependent or Spouse

- 1. From the **Profile Summary**, locate the Dependents section and click **Add Dependent**.
- 2. Enter your dependent's information into all required fields (marked with a red asterisk).
- 3. When you are finished, click Submit.

Add or Update a Bank Account

- From the Profile tab, select Banking/Cards on the left, locate the Bank Accounts section and click Add Bank Account. Or, if you are updating information for a bank account that has already been set up, click View/Update next to the bank account for which you wish to update information.
- Enter your bank account information. Hovering your mouse over the more information mark will open a pop up box showing where to find your bank's Routing Number. Your Account Nickname is the name you will use to identify the account. Next, enter your bank's information. After verifying you have entered correct information in all fields, click Submit.



surency.com | 866-818-8805



USING YOUR SURENCY FLEX BENEFITS CARD



Your **Surency Flex Benefits Card** is a special-purpose Visa[®] Card that gives you an easy, automatic way to pay for eligible expenses. The Benefits Card lets you electronically access the pre-tax amounts set aside in your Surency Flex accounts. Use it when paying for eligible expenses at a provider or merchant that accepts Visa Cards and uses an inventory control system. These transactions may be automatically substantiated, meaning you don't have to file a claim and may not have to submit a receipt. However, always keep all documentation for tax purposes or in case Surency requests further documentation.



HOW TO USE YOUR BENEFITS CARD

- 1. Have the cashier ring up all of your items together.
- 2. When it's time to pay, swipe your Surency Flex Benefits Card first. Select 'credit' and sign for your purchase. *Optional: In addition to your signature, you can set up a PIN number to access your funds by calling 866-898-9795. If you have a PIN number, select 'debit' and enter your PIN.*
- 3. All eligible expenses will be paid for from your account and deducted from your total.
- 4. If you are purchasing non-eligible items, you will need to have a second form of payment available for those items.
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DID YOU PAY OUT-OF-POCKET FOR AN ELIGIBLE EXPENSE?

Submit a claim to get paid back using money from your accout. There are three ways to submit a claim:

- SURENCY FLEX APP
 Download the Surency Flex
 mobile app and submit the claim
 by taking a photo of your receipt.
- 2. **MEMBER ACCOUNT AT SURENCY.COM** Log into your Member Account at Surency.com to upload your receipt.
- 3. **PAPER CLAIM FORM** Visit Surency.com to download a paper claim form. Complete and return to Surency.

WANT TO GET PAID BACK AUTOMATICALLY?

Sign up for Direct Deposit and after you submit a claim, Surency will automatically deposit those dollars back into your bank account. There are two ways to set up Direct Deposit:

1. MEMBER ACCOUNT AT SURENCY.COM

Log into your Member Account at Surency.com to input bank information.

2. PAPER DIRECT DEPOSIT FORM

Visit Surency.com to download a Direct Deposit form. Complete and return to Surency.





Once logged in to your Surency Member Account, follow these easy steps to request reimbursement:

Request HSA Distributions Online

- 1. From the Home tab, select Make HSA Transaction.
- 2. In the Distribution Funds From option, select My HSA. Fill out all required fields and click **Submit**.

If you wish to have your distribution check made out to your provider, you should select Someone Else on the Distribution Funds To option. Then enter your provider's name in the Recipient Name box.

Home Your Personal Da	ashboard Accounts	Support	Notifications	Profile	
	Welcome				67
I Want To	We're Making it Easy to M	Manage Your Healt	hcare Expenses View More		The second
Make HSA Transaction					
Manage Investments	Message Center				
Manage My Expenses	No current messages	3			
Available Balance	Quick View				
Open Ended HSA	HSA Contribut	ion & Distributi	on Activity	HSA Contributions by	Tax Year
\$1,989.48	\$3,000.00		2016		
	20200000		\$2.201.	01	of \$3.350.00
	_	Tools 8	Statements &		
Home Your Personal D	ashboard Accounts	Support	Notifications	Profile	I Want to
Balance Detail	Accounts / Ma	ake HSA	Transaction		
Total Available Balance	Create Transaction				
\$8,924.35	From *	Selec	ct an account	•	
Cash Account		Add B	ank Account		
Actual Balance \$2,000.00	То	Selec	t an account	•	
Pending Withdrawals					* Required
\$0.00 Available Balance				_	
\$2,000.00	Cancel				Next
		Testa 0			
Home Your Personal Da	ashboard Accounts	Support	Notifications	Profile	I Want to
Balance Detail	Accounts / Ma	ke HSA	Transaction		
Total Available Balance	Create Transaction				
\$8,924.35	From *	Selec	t an account	-	
Cash Account		Add Ba	ank Account		
\$2,000.00	То	Selec	t an account	•	
Pending Withdrawals					 Required
\$0.00 Available Balance				_	
ATLANC DOM LC	Cancel				Next

Print a Distribution Form

- 1. Click on the Tool & Support tab at the top of the portal.
- 2. Click on HSA Distribution Request Form to download and print a claim form.
- 3. Follow the instructions on the claim for to fill it out completely and submit it to us for processing.

