



FILING YOUR HRA AND FLEXIBLE BENEFIT CLAIMS ONLINE!

We are excited to announce that you will be able to file your HRA and Flexible Benefit claims ONLINE!

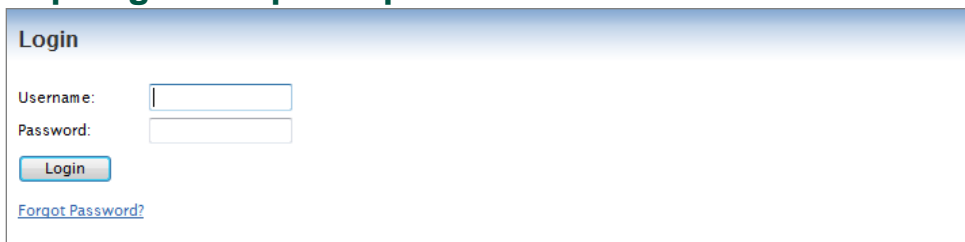
Plan Year:

Online claims filing is effective for the current plan year. Claims for the prior plan year must be submitted using the previous method of submission, whether online or on paper.

HOW TO LOGIN:

1. Open your web browser (e.g. MS Explorer) and log into the following website:

<https://goldleafparticipants.lh1ondemand.com>



The screenshot shows a login form with the title "Login". It contains two input fields: "Username:" and "Password:". Below the "Password:" field is a "Login" button. At the bottom of the form is a link that says "Forgot Password?".

2. **Login using the following:**

Username: First initial of your firstname + entire lastname+ last four digits of your Social Security number (janderson6789).

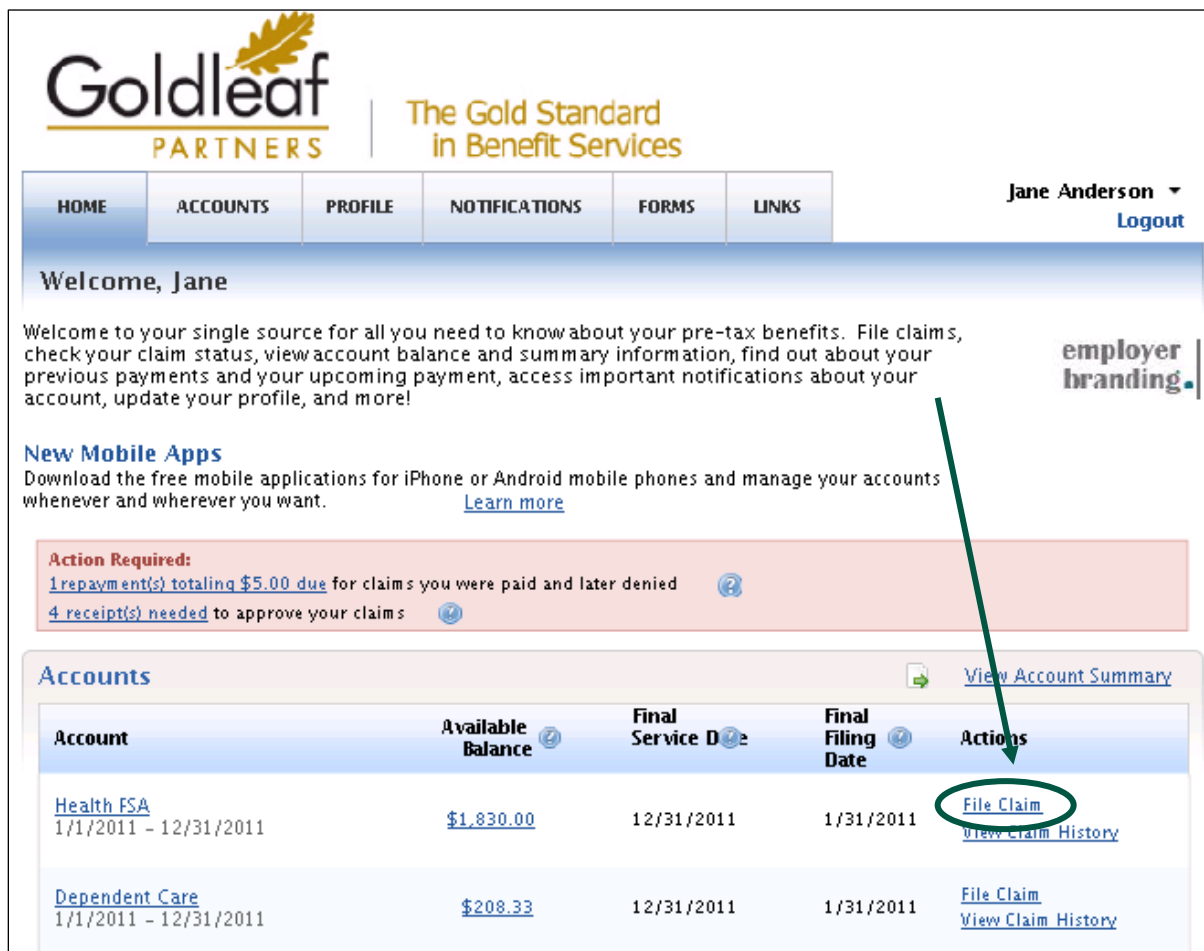
Password: Last 5 digits of your Social Security number + goldleaf (56789goldleaf).
You will be prompted immediately to create a new, unique password before entering the site.

