



Dear Valued Participant:

BASIC is pleased to announce that we are taking over the administration of your Flexible Spending benefits as of June 1, 2015. In an effort to streamline processes and provide a more efficient customer service experience for you we will be converting your plan administration to the BASIC licensed software system. The good news is that BASIC uses the same software vendor so there will be minimal changes/differences in what you do today.

**What is changing?**

BASIC is transferring your company to a new administration system as of June 1, 2015. With this change you will also need to access a new web address for online account access and download a new mobile app.

**When will this happen?**

The conversion to BASIC's system will begin May 21, 2015, and be completed on June 1, 2015. The following are key dates throughout this process:

- Current administration (including all claim reimbursements) will be suspended on May 21, 2015.
- All administration will resume June 1, 2015, in BASIC's system.

**Some changes to be aware of:**



**Claim Submission:**

Claims can be submitted through the employee online portal, mobile app, mail or fax (see attached claim form). **Claims will not be accepted via email due to HIPAA privacy and security.**

Please do not submit claims to First Trust after May 20, 2015.



**Online Access:**

**AS OF JUNE 1, 2015:** Use BASIC's employee portal at: <https://basic.lh1ondemand.com> – see the enclosed instructions. **ACCESS WILL NOT BE AVAILABLE UNTIL JUNE 1, 2015.**

**PRIOR ACTIVITY:** You may access your **prior** claim activity on the First Trust of Mid America website until June 1, 2016. at <https://ftoma.lh1ondemand.com>.

**BASIC Flex Users Guide:**

After logging into your account, you will want to review the BASIC Flex Users Guide found under the "Tools & Support" tab for helpful information concerning your benefit(s). You can also access important forms and instructions here as well. Here's a direct link to this guide on our website: <https://www.basiconline.com/wp-content/uploads/2011/08/noncardlh1guide.pdf>

**Mobile App Download Instructions (ACCESS WILL NOT BE AVAILABLE UNTIL JUNE 1, 2015):**

You must install a new version of the mobile app to access your benefits with BASIC. See the enclosed Mobile App Quick Start Guide for instructions on how to download the new mobile app to access your account. You can also find this document once you log into the employee portal in the same area as the Users Guide (see above).

Thank you for your time and attention to the above items to ensure a smooth transition. If you have any questions, please do not hesitate to contact our Customer Service Team at 800-444-1922, x-1, or [Flex-HraSupport@basiconline.com](mailto:Flex-HraSupport@basiconline.com) for the FSA Department and we will be happy to assist you.

Sincerely,

*BASIC Flexible Spending Department*



## BASIC FLEX ONLINE ACCOUNT ACCESS



### PLEASE NOTE: ACCESS WILL NOT BE AVAILABLE UNTIL JUNE 1, 2015

Below are instructions on how to access your BASIC Flex Account online. **After logging in for the first time, please go to the Tools & Support tab and select BASIC Flex Users Guide for important information about using your account.**

#### Access your account online:

1. Go to the Portal website login (<https://basic.lh1ondemand.com/>). Please bookmark this webpage or add it to your favorites so you can quickly access it in the future. The online access page looks like the image to the right.



2. Login using the following:

#### User name:

Your username is created using the first letter of your first name, the first four\* letters of your last name and the last four digits of your Social Security number. (i.e., John Wayne 123-56-6789 = jwayn6789)

\*If your full last name is less than four letters, you will use your full last name. (i.e., Susan Lee 111-22-3333 = slee3333)

#### Password:

The first time you log into the system, use **BASIC123 (BASIC in all caps)** as your password. You will be prompted immediately to create a new, unique password before entering the participant portal.

#### View your account information:

Your home page will provide you with your current account balance(s) and if there are any actions required by you.

ACCOUNTS: You can view up-to-date account information at any time.

- Select *Account Summary* to check the balance of any account(s).
- Select *File Claims* to submit a claim online.
- Select *Payment History* to see a detail of the claims that have been paid. You can click the blue underlined link at any time to view more information about your account.
- Select *Election Summary* to view your annual election, year to date contributions, reimbursement method and plan year information.
- Select *Plan Descriptions* to view your pre-tax plan information.

PROFILE: Select *Profile Summary* to review and/or update your personal and dependent information that's on file in the system.

STATEMENTS & NOTIFICATIONS: You can view previously generated notifications and reminders.

TOOLS & SUPPORT Select the form(s) you would like to download, including the DIRECT DEPOSIT FORM, BASIC FLEX USERS GUIDE and CLAIM FORM to use when you mail or fax a claim to BASIC. 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/readermain.html>

FOR YOUR

# CONVENIENCE.

Providing Technological Solutions



## Flexible Spending Mobile Apps

### Quick Start Guide for Version 2.1

Before you begin, please ensure that you have activated your account access at the Employee Portal Website. To access the Employee Portal Website, visit <https://basic.lh1ondemand.com>.

#### For iPhone Users

To download Benefits by BASIC for iPhone OS, follow these simple steps:

1. Visit the App Store and search "Benefits by BASIC" using the search feature.
2. Install the Benefits by BASIC app.
3. The app will appear as Benefits on your device.
4. When accessing the app for the first time, you will be prompted to enter your user name and password. Enter the same user name and password that you use to access the online portal via a computer at <https://basic.lh1ondemand.com>.
5. You will also be prompted to select a passcode. You will use this passcode to access the app in the future.



#### For Android Users

To download Benefits by BASIC for Android follow these simple steps:

1. Visit the Android Market and search "Benefits by BASIC" using the search feature.
2. Install the Benefits by BASIC app.
3. The app will appear as Benefits on your app menu.
4. When accessing the app for the first time, you will be prompted to enter your user name and password. Enter the same user name and password that you use to access the online portal via a computer at <https://basic.lh1ondemand.com>.
5. You will also be prompted to select a passcode. You will use this passcode to access the app in the future.





Please type or print all information.

COMPANY NAME: (required for processing)

Social Security Number: (for security purposes please provide at least the last 4 digits of you ss#)

Grid for Social Security Number with dashes in the 4th and 9th positions.

Employee Last Name:

Grid for Employee Last Name.

Employee First Name:

Grid for Employee First Name.

MEDICAL EXPENSES

- Documentation for each request will need to show date of service, description of service provided and charge for service as well as the providers name and address. Credit card receipts are not sufficient documentation
Please itemize your expenses to help assure proper processing. If you have more expenses than this form allows please attach a separate form. If you do not itemize your expenses we will process your claim based on the documentation received
Secure Claim Upload: https://claims.basiconline.com; Fax: 800-391-6562 or 269-327-0716; Mail claims to: 9246 Portage Industrial Dr, Portage MI 49024
For questions please call 800-444-1922 ext 1 or 269-327-1922 ext 1

Table with 3 columns: Date of service, Provider name or name of store, Amount. Contains 5 empty rows.

DAY CARE EXPENSES (dependent care account)

- Please have your day care provider sign this form on the line below or provide a receipt for the services

Signature of day care provider: \_\_\_\_\_

Table with 3 columns: Dates of service, Day care provider name, Amount. Contains 4 empty rows.

I certify that the statement and information on this reimbursement form are accurate and true. I also certify that I am claiming reimbursement for only eligible expenses incurred during the plan year and only for eligible plan participants. I certify that these expenses have not been or will not be reimbursed under this or any other benefit plan. I further certify I will not claim these, or any other expenses reimbursed through this plan, as an income tax deduction and I assume all liability for taxes and penalties out of any disallowed deduction/credit.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_