Go to the next page to learn how to access the Surency Flex Mobile App, where you can request reimbursements right from your mobile device.

Home Your Personal Dashboard Accounts	Support	Notifications	Profile	I Want to •
Tools & Support				
Documents & Forms	н	ow Do I?		
Forms FSAIDCFSAIHRA Direct Deposit Setup Form HIPAA Designated Rep Authorization Form HSA Additional Benefits Card Request Form HSA Deschiption Change Spould Consent Form HSA Deschiption United Statement HSA Direct Deposit Enrollment Change Form HSA Direct Deposit Enrollment Change Form HSA Direct Deposit Enrollment Change Notification HSA Information Change Notification HSA Performed of Attorney Surency Next Steps Guide HSA Tax Documents	Q	Change Payment I Report Card Lost Update Notificatio Download Mobile View Interest Info View Fee Schedul uick Links I About Your Plan Learn More About Member Login Tut Surency Advantag Surency Frequent	Method or Stolen n Preferences App mation e e Your Plan orial ePlus Benefits Card y Asked Questions	
Plan Summaries Open Ended HSA Plan Rules Open Ended HSA Plan Descriptions Open Ended HSA Plan Details Open Ended HSA Plan Documents Rules & Agreements Custodial Agreement and Disclosure Statement Electronic Disclosure	H	elpful Links IIAS and 90% Merc Surency Advantag Surency Resource U. S. Dept of HHS I nop For Eligible Ex Shop for FSA & HS	hant Locator ePlus Mobile is Hospital Compare Qu penses iA Eligible Items Here	ality of Care Tool
Contact Us				
Surency Life & Health PO Box 789773 Wichita, KS 67278				

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ACCESS YOUR ACCOUNT FROM ANYWHERE

ACCESS THE INFORMATION YOU NEED:

- Check your Health Savings Account (HSA) balance.
- View account activity.
- Access FSAStore.com to purchase eligible items like contact lenses, first aid kits, sunscreen and more. Use your Surency Flex Benefits Card to pay.



TAKE ACTION:

- Snap a photo of receipts within the app to submit with new or existing claims.
- Request HSA distributions and make HSA contributions.
- Access account funds to pay yourself back or to pay your doctor.
- ▶ Report a Surency Flex Benefits Card as lost or stolen.





LOGGING IN FOR THE FIRST TIME

The username and password to log into the app is the same as for your Member Account online. If you are a new member and do not have a username and password, you must first log in online at Surency.com using the information below:

FSA Store

- Username: first name (all lowercase) + last four digits of Social Security Number.
- Password: last name (all lowercase) + last four digits of Social Security Number.*

*If your last name is hyphenated, your password should be entered with no hyphen or space between the two names. If you experience any difficulty signing in, please call Customer Service at 866-818-8805.

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Once logged in to your Surency Member Account, follow these easy steps to start growing your funds by investing:

INVEST FUNDS IN YOUR HSA

- Visit Surency.com and log in to your Member Account.
- Select Investments under the Accounts tab.
- Set up investment transfers by selecting Setup Investment Transfer. You will be able to set your cash account threshold. Please note that the cash account balance is the amount available on the Surency Flex Benefits Card at any given time. For most groups, at least \$2,000 must be kept in the cash account, but more may be elected.
- Manage your investments by selecting Manage Investments.
- Answer the security question and select
 Submit.
- Use this website to add or change information related to your HSA investment account.
- You should consult your own legal and tax advisors regarding your personal situation and whether investing is right for you.

Home Your Personal I	Dashboard	Accounts	Support	Notifications	Profile	I Want to 🛪
Account Summary	Acco	unts / Ac	count Su	ummary		
Account Activity	The inform healthcare	nation displayed benefits. View	d on the Accou More	int Summary page v	vill vary dependir	ng upon your specific
Investments	Health S	avings Accou	nt 💿			
Claims		Available C	ash Balance	Investmer	nt Balance	Total Available Balance
Payments			\$1,989.48	* Current as	\$2,487.69 of 11/4/2016	\$4,477.17
HSA Contributions By Tax Year			Pre-Ta	x Benefits (1/1/12	-12/31/12)	•
					Estimated	Per Pay Period Deduction: \$23.08
	Pay check d	eductions are base	d on your election	and the number of sche	duled pay periods wi	thin the plan year. True deductions