Please be sure to record your password as Goldleaf Partners does not record your password but can work with you to create a new one should you forget.



HOW TO FILE A CLAIM:

1. Click the **File Claim** under the Actions column for your available account type.



Goldleaf PARTNERS | The Gold Standard in Benefit Services

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. File claims, check your claim status, view account balance and summary information, find out about your previous payments and your upcoming payment, access important notifications about your account, update your profile, and more!

employer branding.

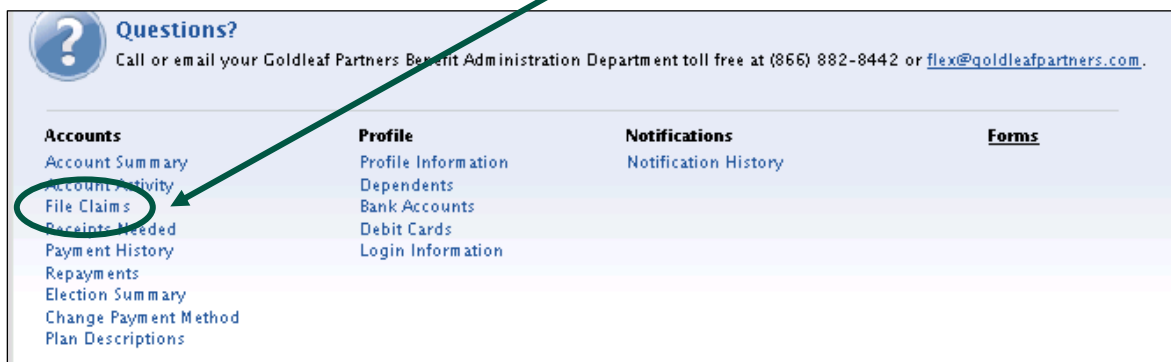
New Mobile Apps
Download the free mobile applications for iPhone or Android mobile phones and manage your accounts whenever and wherever you want. [Learn more](#)

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

Accounts [View Account Summary](#)

Account	Available Balance	Final Service Date	Final Filing Date	Actions
Health FSA 1/1/2011 - 12/31/2011	\$1,830.00	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

OR



Questions?
Call or email your Goldleaf Partners Benefit Administration Department toll free at (866) 882-8442 or flex@goldleafpartners.com.

Accounts	Profile	Notifications	Forms
Account Summary Account Activity File Claims Receipts Needed Payment History Repayments Election Summary Change Payment Method Plan Descriptions	Profile Information Dependents Bank Accounts Debit Cards Login Information	Notification History	



2. **Enter your claim information** and **submit** the claim. Make sure you have valid receipt(s) for your expenses, as you will need to send these into the Administrator.

Note regarding Dependent Care claims: A qualified dependent is required for Dependent Care claims. You may add your dependent(s) from the Dependent Care Claim Entry screen if necessary.

HOME
ACCOUNTS
PROFILE
NOTIFICATIONS
FORMS

Ernie George
[Logout](#)

File Claim: Medical Flex

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 for this product/service?* ☐ Yes ☒ No [What is a valid receipt?](#)

Date of Service:*

Please choose the category and type of product/service that best describes your claim. If "Over-the-Counter Drugs," you must provide a description below.

Category:*

Type of Product/Service:*

Product/Service Description:

Product/Service Provider:

Person receiving Product/Service:* ☒ Ernie George [Add Dependent](#)

Claim Amount:* \$

Did you drive to receive this product/service?* ☐ Yes ☒ No [Claiming Mileage](#)
You may claim mileage expense for reimbursement.

