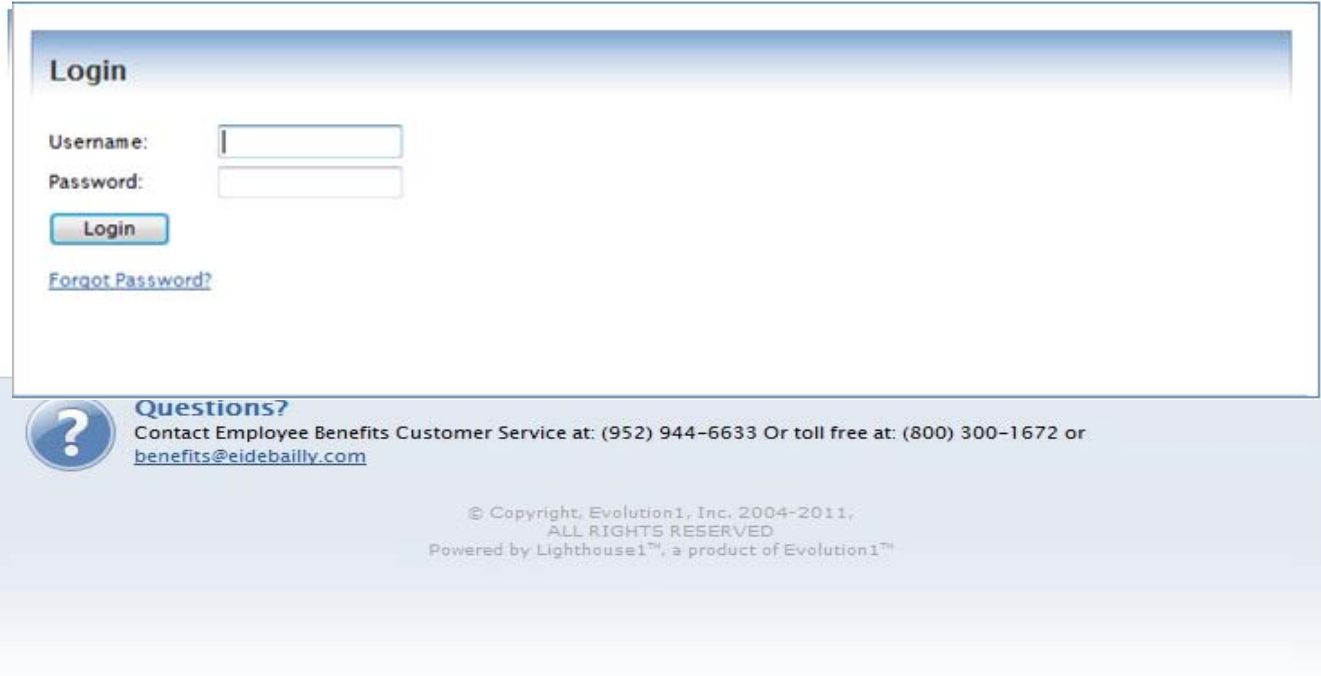


Log in to Your Account

A screenshot of the EideBailly login page. The page has a light blue header with the "Login" title. Below the title are two input fields: "Username:" and "Password:". A blue "Login" button is positioned below the password field. A blue link for "Forgot Password?" is located below the button. At the bottom of the page, there is a "Questions?" section with a question mark icon, contact information for Employee Benefits Customer Service, and copyright information for Evolution1, Inc. and Lighthouse1™.

Username:

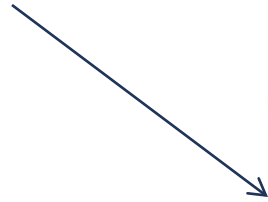
Password:

[Login](#)

[Forgot Password?](#)

Questions?
Contact Employee Benefits Customer Service at: (952) 944-6633 Or toll free at: (800) 300-1672 or benefits@eidebailly.com

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Enter your user name
(your State ID# and the last
4 of your SS#)

Enter your password (your
State ID# and the last 4 of
your SS#)

»»» Then, Create a New, Unique Password

Change Username and Password

Please change your login information

Username:* 123456789

New Password:*

Confirm Password:*

Security Question:* What is your mother's maiden name? ▼

Answer:*

Email:

By providing an email address, you will receive communications from Zenith Administrators electronically about your benefits in lieu of paper documents. Your email address will not be shared or used for any other purpose.