Account Information	Websers		He Same		
Belence by Investment Fund Performance Transaction Datall Fund Addrity Summary Pooling/Victivity History)) The entry out this notice in time or other pr	nnaut information participing to your 1985 (nonderset damark.	Accountly Plan New Total Bala	Ador Nama DBLTA DB RCC	FOR A TRU RTILL OF KINNER INC HEA DOWETHENT ACCOUNT (7) 16,953 -
HSA Performance	Thy Portfalia				
Hy Parformance					
Hanopt Ply Account					
Investment Elections					
lasign investments					
Transfer (Investments					
Automotic Rebelance	Balance History				Mall Street Chart
Adamatic Databases	Balance History	for all PONES from DO'DN/2010 Noway's 00/2019			Mall Street Chart
Automatic Fabri anna Hanning & Coldanan Account Projection	Balance History	for all 44400 from 20120/2010 through 20120/2010			Mall Street Chart
Automatic Databalance Flamming & Coldense Account Projection Promotel Calculators	Balance History	fer alla Hotels fran 30/25/2513 Efraugh 30/20/253			Wall Street Chart
Automatic Fathelanes Planning & Dakknow Account Projection Pransel Calculation References	Balance Hatory	for ML PARM from 32/34/3512 Minuph 35/22/213	50.000 50.000 50.000		Wall Shoet Chart
Automotic Datholiannes Flanning & Dathonium Account Protection Promotic Califabeters Followiew File	Balance History		50.000 50.000 50.000 50.000 50.000 50.000		Mid1 Street Chart
Automatic Datal une Flanstag & Datalance Account Protection Promotel Calculation Enforcement 140	Balance History	5 4.2 + ABIS / ADI 2010210 F04g9 12020205	90.000 90.000 50.000 50 50 60 41 13.10% (Bull Street Cart



YOUR HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Surency[®] FLEX

WHAT'S NEXT?

Your employer makes contributions to your HRA. You won't pay income tax on that amount, so it is free money for you to use on eligible expenses.

ACCESSING YOUR FUNDS

The amount that your employer will be contributing to your HRA will either be added to your account in increments or in one lump sum.

USE YOUR BENEFITS CARD TO PAY FOR ELIGIBLE EXPENSES

- 1. Have the cashier ring up all of your items together.
- 2. When it's time to pay, swipe your Surency Flex Benefits Card first. Select 'credit' and sign for your purchase. *Optional: In addition to your signature, you can set up a PIN number to access your funds by calling 866-898-9795. If you have a PIN number, select 'debit' and enter your PIN.*
- 3. All eligible expenses will be paid for from your account and deducted from your total.
- 4. If you are purchasing non-eligible items, you will need to have a second form of payment available for those items.
- 5. Keep your receipts in the event that further validation is needed.

MANAGING YOUR BENEFITS

You have **24/7 access to your account** through the **Surency Flex mobile app** or on your **Member Account** at Surency.com.

USE THESE LINKS TO LEARN MORE







Click here to go back.

- 1. Visit Surency.com and select the Surency Flex member account.
- 2. You will need the preset username and password that has been generated for you by Surency*.

Username: your first name + the last four digits of your Social Security Number Password: your last name + the last four digits of your Social Security Number

If your last name is hyphenated, your password should be entered without a hyphen or space between the two names (see Example 2).

Example 1: if your name is Jane Smith, and the last four digits of your Social Security Number are 1234, your username would be jane1234 and your password would be smith1234.

Example 2: if your name is Jane Smith-Jones, and the last four digits of your Social Security Number are 1234, your username would be jane1234 and your password would be smithjones1234.

* You must be enrolled in our system either by yourself, your employer or a Surency representative before you will be able to access the Member Account using the information above. If you have already registered for the Member Account during online enrollment or you were participating in a prior plan year with Surency, please disregard the information above as your username and password have not changed.

Note: If you experience any difficulty signing in to your Surency Member Account, please call Customer Service at 866-818-8805.

Existing Us	er?		
Login to you	r account		
Username		Forgot Username?	
Password		Forgot Password?	
	Login		

LOGGING IN TO YOUR MEMBER ACCOUNT CONTINUED



Click here to go back.

3. You will need to set your security questions and answers to complete your user setup.

Please enter an answer to any 5 security asked to answer 3 of these questions to	questions to complete your user setup. To complete sensitive actions within the portage.	o keep your information secure, you will be al such as resetting a forgotten password.
Select a question	× .	
Select a question	*	

4. Set your login information.

Please change your login	information.
Username*	
	Your username may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (_), and dash (-).
New Password*	
	The password must \cdot Have a minimum of 6 characters & 20 character max \cdot Not be one of your last 3 passwords \cdot Contain at least one number
Confirm Password*	
	20 anvirad

5. You are ready to begin managing your account!

MANAGING YOUR MEMBER ACCOUNT



Once logged in to your Surency Member Account, follow these easy steps to view and manage your account:

View Your Account Balance

- 1. From the **Accounts** tab, select **Account Summary**.
- You can view summaries of other accounts by scrolling down the page. Your Available Balance is the amount you have available to spend on eligible expenses.

Home Your Perso	onal Dashboard	Accounts	Tools & Support	Statements & Notifications	Pro	file	1	Want to 🔻
Account Summary	Αссоι	ints / Acc	ount Sun	nmary				
Account Activity	The information benefits.	ation displayed o	n the Account S	ummary page wil	ll vary dep	ending upon y	our specific	healthcare
Claims					Estim	ated Per Pay Pe	riod Deductio	n: \$104.17 🔺
Payments	Account		Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
	Comprehe FSA	nsive Medical	\$2,500.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,500.00
					Estim	ated Per Pay Pe	riod Deductio	n: \$104.00 🔺
	Account		Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
	Comprehe FSA	nsive Medical	\$2,496.00	\$0.00	\$0.00	\$0.00	\$0.00	\$2,496.00
					Estin	nated Per Pay P	eriod Deducti	on: \$77.00 🔺
	Account		Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
	Comprehe FSA	nsive Medical	\$1,848.00	\$0.00	\$0.00	\$0.00	\$0.00	\$1,848.00

View Your Account Activity

- 1. From the Accounts tab, select Account Activity.
- 2. From this page you can view all activity on your accounts.

