

# MyFlexOnline – Substantiating Debit Card Charges




After a participant swipes their flex card, most charges will require follow up documentation. Participants may follow the below steps to successfully complete this process from their MyFlexOnline account.

1. After you swiped your card, 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. The page has a blue header with the 'MyFlexOnline' logo. Below the header, there are two main sections: 'Registered Participants' and 'New User?'. The 'Registered Participants' section contains two input fields for 'User Name' and 'Password', a blue 'Log in' button, and a link for 'Password Reset and User Name Retrieval'. The 'New User?' section contains a blue 'New User Registration' button and a link to 'Click here to establish your username and password to manage your account.' 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, place your cursor over **Claims & Payments** and select **View Claim Activity**

Benefits



Use it for  
Claim it by: 3/31/2015  
What's covered?

- Manage Direct Deposit
- Submit a Claim
- View Claim Activity**
- View Pending Claims (Internet Entry)
- View Non-Qualified Expense Activity

View Previous Year

Available Balance **\$800.16**  
Election Amount \$800.16

See Savings & Spending

Submit a Claim

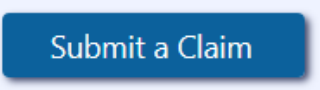
Alerts & Reminders

**0** New Message

Debit Card Status:  
**Active**

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.

**DO NOT CLICK ON**



6. The next screen will display your claim activity. Here you will be able to view your 'Pending/In-process' flex charge(s) you made. The 'Status' column will read 'Pending'; therefore you **cannot** create your online claim form, yet.

Claim Activity

▼ Service Date	Provider	Source	Status	Total	Paid	Rejected
4/28/2014		Card	Pending	\$175.00	----	----
+ 12/18/2013		Claim	Paid	\$172.00	\$172.00	----
+ 3/23/2013		Card	Paid	\$30.00	\$30.00	----
+ 1/2/2013		Claim	Paid	\$414.00	\$414.00	----

Submit a Claim

Alerts & Reminders

**0** New Message

Debit Card Status:  
**Active**

\*The Provider data shown above has been shielded to protect the participant's identity.

7. It may take up to five (5) business days for your charge(s) to settle the bank.

If you are signed up to receive emails, once the charge(s) has settled the bank, and ready for you to send your documents, you will receive the below email:

You recently used your Flex Benefit Card for the following transaction(s). We were not able to automatically substantiate the following:

Date of Service	Claim ID	Merchant	Amount
4/28/2014		Your merchant name will appear here	MEMPHIS TN \$175.00

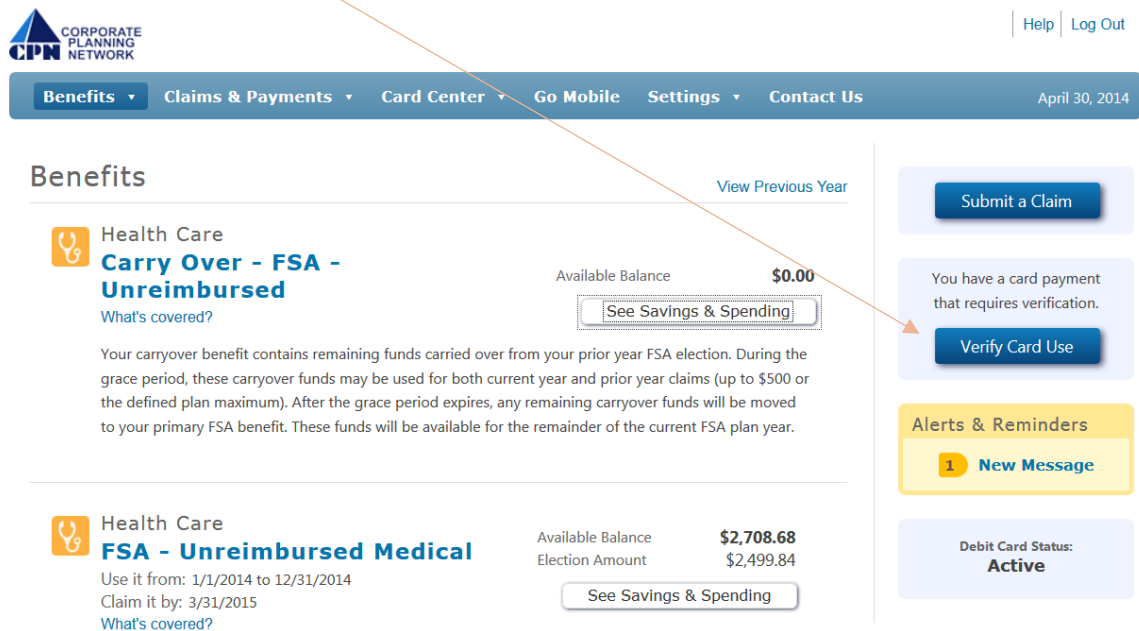
You must provide documentation from the provider or merchant that includes the **date of service**, the **service provided** or **product purchased**, the **person for whom the services were provided** and the **amount charged**.