→ Provide an email address if you wish to receive correspondence electronically vs. in the mail

»»» Your Home Page

Employer
Branding



HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS LINKS

Jane Anderson ▾
Logout

Welcome, Jane



Welcome to your single source for all you need to know about your pre-tax benefits. Request payment, check payment status, view account balance and summary information, access important notifications about your account, and more!

Action Required:

[1 repayment\(s\) totaling \\$5.00 due](#) for claims you were paid and later denied [?](#)
[4 receipt\(s\) needed](#) to approve your claims [?](#)

Action Required
Noted on Home Page

Accounts

[View Account Summary](#)

Account	Available Balance ?	Final Service Date ?	Final Filing Date ?	Actions
Health FSA 1/1/2011 - 12/31/2011	\$1,885.00	12/31/2011	1/31/2011	File Claim View Claim History
Dependent Care 1/1/2011 - 12/31/2011	\$208.33	12/31/2011	1/31/2011	File Claim View Claim History
HRA 1/1/2011 - 12/31/2011	\$200.00	12/31/2011	1/31/2011	File Claim View Claim History
Mass Transit 1/1/2011 - 12/31/2011	\$25.00	12/31/2011	1/31/2011	File Claim View Claim History

Easy, One Click
Navigation

At a Glance Claims Reimbursement

Top-level information on the home page answers your most frequently asked questions, including how much you submitted, how much you have left and when you will receive your next reimbursement.

Next Scheduled Reimbursement Processing on 2/13/2010

 [View All Payments](#)

You can expect to receive your payment for claims processed on the reimbursement processing date above as follows depending on the payment method: direct deposit payments will be deposited into your bank account 2 business days after the processing date and checks will be mailed 1 day after the processing date.

Your actual payment amount will be based available balance as of the time of processing and the claims eligible to be reimbursed. The projected payment below is based on the current state your balance and claim status, which does not take into account any contributions that may occur before the reimbursement processing.

Accounts with a Projected Claim Reimbursement

Account	Submitted Claims	Paid	Pending	Denied	Method	Projected Payment*
Dependent Care 1/1/2010 - 12/31/2010	\$500.00	\$208.33	\$291.67	\$0.00	Direct Deposit	\$208.33
*Based on balance and claim status as of 2/11/2010; subject to change.					Total Projected Payment	\$208.33



Questions?

Contact Eide Bailly Employee Benefits at (952) 944-6633, toll free at (800) 300-1672 or email us at benefits@eidebailly.com.


View Your Account Information

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS Ernie George [Logout](#)

Welcome

Account Summary
File Claims
Payment History
Election Summary
Plan Descriptions

to your single source for all you need to know about your pre-tax benefits. payment, check payment status, view account balance and summary on, access important notifications about your account, and more!



Consumer Portal has been redesigned. [Learn more about the new features](#)

 **Action Required:** [1 receipt\(s\) needed](#) to approve your claims [?](#)

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS Ernie George [Logout](#)

Account Summary

The "Eligible Amount" shown is the sum of your Annual Election amount, plus certain credits that have been applied to your account. The "Available Balance" reflects your available funds at this time. If you have questions regarding these balances or credits applied, please contact Customer Service.

1/1/2009-12/31/2009

Account	Eligible Amount	Submitted Claims	Paid	Pending	Denied	Plan Year Balance	Available Balance
Medical Flex	\$2,000.00	\$27.98	\$0.00	\$27.98	\$0.00	\$1,972.02	\$1,972.02

View Payment History

[HOME](#)[ACCOUNTS](#)[PROFILE](#)[NOTIFICATIONS](#)[FORMS](#)[LINKS](#)

Jane Anderson ▾
[Logout](#)

Payment History

Action Required:

[1 repayment\(s\) totaling \\$5.00 due](#) for claims you were paid and later denied [?](#)