Number of Miles:

Mileage Reimbursement:

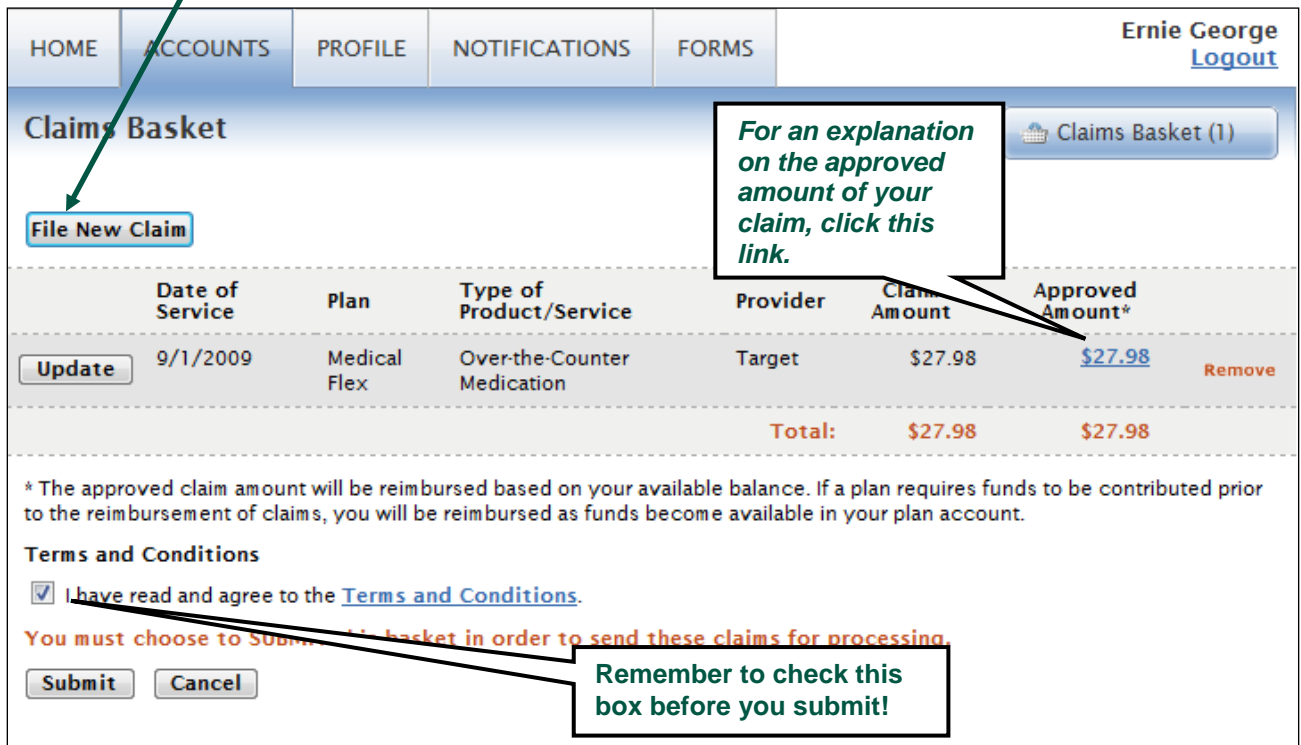
Total Claim Amount:

If there is more than one Product/Service that seems right, select the one that seems to be the best fit.

Make sure to click Submit!



- If you have more than one claim you'd like to file, you may choose to **File a New Claim** from your claims basket.



The screenshot shows the 'Claims Basket' interface. At the top, there are navigation tabs: HOME, ACCOUNTS, PROFILE, NOTIFICATIONS, and FORMS. The user is logged in as 'Ernie George' with a 'Logout' link. The 'Claims Basket' section has a 'File New Claim' button highlighted with a green arrow. A table lists claims with columns: Date of Service, Plan, Type of Product/Service, Provider, Claim Amount, and Approved Amount*. A single claim is listed for 9/1/2009, Medical Flex, Over-the-Counter Medication, Target, with a claim amount of \$27.98 and an approved amount of \$27.98. A 'Total' row shows \$27.98 for both amounts. Below the table, there is a disclaimer, 'Terms and Conditions' with a checked checkbox, and a 'Submit' button. Two callout boxes provide instructions: one points to the 'File New Claim' button, and another points to the 'Submit' button, reminding the user to check the 'I have read and agree to the Terms and Conditions' box.

