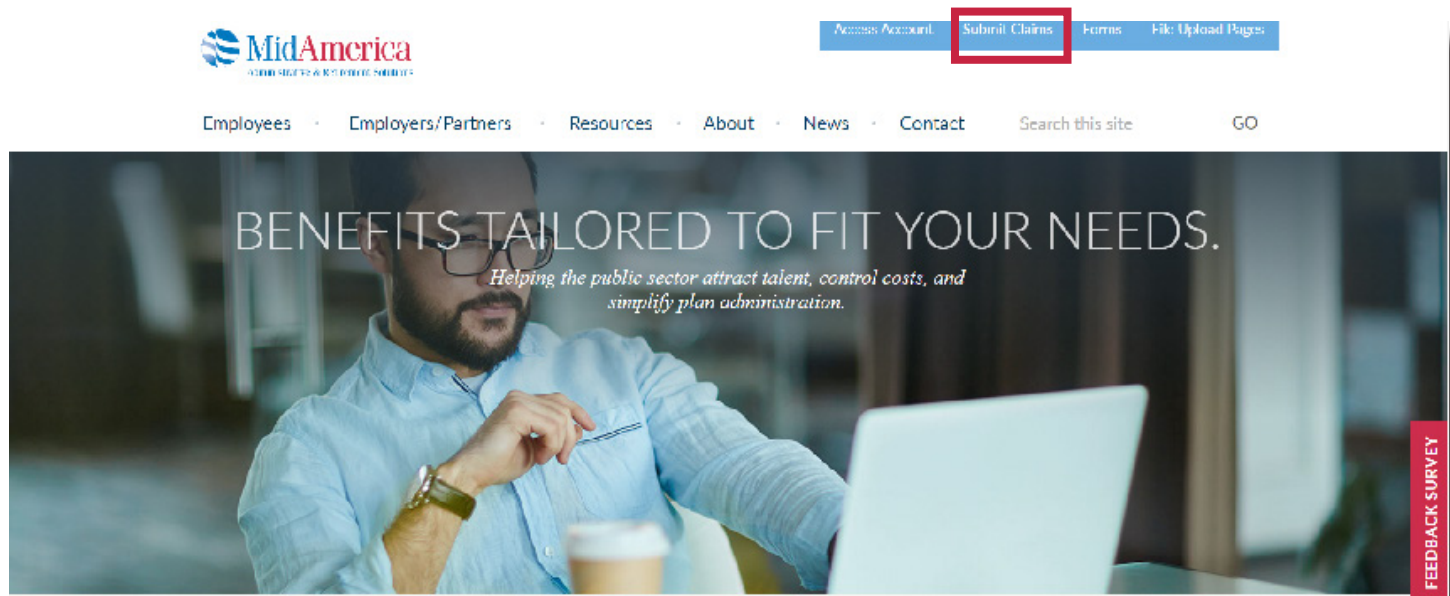


Submitting Claims Online

MidAmerica encourages you to take advantage of our Online Claims Submission form for faster, easier reimbursements. The following guide will help you navigate the different features of the form and get you on the path to easy, stress-free reimbursements.

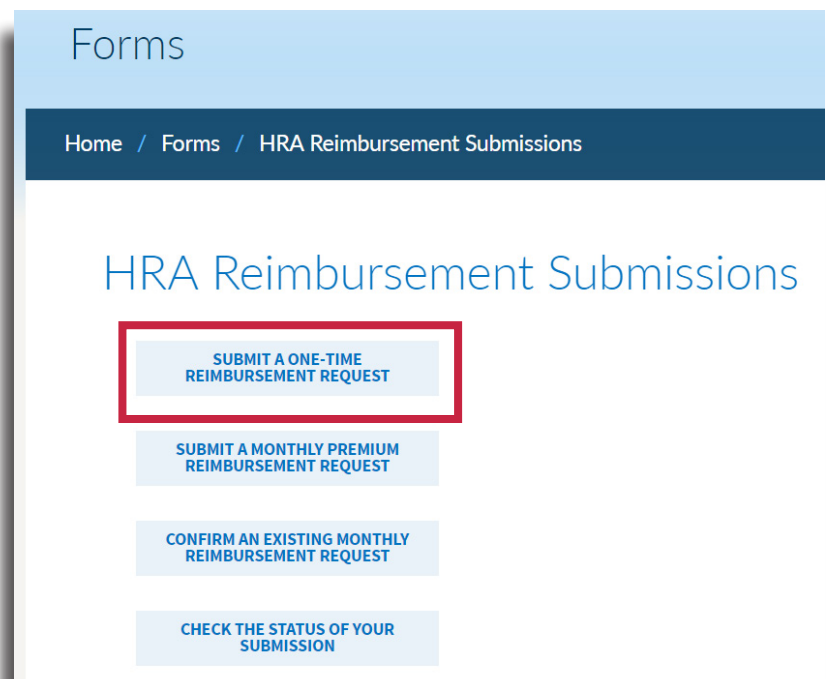
Accessing the Submission Form

- Go to www.myMidAmerica.com
- From the homepage, select [Submit Claims](#) from the blue bar at the top of the page