[4 receipt\(s\) needed](#) to approve your claims [?](#)

Date	Payment Number	Amount	Payment Type	Method	Status	View Detail
1/15/2011	000123124	\$90.00	Claim Reimbursement	Direct Deposit	Paid	View Detail
1/3/2011	000000142	\$120.00	Claim Reimbursement	Direct Deposit	Paid	View Detail
11/1/2010		\$55.00	Claim Reimbursement	Debit Card	Paid	View Detail
7/8/2010	000123133	\$30.00	Claim Reimbursement	Direct Deposit	Paid	View Detail
6/15/2010		\$150.00	Claim Reimbursement	Debit Card	Paid	View Detail
6/1/2010	000423124	\$10.00	Claim Reimbursement	Direct Deposit	Paid	View Detail
4/20/2010	000120984	\$54.00	Claim Reimbursement	Direct Deposit	Paid	View Detail

See a Summary of Your Elections



HOME	ACCOUNTS	PROFILE	NOTIFICATIONS	FORMS	LINKS
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Jane Anderson ▾
[Logout](#)

1/1/2011 - 12/31/2011

Payment Method: Benefits Debit Card | Check [Update](#)

Account	My Annual Election	Company Contributions	My Contributions	*Payroll Deduction
Health FSA Effective: 1/1/2011	\$2,000.00	\$0.00	\$249.99	\$83.33
Dependent Care Effective: 1/1/2011	\$5,000.00	\$0.00	\$624.99	\$208.33
HRA Effective: 1/1/2011	--	\$600.00 of \$600.00	--	--
Mass Transit Effective: 1/1/2011	\$1,200.00	\$0.00	\$150.00	\$50.00
				Total: \$441.66



View Plan Descriptions

[HOME](#)[ACCOUNTS](#)[PROFILE](#)[NOTIFICATIONS](#)[FORMS](#)[LINKS](#)

Jane Anderson ▾
[Logout](#)

Plans

Health FSA

Your employer will establish a Health FSA on your behalf. The amount that you elect to contribute for the plan year will be available immediately in your account, but your election will be divided out and deducted, pre-tax, from each paycheck throughout the entire plan year. As you incur eligible expenses you will submit a claim to draw funds from your account. Paying for benefits on a pre-tax basis means your taxable income is lower and, consequently, your taxes are lower.

Dependent Care

Your employer will establish a Dependent Care FSA on your behalf. The amount that you elect to contribute will be prorated and deducted from each paycheck for the upcoming plan year. These deductions will appear as a credit to your Dependent Care FSA. As you incur eligible expenses you will submit a claim to your employer to draw funds from your account. Paying for dependent care on a pre-tax basis means your taxable income is lower and, consequently, your taxes are lower.

HRA

An HRA is an account funded by your company to help you pay for deductible expenses not covered by insurance for yourself, your spouse and dependent family members. The money in your HRA is not considered taxable income on your W2 and is not funded by you in any way; it is simply money set aside for you, by your employer, to offset the cost of deductible expenses.



Drill Down to Get Your Questions Answered About Your Plans and View Your SPD

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS LINKS Jane Anderson ▾ Logout

Plan Detail: Health FSA

How does the Health FSA work?
Your employer will establish a Health Flexible Spending Account on your behalf. The amount that you elect to contribute for the plan year will be available immediately in your account, but your election will be divided out and deducted, pre-tax, from each paycheck throughout the entire plan year. As you incur eligible expenses you will submit a claim to draw funds from your account. Paying for benefits on a pre-tax basis means your taxable income is lower and, consequently, your taxes are lower.

What are examples of eligible medical expenses that qualify for reimbursement from the Health FSA?
Eligible expenses must qualify as a medical deduction under Internal Revenue Service rules (Section 213(d)). Sample health care expenses include deductibles, co-pays, eyeglasses, contact lenses, prescription and over-the-counter drugs. [Click here for a list of eligible medical expenses.](#)

Can I use the Health FSA for my family's health care expenses?
Eligible health care expenses incurred by you, your spouse, or any dependent that you may claim as a dependent on your income tax returns, are allowed for reimbursement.