Home Your Personal D	ashboard	Accounts	Tools & Support	Statements & Notifications	Profile		I Want to 🔻
Account Summary	Accourt	nts / Acc	ount Acti	vity			
Account Activity			•				
Investments	Pending Tra	ansactions					Export
Balance Detail	Requested Date	Description		Method	Contribution (Deposit)	Distribution (Withdrawal)	Available Cash Balance
Total Available Balance	05/24/2017	Debit Card P	reAuthorization	Debit Card			
Cash Account	Transaction Details	Request Date: Effective Date:	5/24/2017 1:57:30 05/24/2017	PM Amo	unt:		
Actual Balance	Debit Card Details	Card Number: Date of Service	00000000000000000000000000000000000000	Merc	chant: FSASTORE.	COM NEW YOR	CUS
Pending Withdrawals	Processed	Transactions					
Available Balance	Processed Date	Description		Method	Contribution (Deposit)	Distribution (Withdrawal)	Actual Cash Balance

View Payment History

- 1. From the **Accounts** tab, select **Payments**.
- 2. From this page, you can view all distributions from your accounts and the status of each. Click a transaction for detailed information on a specific payment.

Home Your Person	al Dashboard	Accounts	Support	Notifications	Profile	I Want to
Assessed Survivary	Accou	nta i Paya	nenta			
Account Activity	Edu -		1.0	Materia	iluin .	Arrest
in technology	OFFICE			Duki Card	Test	10.01
COLUMN STATE	100000			Design Cares	100	10.528
	Company &			Free Care	Table	Sec. 61

MANAGING YOUR MEMBER ACCOUNT CONTINUED



Change Your Username or Password

- 1. From the **Profile** tab, select **Login Information**.
- To change your password, click Change Password. To change your username, click Change Username. Fill out all fields and select Save.

Home Your Persor	al Dashboard Accounts	Tools & Support	Statements & Notifications	Profile	I Want to 🔻
Profile	Login Informati	on			
Banking/Cards	Password	Change	Password		
Payment Method	lisername	Change	lisername		
Login Information	Security Questions	Change	Security Questions		
	occurry quotions	onango			

Home Your Personal Da	ishboard	Accounts	Tools & Support	Statements & Notifications	Profile	I Want to 🤊
Profile	Login	Informati	on / Upd	ate Passwo	rd	
Banking/Cards	Current F	Password *				
Payment Method	New Pas	sword *				
			Please e must: · H be one of upper an one num	nter a new password lave a minimum of 6 ¹ your last 3 password d lowercase letters - ber	d. The passwo characters rds · Contain Contain at le	ord Not ast
	Confirm I	New Password	*			*Required
	Cance	əl				Submit

Report a Lost/Stolen Benefits (Debit) Card

- 1. From the **Profile** tab, select **Banking/ Cards**.
- On the Banking/Cards page, locate the cardholder name and card number of the card you wish to replace. Under the Debit Cards column, select Report Lost/ Stolen.
- 3. Verify the selected card is the card you wish to report as lost or stolen and verify the shipping address. When you are finished, click **Submit**.

NOTE: If you need to report your card as lost or stolen or would like additional debit cards and the option is not available on the Debit Cards page, please contact Surency at 866-818-8805. If you would like to add a PIN to your Debit Card as an extra security measure, call 866-898-9795.



EDITING YOUR PROFILE INFORMATION



Once logged in to your Surency Member Account, follow these easy steps to edit your profile information:

View Profile Information

1. From the **Profile** tab, you can view and update your profile summary including your profile information, dependents, and bank accounts.

Home Your Personal D	ashboard Acc	ounts	Tools & Support	Stateme	nts & ions	Profile		I Want to 🖲
Profile	Profile / Pr	rofile	Summar	/				
Banking/Cards	Profile		Update Profile		Depe	ndents	Add Depe	ndent
Payment Method					No dep	pendents		
Login Information					Bene	ficiaries		
	Gender		Marital Status		No ber	neficiaries		
	Participant Acc	ount ID						
Contact IIs - C	all Surency Life & Health	at (316) 4	182-3318 Toll Free (# (886) 818-8	1805 or Fr	ail us at moreinfot	Baurency com	

Add a Dependent or Spouse

- 1. From the **Profile Summary**, locate the Dependents section and click **Add Dependent**.
- 2. Enter your dependent's information into all required fields (marked with a red asterisk).
- 3. When you are finished, click Submit.