Please go to [MyFlexOnline.com](http://MyFlexOnline.com) to review your transaction(s) and print/submit a verification form with receipts attached.

**Note:** You may also opt to receive notifications via text message. This option is available under Settings / Manage Email and Text Notifications.

8. When your charge(s) are ready to be substantiated, you will see

 on your MyFlexOnline account **Benefits** screen.



The screenshot shows the MyFlexOnline interface. At the top left is the CPN Corporate Planning Network logo. The navigation bar includes 'Benefits', 'Claims & Payments', 'Card Center', 'Go Mobile', 'Settings', and 'Contact Us'. The date 'April 30, 2014' is shown on the right. The main content area is titled 'Benefits' and features a 'View Previous Year' link. There are two benefit cards: 'Health Care Carry Over - FSA - Unreimbursed' with an available balance of \$0.00 and a 'See Savings & Spending' button; and 'Health Care FSA - Unreimbursed Medical' with an available balance of \$2,708.68 and an election amount of \$2,499.84, also with a 'See Savings & Spending' button. On the right sidebar, there are buttons for 'Submit a Claim', a notification 'You have a card payment that requires verification.' with a 'Verify Card Use' button, 'Alerts & Reminders' with a 'New Message' notification, and 'Debit Card Status: Active'.

9. Click

Verify Card Use

10. The next screen will appear as below. To upload your follow up documentation, you must place a **checkmark** beside the item(s) you are substantiating...

11. Then click

Upload Receipt

CPN CORPORATE PLANNING NETWORK

Help | Log Out

Benefits | Claims & Payments | Card Center | Go Mobile | Settings | Contact Us

April 30, 2014

### Please Verify Your Flex Card Payments

MyFlexOnline could not automatically verify the following Flex Benefit Card transactions. Please use this page to provide verification of purchases you have made with your Flex Benefit Card, as required by the Internal Revenue Service.

Date of Service	Provider	Unverified Amount *	Deadline	Payment Selector
04/28/14	Your Provider name will appear here	\$175.00	06/01/14	<input checked="" type="checkbox"/>

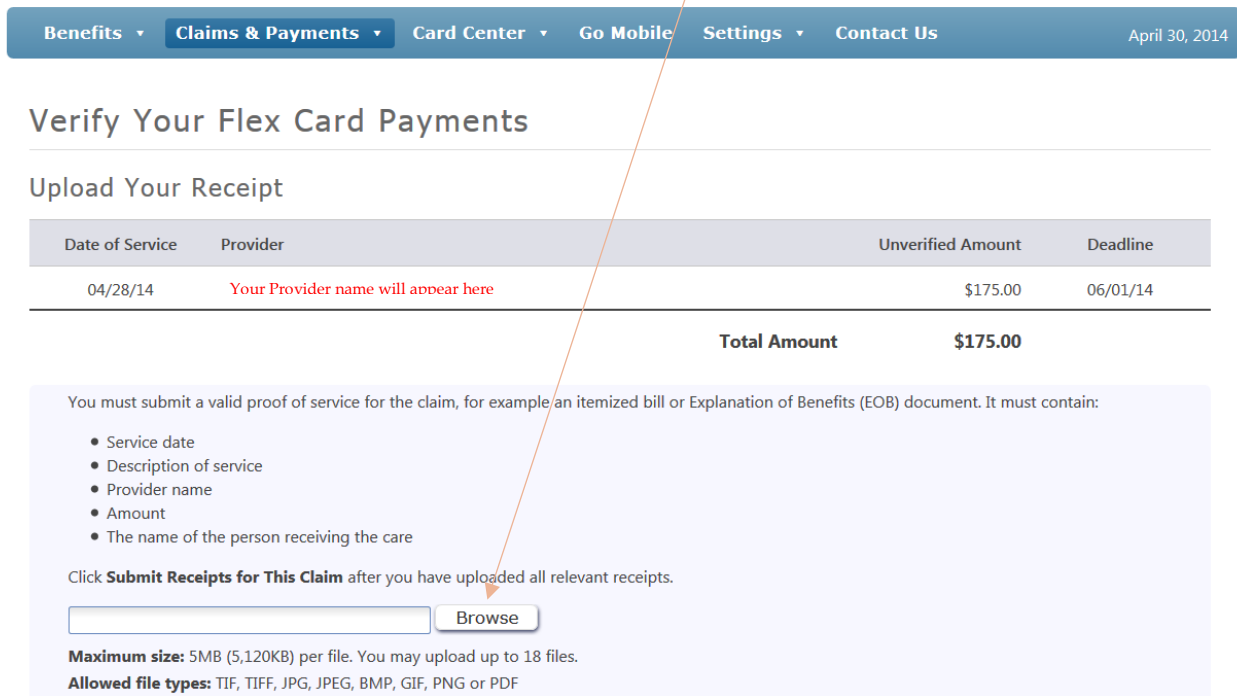
You must select at least one payment.