What do I submit to get reimbursed for qualifying Health expenses?
To draw funds from your Health FSA, you simply submit a claim online (may be paper) and send necessary substantiation documentation for your claim to the administrator. Upon receipt and review of the claim, the administrator will reimburse you from your spending account.

What happens if I don't incur enough eligible expenses during the plan year to claim reimbursement of all the money I have contributed to the Health FSA?
IRS rules do not permit a refund of any unused funds that remain in your Health Flexible Spending Account at the end of a plan year. Also, you cannot transfer money designed for the Health FSA to any other account or fund. For this reason, it is important that you be conservative when setting your targeted contribution to the Health FSA.

Supplementary Documents
[Summary Plan Description](#)

Submitting Claims: File Online!

Easily file claims and upload receipts online

The screenshot shows the EideBailly website's claims submission page. At the top left is the EideBailly logo. A navigation menu includes HOME, ACCOUNTS, PROFILE, NOTIFICATIONS, FORMS, and LINKS. The user is logged in as Jane Anderson, with a Logout link. The page title is "File Claim: Limited Purpose FSA" and a "Claims Basket (0)" button is visible. A disclaimer states: "Please enter your claim information below. If all or part of your claim is not reimbursable due to auditing factors (i.e., claim exceeds available balance in your account), then you will only be reimbursed the approved amount. You will be notified of any pending or denied claim amounts." The form fields are: "Do You Have a Valid Receipt?" with radio buttons for "No" (selected) and "Yes" (with a note: "You may submit receipts electronically after you successfully submit your claims."); "Date of Service:" with a text input field and the instruction "Format date as mm/dd/yyyy."; "Claim Amount:" with a text input field preceded by a dollar sign; "Provider:" with a text input field; "Category:" with a dropdown menu showing "Choose from list..."; "Type:" with a dropdown menu showing "Choose from list..."; and "Description:" with a text area. There are two help links: "What is a valid receipt?" and "What expenses are eligible?". A note at the bottom of the form states: "If the Category is 'Other' or 'Over-the-Counter'".

EideBailly

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS LINKS

Jane Anderson **Logout**

File Claim: Limited Purpose FSA **Claims Basket (0)**

Please enter your claim information below. If all or part of your claim is not reimbursable due to auditing factors (i.e., claim exceeds available balance in your account), then you will only be reimbursed the approved amount. You will be notified of any pending or denied claim amounts.

* Do You Have a Valid Receipt? No [What is a valid receipt?](#)
 Yes
You may submit receipts electronically after you successfully submit your claims.

* Date of Service:
Format date as mm/dd/yyyy.

* Claim Amount: \$

* Provider:

* Category: Choose from list... [What expenses are eligible?](#)

* Type: Choose from list...

Description:

If the Category is "Other" or "Over-the-Counter"



Then, Either Print and Fax or Mail Your Documents, or.....



HOME	ACCOUNTS	PROFILE	NOTIFICATIONS	FORMS	LINKS	Jane Anderson ▾ Logout
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Claim Confirmation

Jane Anderson
111542213
Creative Companies, Inc.

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


You can expect deposit of approved amounts in your account of record in accordance with your employer's reimbursement schedule following the receipt of valid receipts, subject to the following guidelines: - Claims must be filed by the end of the business on the "Reimbursement Request Deadline Date" in order to be paid on the "Reimbursements Distributed By" date. - Substantiation of receipts is required prior to payment - If this claim exceeds your available balance, only available funds will be reimbursed, and you will receive an explanation notice. - This claim will be reviewed to determine all criteria are met, if something is determined incorrect you will receive a claim denial letter explaining what needs to be corrected in order to process this claim.

Receipt(s) Required - Print this Page:

You can also send your receipts electronically from the [Claims Requiring Receipts](#) page located under the Accounts tab.

Fax: (877) 918-3622
Mail: 5601 Green Valley Drive, Suite 710
Minneapolis, MN 55437-1145
Email: benefits@eidebailly.com

If you are unable to print this confirmation:
Send your receipts with a note that includes (a) the name of the company you work for, (b) your name, and (c) the claim number(s) listed below.