Claims Basket Claims Basket (1)

[File New Claim](#)

	Date of Service	Plan	Type of Product/Service	Provider	Claim Amount	Approved Amount*	
Update	9/1/2009	Medical Flex	Over-the-Counter Medication	Target	\$27.98	\$27.98	Remove
Total:					\$27.98	\$27.98	

* The approved claim amount will be reimbursed based on your available balance. If a plan requires funds to be contributed prior to the reimbursement of claims, you will be reimbursed as funds become available in your plan account.

Terms and Conditions

☒ I have read and agree to the [Terms and Conditions](#).

You must choose to **Submit** this basket in order to send these claims for processing.

[Submit](#) [Cancel](#)

Remember to check this box before you submit!

- Once all claims are entered, you must agree to the **Terms & Conditions** (click on appropriate box) and commit the claim(s) by clicking **Submit**.



5. PRINT AND SEND CONFIRMATION WITH RECEIPTS!

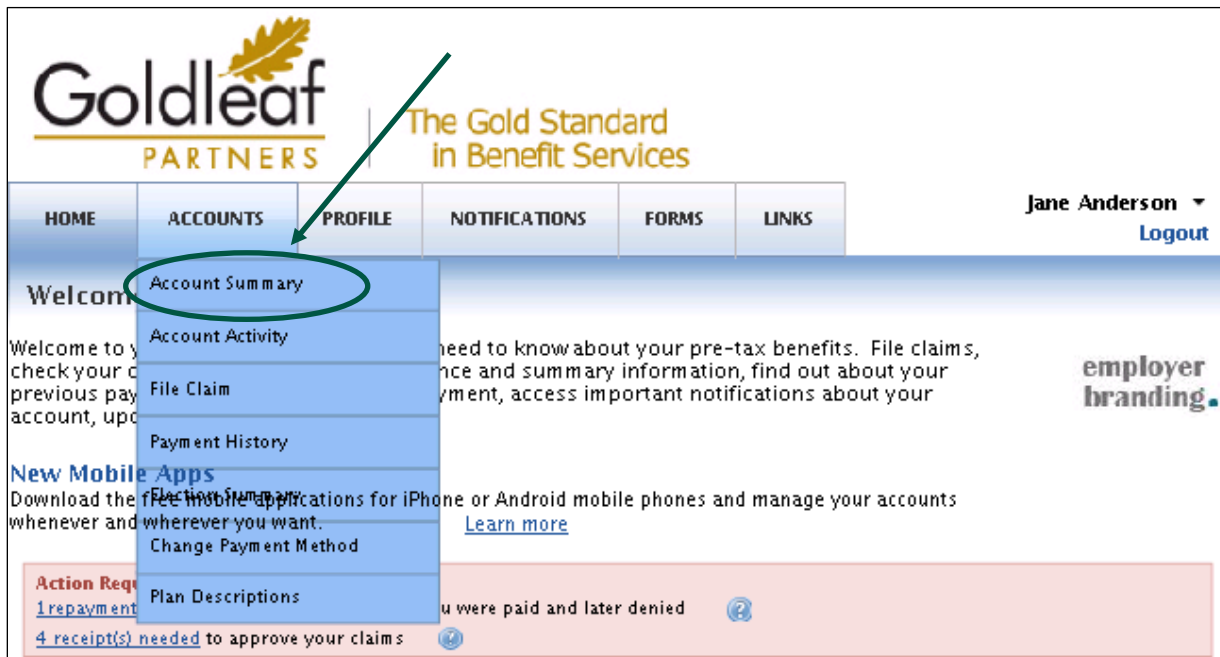
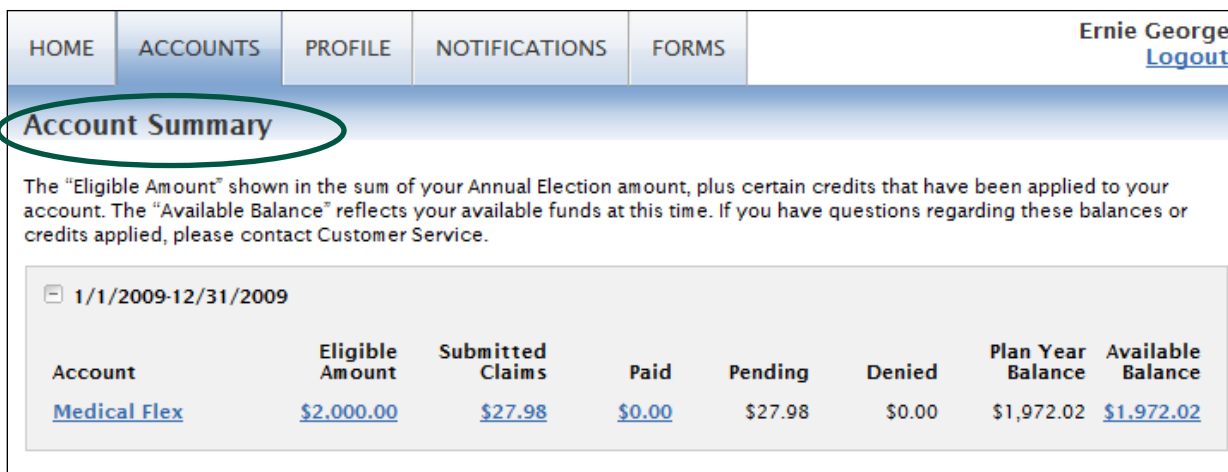
The Confirmation page verifies that all claims have been successfully submitted!