Submit a One-Time Reimbursement Request

- If you are submitting a claim for a one-time reimbursement, select [Submit a One Time Reimbursement Request](#)



- The first form is for [Your Information](#). In order to move forward, you must complete all of the requested fields. Note: for the Employer field, enter the employer your HRA is with. This may differ than your current employer.
- Once you have completed this page, click [Continue](#).

HRA Reimbursement Submissions

FIRST NAME:

LAST NAME:

EMAIL ADDRESS:

PHONE NUMBER:

EMPLOYER:

SOCIAL SECURITY #:

☐ ARE YOU ACTIVELY EMPLOYED BY THIS EMPLOYER?

☐ HAS YOUR ADDRESS CHANGED?

Reimbursement Submission Expenses

EXPENSE LIST
Expense 1

TOTAL REQUESTED

DATE OF EXPENSE

AMOUNT REQUESTED:

NAME OF COVERED PARTICIPANT/DEPENDENT:

SERVICE PROVIDER NAME:

SERVICES PROVIDED:

COMMENTS:

☐ DOES THIS FILE CONTAIN RECEIPTS FOR MULTIPLE EXPENSES?

FILE UPLOAD (MAXIMUM 30 FILES, FILE SIZE RESTRICTED TO 8 MB):

- The second form is for your [Expense Information](#)
- From this page, you will provide information on the claim you are submitting for reimbursement
- You will upload a scanned copy of your receipt to serve as your documentation
- Once the file has been successfully uploaded, you will see it below the upload area.
- If you have another one-time expense to submit for reimbursement, you can select [Add Another Expense](#)
- Once complete, click [Continue](#)

[BACK](#)

[ADD ANOTHER EXPENSE](#)

[CONTINUE](#)

- From this page, you can select your [Preferred Reimbursement Method](#)
- If you select [Check \(by mail\)](#), review that your Reimbursement Details are correct, then hit [Submit](#) at the bottom of the page
- If you select [New Direct Deposit](#), provide your banking information as requested
- Once complete, hit [Submit](#)

Should you choose to suspend your HRA, you, your spouse and any qualifying dependents will cease to have access to the HRA and will be ineligible to incur any new expenses during the suspension. For your account to be reactivated, MidAmerica must receive a written notice requesting the account be unfrozen. Please be advised that the account becomes available at the start of the plan year following the request to unfreeze. To learn more about the Code § 36B premium tax credit, please visit: <http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/The-Premium-Tax-Credit>.



Check this box if you wish to suspend your HRA account and waive contributions to your account for a fixed period of time.



Check this box if you elect to permanently opt-out of the HRA, forfeit your account balance and waive any future contributions after this claim has been processed.

[← BACK](#)

[SUBMIT](#)

REIMBURSEMENT DETAILS

Full Name: Test Person
Employer: MidAmerica Administrative & Retirement Solutions
Email Address:
Number of Expenses: 1
Reimbursement Total: \$100.00



CHECK (BY MAIL)

Test Person
 777 South Harbour Island Blvd., Suite 390
 Tampa, Florida 33602



NEW DIRECT DEPOSIT

BANK ROUTING #

555555555555

BANK ACCOUNT #

22222222222222

ACCOUNT TYPE

Checking

I authorize MidAmerica Administrative & Retirement Solutions, Inc. to deposit my HRA claims directly into my account. I understand that it may take up to 72 hours from the time MidAmerica processes my payment for the funds to post to my designated bank account. Also, I grant MidAmerica the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Confirmation #8C9F977E-04282015

Full Name: Sample Participant
Employer: MidAmerica Administrative & Retirement Solutions
Email Address: sample.participant@midamerica.bzi
Number of Expenses: 1
Your Reimbursement: \$50.00
Reimbursement Method: Direct deposit to XXXXXXXXXX6664

Your reimbursement request has been received for processing. Please allow 7 - 10 business days for processing.

