

# How to Access Your Flexible Spending Account Online

To view your account balance, report a lost or stolen card as well as submit a claim, first you must access your account using the PlanSource System. Please note: To best use this system, you may need to disable any popup blockers.

Using your web browser, navigate to [www.myhealthcareonline.com/PlanSource](http://www.myhealthcareonline.com/PlanSource)

**First time users** must click on “Register”

- **User Name**- create your own user name
- **Password**- create your own password
- **Employee ID**- first letter of your first name, up to the first six letters of your last name and the last four digits of your SSN. For example, if your name was Jane Williams and the last four of your SSN was 1234, you would enter jwillia1234 as the Employee ID
- **Registration ID**- Select Employer ID and enter **NGECORPRISK**
- Follow the remaining steps to register

**Returning Users:** Click on “Log In” Enter your user created User ID and unique password. If you have forgotten your user ID please contact PlanSource for assistance by clicking on the chat button or calling us at 888-266-1732.

After you have successfully created an account, you will have the ability to submit claims, check your balance, update your personal information, and view past claims. You may occasionally have to use your Employee ID again to reset your password. Your password will expire after 90 days.

## How to Submit a Claim Online

To submit a claim online, first you must access your account using the PlanSource system as instructed above.

1. Under “My Accounts” click on “Reimbursement Request”. Click “Add New”.
2. Enter the Date of Service (this is the date you went to the doctor, bought the prescription, or the date range for dependent care, etc.)
3. Enter the dollar amount of the service or item.
4. Select who the service was provided to, either yourself or your dependent. If your dependent is not listed you may request to have them added by clicking on the CHAT button found on our website. You may also select the employee name for all claims.
5. Enter the provider’s name.
6. Select the Account Type by dropping arrow down to select appropriate plan type (FSA Healthcare, FSA Dependent Care, etc.)
7. You have the option of attaching the receipt to the claim. If you choose to upload the receipt, there is no need to fax or mail your claim form and receipts to PlanSource.
8. Use the notes section for any comments.
9. Click “Ok” if you are finished. If you have additional claims to enter, select the “Add New” option. Once you are done entering all claims, click on the “Certification Box” and click the “Submit” button.
10. Click on “View Claims Submittal Form”. If you attached the receipt to your claim, save this for your records. If you did not upload your receipt, print and fax claim submittal form with your receipt or itemized bill to PlanSource. These can be faxed to 877-767-8804. If you prefer to mail your form and receipts, please send to P.O. Box 161940, Almonte Springs, FL 32714. Please keep all receipts and original documentation as required by the IRS.