\* A receipt or other appropriate proof-of-service document is required for this amount. A canceled check is not acceptable because it does not contain the required information. Credit card receipts are acceptable only if they contain a list of items purchased.

\*The Provider data shown above has been shielded to protect the participant's identity.

12. The next screen will appear as the below.

To upload your attachment, click 



Benefits ▾ **Claims & Payments** ▾ Card Center ▾ Go Mobile Settings ▾ Contact Us April 30, 2014

## Verify Your Flex Card Payments

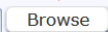
### Upload Your Receipt

Date of Service	Provider	Unverified Amount	Deadline
04/28/14	Your Provider name will appear here	\$175.00	06/01/14
<b>Total Amount</b>		<b>\$175.00</b>	

You must submit a valid proof of service for the claim, for example an itemized bill or Explanation of Benefits (EOB) document. It must contain:


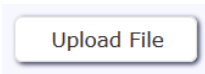
- Service date
- Description of service
- Provider name
- Amount
- The name of the person receiving the care

Click **Submit Receipts for This Claim** after you have uploaded all relevant receipts.



**Maximum size:** 5MB (5,120KB) per file. You may upload up to 18 files.  
**Allowed file types:** TIF, TIFF, JPG, JPEG, BMP, GIF, PNG or PDF

\*The Provider data shown above has been shielded to protect the participant's identity.

13. When you click on  it will pull up your personal PC folders where you may select your saved document. Then you will click on 

14. Once your file has been successfully uploaded, you will see the below message on your screen. **YOU ARE NOT DONE.** To finish the process of submitting your debit card substantiation to CPN, you must click on

Submit Receipts for This Claim

#### Uploaded Receipt Files for This Claim

Name	Size	
Your attachment file name will appear here	145.5 KB	Remove

Previous Submit Receipts for This Claim

#### Certification and Authorization Policy

I certify that the information on this form is accurate and complete. I am requesting reimbursement for eligible expenses incurred by myself or an eligible dependent while I was a participant in the plan. I have already received these products and services and have not been previously reimbursed for these expenses and I will not seek reimbursement of these expenses from any other plan or party. In addition, the expenses for which reimbursement is sought will not be claimed as tax deductions on my personal tax return. I understand that if an expense is determined to be ineligible, I am responsible for reimbursing the plan(s) for any such expense or for payment of all related income taxes on amounts paid from the plan(s) which relate to such expense. If I am covered under more than one health care account, reimbursement will be made according to the payment order determined by those plans. If I am requesting reimbursement for work-related dependent care expenses incurred for care provided by a valid dependent care provider to an eligible dependent (for children under the age of 13 or other dependents that are physically or mentally incapable of taking care of themselves) it was while I was a participant in the plan. If I am requesting reimbursement for transit or parking benefits, these are my own personal expenses and all expenses for which reimbursement is claimed were incurred for parking at or near the business premises of my employer, or near a location from which I commute to work, and/or for regular daily direct commute from home to work and return. If no receipt is provided for commuter expenses, this service provider does not provide receipts (such as payments made by token/ticket machine, meter or cash box). If this is a Public Transportation expense, then the pass for this service in this amount is not available for purchase from my employer or plan service provider. This certification also applies to any Flex Debit Card payments where receipts are submitted for verification.

**NOW, YOU ARE DONE 😊**



[Help](#) | [Log Out](#)

[Benefits](#) ▾ [Claims & Payments](#) ▾ [Card Center](#) ▾ [Go Mobile](#) [Settings](#) ▾ [Contact Us](#)

April 30, 2014

## Verify Your Flex Card Payments

### Confirmation

✔ You've successfully uploaded your receipt!

Your MyFlexOnline card use verification number is #

Please make a note of this number for future reference.

Verification number will appear here