If you have any questions regarding or changes to the claim submitted, please contact our Customer Service Department toll-free at (855) 329-0095.

Thank you for using our secure data upload site!

[← BACK TO REIMBURSEMENT CLAIMS](#)

- This is your confirmation page - be sure to print it out or make a note of your confirmation number.
- The confirmation number can be used to check the status of your claim online.

Submit a Monthly Premium Reimbursement

- If you have a recurring HRA claim, like a monthly premium, you can submit that online by selecting [Submit a Monthly Premium Reimbursement](#)

Forms

[Home](#) / [Forms](#) / [HRA Reimbursement Submissions](#)

HRA Reimbursement Submissions

[SUBMIT A ONE-TIME REIMBURSEMENT REQUEST](#)

[SUBMIT A MONTHLY PREMIUM REIMBURSEMENT REQUEST](#)

[CONFIRM AN EXISTING MONTHLY REIMBURSEMENT REQUEST](#)

[CHECK THE STATUS OF YOUR SUBMISSION](#)

HRA Reimbursement Submissions

FIRST NAME:

LAST NAME:

EMAIL ADDRESS:

PHONE NUMBER:

EMPLOYER:

SOCIAL SECURITY #:

• WOULD YOU LIKE TO RECEIVE A MONTHLY EMAIL TO CONFIRM THIS REIMBURSEMENT?:

Yes

• When you receive reimbursement on an automatic recurring basis for premium payments you are paying direct to your insurance provider, a monthly attestation that your coverage remains in effect and is reimbursable is necessary to satisfy IRS requirements for claim substantiation.

For your convenience, we may offer to you a regular, monthly recurring email to be used for this purpose. Each month when you receive this email it will include a link for attestation. By selecting this link, your attestation will be automatically delivered to MidAmerica for processing of your monthly reimbursement. You will need to complete this attestation each month.

[CONTINUE >](#)

- Complete the [Your Information](#) section as requested on the form
- If you request that your recurring claim reimbursement be paid directly to you instead of the insurance provider, you are required to simply attest to the claim each month. This means you let us know that the claim is still reimbursable and accurate.
- This attestation process can now be automated. If you would like to receive a monthly email to confirm your recurring claim, select [Yes](#) from the drop-down box
- If you select yes, each month, you will receive an email containing a link to confirm your claim

Submit a Monthly Premium Reimbursement Cont.

- From this page you will add in your [Policy Information](#), which includes items such as the start and renewal dates of your insurance policy, the monthly premium amount, and if the insurance type is medical or dental
- You can choose to have your premium reimbursement paid to you or to your insurance provider
- If you select to have the reimbursement paid to your insurance provider, you will be prompted to enter in their information
- You can then upload a copy of your documentation, such as a premium statement
- Once it has successfully uploaded, it will appear below the upload area
- If you need to add additional recurring claims, you can select [Add Another Policy](#) from this page
- Once you are complete, click [Continue](#)

Monthly Premium Reimbursement Policy Information

POLICY LIST

Policy 1

+ Add Another Policy

TOTAL REQUESTED

\$600.00

START DATE:

04/03/2017

RENEWAL DATE:

04/07/2017

AMOUNT OF MONTHLY PREMIUM:

50.00

ARE YOU SUBMITTING THIS POLICY FOR MULTIPLE MONTHS?:

Multiple

HOW MANY MONTHS ARE YOU SUBMITTING FOR?

12

NAME OF COVERED PARTICIPANT/DEPENDENT:

Test Tester

INSURANCE TYPE:

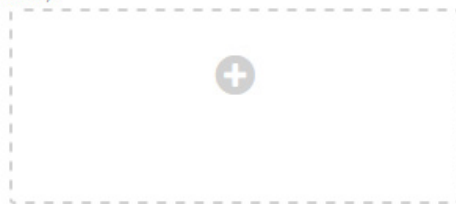
Medical

PAID TO:

M

COMMENTS:

FILE UPLOAD (MAXIMUM 5 FILES, FILE SIZE RESTRICTED TO 8 MB):



DRAG AND DROP FILES ABOVE OR CLICK TO BROWSE

receipt.png x

+ ADD ANOTHER POLICY

CONTINUE >

- Review the reimbursement details to ensure accuracy
- If you selected on the previous screen to have the reimbursement paid to you, you can choose to receive reimbursements via [Check \(by mail\)](#) or [Direct Deposit](#)
- If you select [Direct Deposit](#), you will be prompted to enter in your banking information
- Please note: if you elected to have the reimbursement paid directly to the insurance provider, you will not be provided with reimbursement methods to choose from
- Once complete, click [submit](#).