Add or Update a Bank Account

- From the Profile tab, select Banking/Cards on the left, locate the Bank Accounts section and click Add Bank Account. Or, if you are updating information for a bank account that has already been set up, click View/Update next to the bank account for which you wish to update information.
- Enter your bank account information. Hovering your mouse over the more information mark will open a pop up box showing where to find your bank's Routing Number. Your Account Nickname is the name you will use to identify the account. Next, enter your bank's information. After verifying you have entered correct information in all fields, click Submit.



surency.com | 866-818-8805



USING YOUR SURENCY FLEX BENEFITS CARD



Your **Surency Flex Benefits Card** is a special-purpose Visa[®] Card that gives you an easy, automatic way to pay for eligible expenses. The Benefits Card lets you electronically access the pre-tax amounts set aside in your Surency Flex accounts. Use it when paying for eligible expenses at a provider or merchant that accepts Visa Cards and uses an inventory control system. These transactions may be automatically substantiated, meaning you don't have to file a claim and may not have to submit a receipt. However, always keep all documentation for tax purposes or in case Surency requests further documentation.



HOW TO USE YOUR BENEFITS CARD

- 1. Have the cashier ring up all of your items together.
- 2. When it's time to pay, swipe your Surency Flex Benefits Card first. Select 'credit' and sign for your purchase. Optional: In addition to your signature, you can set up a PIN number to access your funds by calling 866-898-9795. If you have a PIN number, select 'debit' and enter your PIN.
- 3. All eligible expenses will be paid for from your account and deducted from your total.
- 4. If you are purchasing non-eligible items, you will need to have a second form of payment available for those items.
- 5. Keep your receipts in the event that further validation is needed.

DID YOU PAY OUT-OF-POCKET FOR AN ELIGIBLE EXPENSE?

Submit a claim to get paid back using money from your accout. There are three ways to submit a claim:

- SURENCY FLEX APP Download the Surency Flex mobile app and submit the claim by taking a photo of your receipt.
- 2. **MEMBER ACCOUNT AT SURENCY.COM** Log into your Member Account at Surency.com to upload your receipt.
 - 3. PAPER CLAIM FORM

Visit Surency.com to download a paper claim form. Complete and return to Surency.

WANT TO GET PAID BACK AUTOMATICALLY?

Sign up for Direct Deposit and after you submit a claim, Surency will automatically deposit those dollars back into your bank account. There are two ways to set up Direct Deposit:

- 1. **MEMBER ACCOUNT AT SURENCY.COM** Log into your Member Account at Surency.com to input bank information.
- 2. PAPER DIRECT DEPOSIT FORM

Visit Surency.com to download a Direct Deposit form. Complete and return to Surency.



FILING CLAIMS



Once logged in to your Surency Member Account, follow these easy steps to file a claim:

File a Claim Online

- 1. From the **Home** tab, select **File a New Claim**.
- As determined by your plan design, you may be able to choose the account you wish to be reimbursed from by clicking the File Claim button next to that account.
- 3. Fill out all required fields on the claim form and click **Add Claim** when finished.
- In your Claims Basket, you can update or remove claims. If you are finished editing your claims, you must click Submit to finish the claims filing process.

				-
	Welcome		L , OC	50
Want To	We're Making it Easy to Manage	Your Healthcare Expenses View Mor	•	
File A New Claim				
Manage My Expenses	Message Center 1			
Available Balance 0	Download Mobile App View	v More		
Comprehensive Medic	Quick View			
	Election S	ummary	Contributions To Date 1/1/2016 - 12/31/2016	
	Benefits (1/1/16	-12/31/16 RO) Your Co	ontributions	
		\$96.20		of \$250.00
Iome Your Personal Da	shboard Accounts	Fools & Statements & Support Notifications	Profile	I Want to
vailable Balance	Accounts / File A	New Claim		
omprehensive Medical 0	Accounts	New Claim		
	Claim Details			
an Filing Rules	Start Date of Service	mm/dd/yyyy		
	End Date of Service	mm/dd/yyyy		
omprehensive Medical	Amount*	\$		
	Provider *			
	Category * 0	Select a category	•	
	Type *	Select a type	*	
	Type *	Select a type	•	
	Type * Description	Select a type	•	
	Type * Description	Select a type If the category is 'Other' or ' Drugs', you must provide a d	• Over-the-Counter description.	
	Type * Description Recipient *	Select a type If the category is 'Other' or 't Drugs', you must provide a o	• Over-the-Counter description.	
	Type * Description Recipient *	Select a type If the category is "Other" or " Drugs", you must provide a d Add Dependent	- Over-the-Counter description.	
	Type * Description Recipient * Did You Drive To Receive This Product/Service?* ①	Select a type If the category is 'Other' or 'i Drugs', you must provide a c Add Dependent Yes * No	• Over-the-Counter description.	
	Type * Description Recipient * Did You Drive To Receive This Product/Service?* Summary	Select a type If the category is 'Other' or 'i Drugs', you must provide a c Add Dependent Yes * No	Over-the-Counter description.	
	Type * Description Recipient * Did You Drive To Receive This Product/Service?* Summary Pay From	Select a type If the category is 'Other' or ' Drugs', you must provide a or Add Dependent Or Yes The No Medical	- Over-the-Counter description.	
	Type * Description Recipient * Did You Drive To Receive This Product/Service?* Summary Pay From Pay To	Select a type If the category is 'Other' or ' Drugs', you must provide a or Add Dependent Or Yes No Medical Me	- Over-the-Counter description.	
	Type * Description Recipient * Did You Drive To Receive This Product/Service?* Summary Pay From Pay To Documentation Uploaded	Select a type If the category is 'Other' or 'n Orungs', you must provide a c O Add Dependent O Yes No Medical No	- Over-the-Counter description.	