You must print this page and fax or mail it, along with your receipts, to the contact listed on the page.

HOME	ACCOUNTS	PROFILE	NOTIFICATIONS	FORMS	Ernie George Logout																											
Claim Confirmation																																
<p>Ernie George 123456789 ABC Company</p> <p>You have successfully filed the claim(s) listed below.</p> <p>You can expect deposit of approved amounts in your account of record in accordance with your employer's reimbursement schedule, subject to the following guidelines: - Substantiation may be required before the associated claims may be paid to your account of record. If this claim is subject to further auditing, you will be contacted. - If this claim exceeds your available balance, only available funds will be reimbursed. Required Receipt(s) must be received within 45 days. If we do not receive the receipt(s) by this date, your reimbursement will have to be paid back in to the appropriate account.</p> <p>Receipt(s) Required - Fax the Confirmation: Print this confirmation, attach the required receipts and fax to at (866) 662-9428.</p> <p><i>If you are unable to print this confirmation:</i> 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.</p> <p>Fax: (866) 662-9428 Mail: 123 Administrator St Minneapolis, MN 12345 Email: nobody@lighthouse1.com</p> <table border="1"> <thead> <tr> <th>Claim Number</th> <th>Plan</th> <th>Date of Service</th> <th>Provider/Merchant</th> <th>Recipient</th> <th>Receipt Amount</th> <th>Mileage Amount</th> <th>Approved Amount*</th> <th>Receipt Required</th> </tr> </thead> <tbody> <tr> <td>ABC122090915P0000101</td> <td>Medical Flex</td> <td>9/1/2009</td> <td>Target</td> <td>Ernie George</td> <td>\$27.98</td> <td>\$0.00</td> <td>\$27.98</td> <td>Yes</td> </tr> <tr> <td colspan="5">Totals:</td> <td>\$27.98</td> <td>\$0.00</td> <td>\$27.98</td> <td></td> </tr> </tbody> </table> <p>* The approved claim amount will be reimbursed based on your available balance. If a plan requires funds to be contributed prior to the reimbursement of claims, you will be reimbursed as funds become available in your plan account.</p> <p>Please send in the Required Receipt(s) listed above within 30 days. If we do not receive the receipt/s by this date, your reimbursement will be denied.</p> <p>Remember, regardless of which (if any) receipts you are required to submit, you are responsible for retaining a copy of all receipts for three years in the event you or your Pre-tax Account plan are audited by the IRS.</p> <p>Print Confirmation</p>						Claim Number	Plan	Date of Service	Provider/Merchant	Recipient	Receipt Amount	Mileage Amount	Approved Amount*	Receipt Required	ABC122090915P0000101	Medical Flex	9/1/2009	Target	Ernie George	\$27.98	\$0.00	\$27.98	Yes	Totals:					\$27.98	\$0.00	\$27.98	
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Totals:					\$27.98	\$0.00	\$27.98																									



VIEW YOUR ACCOUNT INFORMATION

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

- Select the **Profile** tab (Dependents or Summary) to review your personal and dependent information that's on file in the system.
- Select **Payment History** to see a detail of the claims that have been paid. You can click **View Detail** for more information about any claim.
- **Action Required** information will be displayed on the Home page at initial log in or within the Summary.





Plans: Your Pre-tax plan information is available at any time. To view this information, log on and click on the **Plan Descriptions** link from the Accounts dropdown.

Forms: You can download pre-tax forms at any time. Log on and click on the **Forms** tab, and select the form you would like to download.

The forms are in .pdf format, requiring Adobe Acrobat Reader. You may download a free version of acrobat reader from the Adobe website: <http://www.adobe.com/products/acrobat/readmain.html>.