

# MyFlexOnline – How to pay back a Balance Due.



1. Go to CPN's website [www.cpnflex.com](http://www.cpnflex.com)

2. Click 

3. This will direct you to...

A screenshot of the MyFlexOnline login page. At the top, the text 'MyFlexOnline' is displayed in a blue serif font. Below this is a dark blue horizontal bar. The page is divided into two columns. The left column is titled 'Registered Participants' and contains two input fields: 'User Name' and 'Password'. Below these fields is a blue 'Log in' button and a link for 'Password Reset and User Name Retrieval'. The right column is titled 'New User?' and contains a link that says 'Click here to establish your username and password to manage your account.' Below this link is a blue 'New User Registration' button. At the bottom of the page, there is a small note: 'Periodic password changes are recommended to improve account security.'

4. Enter your **user name** and **password** and then click 

5. From your main **Benefits** screen, you will see the box indicating you have a Balance Due to pay back.

## Benefits

[View Previous Year](#)



**Dependent Care**  
**FSA - Dependent Care**  
 Use it from: 1/1/2014 to 12/31/2014  
 Claim it by: 6/29/2015  
[What's covered?](#)

Available Balance **\$0.00**  
 Election Amount \$5,000.00

[See Savings & Spending](#)



**Health Care**  
**FSA - Unreimbursed Medical**  
 Use it from: 1/1/2014 to 3/15/2015  
 Claim it by: 6/29/2015  
[What's covered?](#)

Available Balance **\$3,100.00**  
 Election Amount \$3,100.00

[See Savings & Spending](#)



**Health Care**  
**HRA - Unreimbursed Medical**  
 Spend it by: 12/31/2014  
 Claim it by: 12/31/2014  
[What's covered?](#)

Available Balance **\$1,953.00**  
 Employer Allocation \$166.66

[See Savings & Spending](#)

[Submit a Claim](#)

You Owe

**\$35.00** [Show details](#)

[Make a payment](#)

Alerts & Reminders

**0** [New Message](#)

**NOTE** These are general dates for the plan. Your period of coverage may be different, depending on when you entered or terminated from the plan. Check with your plan administrator.

Click on

[Make a payment](#)

6. The next screen will give you the option of Paying with a personal credit card or e-Check.

## Amount You Owe

The amount you owe is the result of payments made from your account that were not qualified. Please repay the amount you owe immediately. If you do not repay this amount, it will automatically be deducted from any future claim.

### Non-Qualified Expenses

[View Repayment History](#)

Date	Description	Reference Number	Amount	Balance
05/23/2014		3839	\$35.00	\$35.00

**Total amount you owe** **\$35.00**

Amount of repayment: \$

[Repay by Card](#)

[Repay by e-Check](#)

[Submit a Claim](#)

You Owe

**\$35.00** [Show details](#)

[Make a payment](#)

Alerts & Reminders

**0** [New Message](#)

### Important Information Regarding the Amount You Owe

The IRS requires that your flex account only be used for qualified expenses. If you receive a reimbursement or make a flex benefit card payment for an item that does not qualify under your plan, you must repay the "amount you owe" from your personal funds. For example, your flex benefit card will be accepted by certain qualified merchants to purchase items that do not qualify (e.g. non-prescription sunglasses purchased at an optical shop and teeth whitening at the dentist). Any "amount you owe" can be conveniently viewed and repaid on this website. You must repay each "amount you owe" by the deadline, or your card will be suspended.

7. The next screen allows you to enter your payment information, all depending on what you selected as your payment method.

## Paying by Credit Card

### MyFlexOnline

**SALE**

**Repayment Information**

Amount To Repay:  \*

Credit Card Number (no spaces or dashes):  \*

Expiration Date(MMY):  \*

**Billing Address**

First Name:  \*

Last name:  \*

Address1:  \*

Address2:

City:  \*

State:  \*

Postal Code:  \*

## Paying by e-Check

Make sure all the boxes are completed.

MyFlexOnline | Repay by eCheck

Amount to repay from personal funds **\$35.00**

### Repay by e-Check

The following information must match corresponding information on file with your bank. Otherwise, your transaction will not be approved.

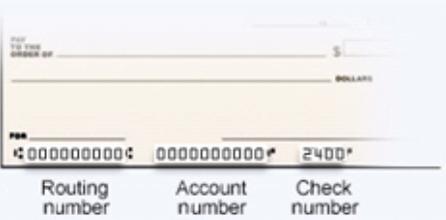
**Check Information**

Amount of repayment:

Bank account number

Transit or routing number

Check number



Routing number    Account number    Check number

**Bank Information**

First name

Last name

Address

City

State

ZIP code

E-mail address

Click on Make Payment and you're done.