Print a Claim Form

- 1. Click on the **Tool & Support** tab at the top of the portal.
- 2. Click on FSA/DC FSA/HRA Claim Form to download and print a claim form.
- 3. Follow the directions on the form to fill it out completely and send it to us to be processed.

Go to the next page to learn how to access the Surency Flex Mobile App, where you can submit claims right from your mobile device.



surency.com | 866-818-8805



ACCESS YOUR ACCOUNT FROM ANYWHERE

ACCESS THE INFORMATION YOU NEED:

- Check your Health Reimbursement Arrangement (HRA) balance.
- View account activity.
- Access FSAStore.com to purchase eligible items like contact lenses, first aid kits, sunscreen and more. Use your Surency Flex Benefits Card to pay.



TAKE ACTION:

- Submit claims for HRA expenses.
- Snap a photo of receipts within the app to submit with new or existing claims.
- Access account funds to pay yourself back or to pay your doctor.
- Report a Surency Flex Benefits Card as lost or stolen.





LOGGING IN FOR THE FIRST TIME

The username and password to log into the app is the same as for your Member Account online. If you are a new member and do not have a username and password, you must first log in online at Surency.com using the information below:

FSA Store

- Username: first name (all lowercase) + last four digits of Social Security Number.
- Password: last name (all lowercase) + last four digits of Social Security Number.*

*If your last name is hyphenated, your password should be entered with no hyphen or space between the two names. If you experience any difficulty signing in, please call Customer Service at 866-818-8805.

surency.com | 866-818-8805

YOUR COMMUTER BENEFITS

WHAT'S NEXT?

You may enroll annually or monthly. Once you've enrolled, you may set your election amount. Maximum elections are subject to change and are set by the IRS. That amount will be automatically taken out of your paychecks in equal increments before you pay federal, state and FICA taxes on the designated amount.

ACCESSING YOUR FUNDS

When you are ready to use the money in your account for an eligible transit or parking expense, just swipe your **Surency Flex Benefits Card**. If you don't have a Surency Flex Benefits Card, or you prefer to pay upfront then be reimbursed, you can file a claim electronically from your Member Account or mobile app and you will be reimbursed with money from your account, as long as you have funds available.

MANAGING YOUR BENEFITS

You have 24/7 access to your account through the Surency Flex mobile app or on your Member Account at Surency.com.

USE THESE LINKS TO LEARN MORE











Click here to go back.

- 1. Visit Surency.com and select the Surency Flex member account.
- 2. You will need the preset username and password that has been generated for you by Surency*.

Username: your first name + the last four digits of your Social Security Number Password: your last name + the last four digits of your Social Security Number

If your last name is hyphenated, your password should be entered without a hyphen or space between the two names (see Example 2).

Example 1: if your name is Jane Smith, and the last four digits of your Social Security Number are 1234, your username would be jane1234 and your password would be smith1234.

Example 2: if your name is Jane Smith-Jones, and the last four digits of your Social Security Number are 1234, your username would be jane1234 and your password would be smithjones1234.

* You must be enrolled in our system either by yourself, your employer or a Surency representative before you will be able to access the Member Account using the information above. If you have already registered for the Member Account during online enrollment or you were participating in a prior plan year with Surency, please disregard the information above as your username and password have not changed.

Note: If you experience any difficulty signing in to your Surency Member Account, please call Customer Service at 866-818-8805.

Existing Us	er?		
Login to you	ir account		
Username	1	Forgot Username?	
Password		Forgot Password?	
	Login		

LOGGING IN TO YOUR MEMBER ACCOUNT CONTINUED



Click here to go back.

3. You will need to set your security questions and answers to complete your user setup.

Please enter an answer to any 5 security que asked to answer 3 of these questions to comp	stions to complete your user setup. To kee plete sensitive actions within the portal suc	p your information secure, you will be h as resetting a forgotten password.
Select a question	×	
Select a question	*	

4. Set your login information.

Please change your logir	n information.
Username*	
	Your username may contain alphanumeric characters and any of the following special characters: period (.), at sign (@), underscore (_), and dash (-).
New Password*	
	The password must \cdot Have a minimum of 6 characters & 20 character max \cdot Not be one of your last 3 passwords \cdot Contain at least one number
Confirm Password*	
	"Required

5. You are ready to begin managing your account!

MANAGING YOUR MEMBER ACCOUNT



Once logged in to your Surency Member Account, follow these easy steps to view and manage your account:

View Your Account Balance

- 1. From the **Accounts** tab, select **Account Summary**.
- You can view summaries of other accounts by scrolling down the page. Your Available Balance is the amount you have available to spend on qualified transit and/or parking expenses.