36B premium tax credit, please visit: <http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/The-Premium-Tax-Credit>.

☐ Check this box if you wish to suspend your HRA account and waive contributions to your account for a fixed period of time.

☐ Check this box if you elect to permanently opt-out of the HRA, forfeit your account balance and waive any future contributions after this claim has been processed.

[← BACK](#)

[SUBMIT](#)

Monthly Premium Reimbursement

Preferred Reimbursement Method

REIMBURSEMENT DETAILS

Full Name: Test Tester
Employer: MidAmerica Administrative & Retirement Solutions
Email Address: test@test.com
Number of Policies: 1
Paid To Insurance Providers: \$0.00
Paid To Employer: \$0.00
Paid to You: \$600.00

CHECK (BY MAIL)

123 abc street
 lakeland, Florida 33801

NEW DIRECT DEPOSIT

BANK ROUTING #

BANK ACCOUNT #

ACCOUNT TYPE

Checking

Confirmation #A0222A88-04282015

Full Name: Sample Participant
Employer: MidAmerica Administrative & Retirement Solutions
Email Address: sample.participant@midamerica.biz
Number of Policies: 1
Your Reimbursement: \$50.00
Reimbursement Method: Direct deposit to XXXXXXXXXX3336

Your reimbursement request has been received for processing. Please allow 7 – 10 business days for processing.

If you have any questions regarding or changes to the claim submitted, please contact our Customer Service Department toll-free at (855) 329-0095.

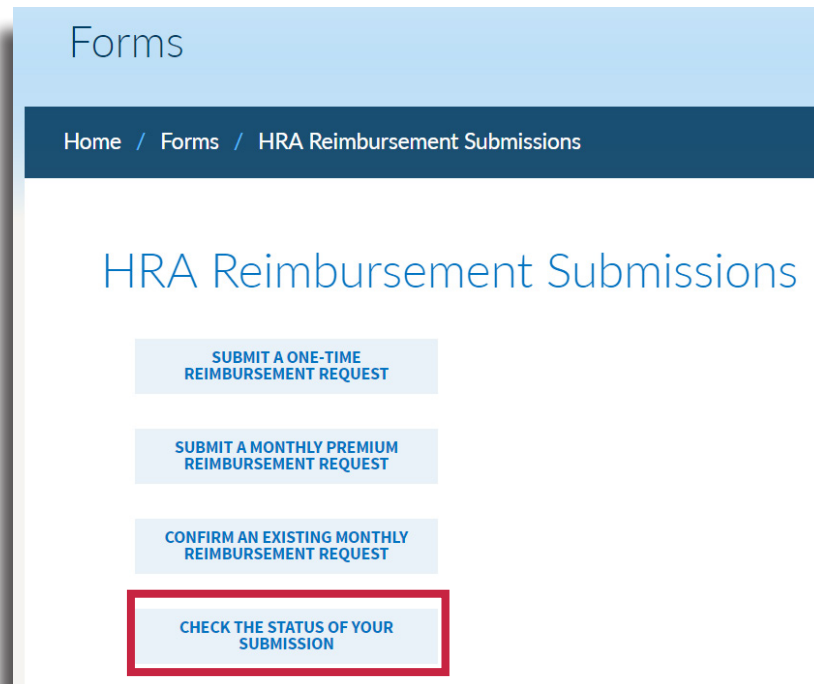
Thank you for using our secure data upload site!

- This is your confirmation page - be sure to print it out or make a note of your confirmation number
- The confirmation number can be used to check the status of your claim online confirm your monthly reimbursement request

or

Check the Status of a Submitted Claim

- Any time after you've submitted your claim online, you can check the status of the claim online.



The screenshot shows a web interface with a blue header bar containing the word "Forms". Below the header is a dark blue navigation bar with the text "Home / Forms / HRA Reimbursement Submissions". The main content area is white and titled "HRA Reimbursement Submissions". It contains four light blue buttons stacked vertically: "SUBMIT A ONE-TIME REIMBURSEMENT REQUEST", "SUBMIT A MONTHLY PREMIUM REIMBURSEMENT REQUEST", "CONFIRM AN EXISTING MONTHLY REIMBURSEMENT REQUEST", and "CHECK THE STATUS OF YOUR SUBMISSION". The last button is highlighted with a red rectangular border.