**Click this link to
upload receipts**



Click on the Upload Receipt Link and Browse & Attach Documents

EideBailly

HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS LINKS Jane Anderson ▾ Logout

Claims Requiring Receipts

Claim Number	Plan	Date of Service	Recipient	Claim Amount	Receipt Status	
SAM09021110000100010	Health FSA	2/10/2011	Adam Anderson	\$45.00	Required	View Confirmation Upload Receipt
SAM09011110000100010	Health FSA	12/31/2010	Adam Anderson	\$55.00	Overdue	View Confirmation Upload Receipt
SAM09011110000100011	Dependent Care	12/1/2010 - 12/15/2010	Emma Anderson	\$180.99	Overdue	View Confirmation Upload Receipt
SAM09011110000100012	Health FSA	11/20/2010	Jane Anderson	\$55.00	Overdue	View Confirmation Upload Receipt

View All Notifications Received



Notification History

Search
 Notifications: [?](#) Create Date Within:
 All

Notification	Create Date	For Date(s)	Plan Year
Account Statement	2/1/2011	1/1/2011 - 1/31/2011	1/1/2011 - 12/31/2011
Receipt Reminder	2/1/2011	2/1/2011	
Denial Letter with Repayment	2/10/2011	2/10/2011	
Advice of Deposit	1/15/2011	1/15/2011	
Account Statement	1/1/2011	12/1/2010 - 12/31/2010	1/1/2010 - 12/31/2010
Receipt Reminder	12/28/2010	12/28/2010	
Denial Letter with Repayment	12/19/2010	12/19/2010	
Account Statement	11/1/2010	10/1/2010 - 10/31/2010	1/1/2010 - 12/31/2010
Denial Letter	10/14/2010	10/14/2010	
Account Statement	10/1/2010	9/1/2010 - 9/30/2010	1/1/2010 - 12/31/2010

< Prev 1 2 3 4 5 6 Next > | Page 1 of 6 | Results 1 - 10 of 64



Questions?

Contact Eide Bailly Employee Benefits at (952) 944-6633, toll free at (800) 300-1672 or email us at benefits@eidebailly.com.



Order Debit Cards Online



HOME	ACCOUNTS	PROFILE	NOTIFICATIONS	FORMS	LINKS
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Jane Anderson ▾
Logout

Debit Cards

Cardholder	Card Number	Effective Date	Expiration Date	Card Status	Fee Deducted From	Actions
Jane Anderson	x1234	1/1/2010	12/31/2011	Active	Health Savings Account	Report Lost/Stolen Order Replacement

*Your available balance for this plan will already reflect these charges.

Order Dependent Debit Card

Name	Action	Accounts Available on Card	Card Shipped To	Dependent Card Fee
Adam Anderson	<input type="checkbox"/> Issue Card	Health Savings Account	Jane Anderson 445 Sample Ave. Sample City, MN 55410	\$10.00

*Dependent cards will be shipped within 5-7 business days. Verify the primary cardholder's address before clicking the *Order Dependent Card* button. If the address is incorrect, [Update the Address](#) first and then return to request dependent card.

Print Forms



HOME	ACCOUNTS	PROFILE	NOTIFICATIONS	FORMS	LINKS
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Jane Anderson ▾
Logout

Forms

- [Automatic Dependent Care Claim Form](#)
- [Change Form](#)
- [Dependent Care Claim Form](#)
- [Dependent Care Receipt Form](#)
- [Direct Deposit Form](#)
- [Enrollment Form](#)
- [Medical Claim Form](#)
- [Online Instructions](#)
- [Terms & Conditions](#)



Questions?

Contact Eide Bailly Employee Benefits at (952) 944-6633, toll free at (800) 300-1672 or email us at benefits@eidebailly.com.



Link to Info About Health Care and the Eide Baily Website

CATIONS	FORMS	LINKS	Jane Anderson ▾ Logout
		Health Expense Calculator	
		Health-Care-Information.org	
		WebMD	
		Latest News on Consumer Driven Healthcare	
		Eide Baily Website	