Home Your Persona	al Dashboard Accounts	Tools & Support	Statements & Notifications	Profile		11	Nant to 🤊
Account Summary	Accounts / Ac	count Sur	nmary				
Account Activity	The information displaye healthcare benefits. Vie	ed on the Account w More	Summary pag	e will vary de	epending upo	n your speci	fic
Claims							•
Payments				Es	stimated Per Pa	y Period Dedu	ction: \$58.85
Change Payment Method	Account	Eligible Amount	Submitted Claims	Paid	Pending	Denied	Available Balance
	Pre-tax Mass Transit (1/1/17-12/31/17)	\$3,185.07	\$824.65	\$824.65	\$0.00	\$0.00	\$115.92
							-
				E	timated Per Pa	v Pariod Dadu	otion: \$21.65

View Your Account Activity

- 1. From the Accounts tab, select Account Activity.
- 2. From this page you can view all activity on your accounts.

Home Your Personal Da	shboard	Accounts	Tools & Support	Statements & Notifications	Profile	I Want to 🔻
Account Summary	Accou	nts / Ac	count Ac	tivity		
Account Activity	Pre-tax Mar	ss Transit (1/1	/17-12/31/1*			
Claims	Activity De	tails				Export
Payments	Date -	Description		Amount	Running Balance Not	PS
Available Balance	07/27/2017	Payroll Ded	uction	\$29.12	\$115.92	
Pre-tax Mass Transit (🕕	07/20/2017	Payroll Ded	uction	\$29.13	\$86.80	
\$115.92	07/17/2017	Claim Subm	ission	(\$41.90)	\$57.67	
	07/13/2017	Payroll Ded	uction	\$29.12	\$99.57	
	07/12/2017	Claim Subm	ission	(\$26.25)	\$70.45	
	07/09/2017	Claim Subm	ission	(\$11.50)	\$96.70	
	07/06/2017	Payroll Ded	uction	\$29.13	\$108.20	
	06/29/2017	Payroll Ded	uction	\$23.30	\$79.07	
	06/22/2017	Payroll Ded	uction	\$23.30	\$55.77	

View Payment History

- 1. From the **Accounts** tab, select **Payments**.
- 2. From this page, you can view all distributions from your accounts and the status of each. Click a transaction for detailed information on a specific payment.

Home Your Person	nal Dashboard	Accounts	Support	Notifications	Profile	I Want to
Assessed Survivary	Accou	nta i Payr	nenta			
Account Activity	Edu -		1.0	Matural	iluin .	Arrest
in technicia	OHERCE IF			Dubli David	Test	10.01
COLUMN STATE	100000			Desi Gen	100	70.52
	Company.			Central Courts	Table	444.00



MANAGING YOUR MEMBER ACCOUNT CONTINUED



Change Your Username or Password

- 1. From the **Profile** tab, select **Login Information**.
- To change your password, click Change Password. To change your username, click Change Username. Fill out all fields and select Save.

Home Your Person	al Dashboard Accounts	Tools & Support	Statements & Notifications	Profile	I Want to 🔻
Profile	Login Informat	ion			
Banking/Cards	Password	Change	Password		
Payment Method	Username	Change	Username		
Login Information	Security Questions	Change	Security Questions		

Home Your Personal Da	shboard Accounts	Tools & Support	Statements & Notifications	Profile	I Want to 🔻
Profile	Login Informati	on / Upd	ate Passwo	rd	
Banking/Cards	Current Password *				
Login Information	New Password *	Please e must: · H be one of upper an one num	nter a new password ave a minimum of 6 'your last 3 passwor d lowercase letters - ber	d. The passwo characters · I rds · Contain Contain at lea	ord Not ast
	Confirm New Password	*			*Required
	Cancel				Submit

Report a Lost/Stolen Benefits (Debit) Card

- 1. From the **Profile** tab, select **Banking/ Cards**.
- On the Banking/Cards page, locate the cardholder name and card number of the card you wish to replace. Under the Debit Cards column, select Report Lost/ Stolen.
- 3. Verify the selected card is the card you wish to report as lost or stolen and verify the shipping address. When you are finished, click **Submit**.

NOTE: If you need to report your card as lost or stolen or would like additional debit cards and the option is not available on the Debit Cards page, please contact Surency at 866-818-8805. If you would like to add a PIN to your Debit Card as an extra security measure, call 866-898-9795.



EDITING YOUR PROFILE INFORMATION



Once logged in to your Surency Member Account, follow these easy steps to edit your profile information:

View Profile Information

1. From the **Profile** tab, you can view and update your profile summary including your profile information, dependents, and bank accounts.

Dependents Add Dependent No dependents Beneficiaries
Dependents Add Dependent No dependents Beneficiaries
No dependents Beneficiaries
Beneficiaries
No beneficiaries

Add a Dependent or Spouse

- 1. From the **Profile Summary**, locate the Dependents section and click **Add Dependent**.
- 2. Enter your dependent's information into all required fields (marked with a red asterisk).
- 3. When you are finished, click **Submit**.