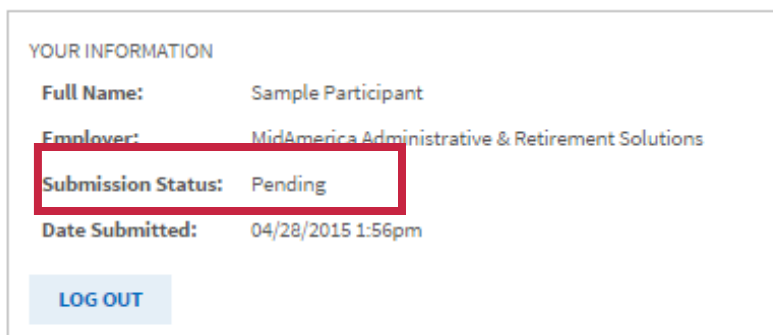
- Enter the confirmation number and the last four digits of your Social Security number. Click [login](#).



The screenshot shows a login form titled "Submission Status" with the subtitle "Confirm Your Identity". It contains two input fields: "CONFIRMATION #" with the value "A0222A88-04282015" and "LAST 4 OF SOCIAL SECURITY #" with the value "0000". Below the fields is a blue "LOGIN" button.

Submission Status

Confirmation #A0222A88-04282015



The screenshot shows a page titled "Submission Status" with the subtitle "Confirmation #A0222A88-04282015". It contains a section titled "YOUR INFORMATION" with the following details: "Full Name: Sample Participant", "Employer: MidAmerica Administrative & Retirement Solutions", "Submission Status: Pending" (highlighted with a red rectangular border), and "Date Submitted: 04/28/2015 1:56pm". At the bottom is a blue "LOG OUT" button.

- You will then be brought to the submission status page
- The status will initially be set to Pending
- Once we begin processing the reimbursement, it will change to received
- And once the reimbursement has been approved, the status will change to approved

Confirm an Existing Monthly Reimbursement Request

Forms

Home / Forms / HRA Reimbursement Submissions

HRA Reimbursement Submissions

SUBMIT A ONE-TIME
REIMBURSEMENT REQUEST

SUBMIT A MONTHLY PREMIUM
REIMBURSEMENT REQUEST

CONFIRM AN EXISTING MONTHLY
REIMBURSEMENT REQUEST

CHECK THE STATUS OF YOUR
SUBMISSION

- If you submitted your Monthly Premium Reimbursement online, you can attest to it by selecting [Confirm An Existing Monthly Reimbursement Request](#)

- If you did not elect to have the monthly email sent to you when you submitted your monthly premium reimbursement, you can still confirm it electronically

Attest Your Policies

Confirm Your Identity

CONFIRMATION #

A0222A88-04282015

LAST 4 OF SOCIAL SECURITY #

0000

LOGIN

- Enter your confirmation number and the last 4 digits of your Social Security number
- Click [login](#)

- You will now see the reimbursement information you submitted
- You can attest to Available Months or choose a specific month from the drop-down menu
- Once you've ensured that the information is accurate, check the Attest box and click [Submit](#)

Attest Your Policies

Confirmation #A0222A88-04282015

Attestation complete.

YOUR INFORMATION

Full Name: Sample Participant
Employer: MidAmerica Administrative & Retirement Solutions
Status: Attested
Address: 402 S Kentucky Avenue, Suite 500
Lakeland, Florida 33801

LOG OUT

Your monthly attestation of continued coverage has been received. Please allow 7-10 business days for processing.

If you have any questions regarding or changes to your monthly attestation, please contact our Customer Service Department toll-free at (855) 329-0095.

Thank you for using our secure data upload site!

- The following screen will appear to let you know your Attestation is complete

Attest Your Policies

Confirmation #A0222A88-04282015

YOUR INFORMATION

Full Name: Sample Participant
Employer: MidAmerica Administrative & Retirement Solutions
Status: Processed
Address: 402 S Kentucky Avenue, Suite 500
Lakeland, Florida 33801

LOG OUT

POLICY 1

Covered Participant / Dependant Sample Participant
Insurance Type Medical
Start Date 2015-04-01
Renewal Date 2016-04-01
Attesting For Month: All Available Months ▼
Amount \$50.00
Payment Method Direct Deposit

I attest that my insurance policy continues to remain in effect for the current coverage month and my premium payment amount remains unchanged.
Please process a reimbursement of my premium at this time.

☒ I ATTEST

SUBMIT