Add or Update a Bank Account

- From the Profile tab, select Banking/Cards on the left, locate the Bank Accounts section and click Add Bank Account. Or, if you are updating information for a bank account that has already been set up, click View/Update next to the bank account for which you wish to update information.
- Enter your bank account information. Hovering your mouse over the more information mark will open a pop up box showing where to find your bank's Routing Number. Your Account Nickname is the name you will use to identify the account. Next, enter your bank's information. After verifying you have entered correct information in all fields, click Submit.



surency.com | 866-818-8805



USING YOUR SURENCY FLEX BENEFITS CARD



Your **Surency Flex Benefits Card** is a special-purpose Visa[®] Card that gives you an easy, automatic way to pay for eligible expenses. The Benefits Card lets you electronically access the pre-tax amounts set aside in your Surency Flex accounts. Use it when paying for eligible expenses at a provider or merchant that accepts Visa Cards and uses an inventory control system. These transactions may be automatically substantiated, meaning you don't have to file a claim and may not have to submit a receipt. However, always keep all documentation for tax purposes or in case Surency requests further documentation.



HOW TO USE YOUR BENEFITS CARD

- 1. Have the parking and/or transit vendor ring up your expenses.
- 2. When it's time to pay, swipe your Surency Flex Benefits Card first. Select 'credit' and sign for your purchase. Optional: In addition to your signature, you can set up a PIN number to access your funds by calling 866-898-9795. If you have a PIN number, select 'debit' and enter your PIN.
- 3. All eligible expenses will be paid for from your account and deducted from your total.
- 4. Keep your receipts in the event that further validation is needed.

DID YOU PAY OUT-OF-POCKET FOR AN ELIGIBLE EXPENSE?

Submit a claim to get paid back using money from your accout. There are three ways to submit a claim:

SURENCY FLEX APP
 Download the Surency Flex
 mobile app and submit the claim
 by taking a photo of your receipt.

- 2. **MEMBER ACCOUNT AT SURENCY.COM** Log into your Member Account at Surency.com to upload your receipt.
 - 3. PAPER CLAIM FORM

Visit Surency.com to download a paper claim form. Complete and return to Surency.

WANT TO GET PAID BACK AUTOMATICALLY?

Sign up for Direct Deposit and after you submit a claim, Surency will automatically deposit those dollars back into your bank account. There are two ways to set up Direct Deposit:

surency.com | 866-818-8805

- 1. **MEMBER ACCOUNT AT SURENCY.COM** Log into your Member Account at Surency.com to input bank information.
- 2. PAPER DIRECT DEPOSIT FORM

Visit Surency.com to download a Direct Deposit form. Complete and return to Surency.





Once logged in to your Surency Member Account, follow these easy steps to file a claim:

Request Reimbursement Online

- 1. From the **Home** tab, select **File a New Claim**.
- As determined by your plan design, you may be able to choose the account you wish to be reimbursed from by clicking the File Claim button next to that account.
- 3. Upload your proof of purchase by clicking on **Upload Valid Documentation**. Click **Next**.
- 4. Fill out all required fields on the claim form and click **Add Claim** when finished.
- In your Claims Basket, you can update or remove claims. If you are finished editing your claims, you must click Submit to finish the claims filing process.

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	Welcome				51
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Print a Reimbursement Request Form

- 1. Click on the **Tool & Support** tab at the top of the portal.
- 2. Click on Parking Expense Reimbursement Request or Transit Expense Reimbursement Request to download and print a claim form.
- 3. Follow the directions on the form to fill it out completely and send it to us to be processed.



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ACCESS YOUR ACCOUNT FROM ANYWHERE

ACCESS THE INFORMATION YOU NEED:

- Check your Commuter Benefit balance.
- View account activity.
- Access FSAStore.com to purchase eligible items like contact lenses, first aid kits, sunscreen and more. Use your Surency Flex Benefits Card to pay.



TAKE ACTION:

- Submit claims for Commuter Benefit expenses.
 Snap a photo of receipts within the app to submit with new or
- existing claims.

Access account funds to pay yourself back.

Report a Surency Flex Benefits Card as lost or stolen.





LOGGING IN FOR THE FIRST TIME

The username and password to log into the app is the same as for your Member Account online. If you are a new member and do not have a username and password, you must first log in online at Surency.com using the information below:

FSA Store

- Username: first name (all lowercase) + last four digits of Social Security Number.
- Password: last name (all lowercase) + last four digits of Social Security Number.*

*If your last name is hyphenated, your password should be entered with no hyphen or space between the two names. If you experience any difficulty signing in, please call Customer Service at 866-818-8805.

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CONTACT US

It sure is easy.

Customer Service

Toll Free – 866-818-8805 Fax – 316-272-4841 Email – flex@surency.com

Mailing Address

P.O. Box 789773 Wichita, KS 67278-9773

Visit Surency.com to submit a question to our Customer Service staff via the Online Contact Us form.

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