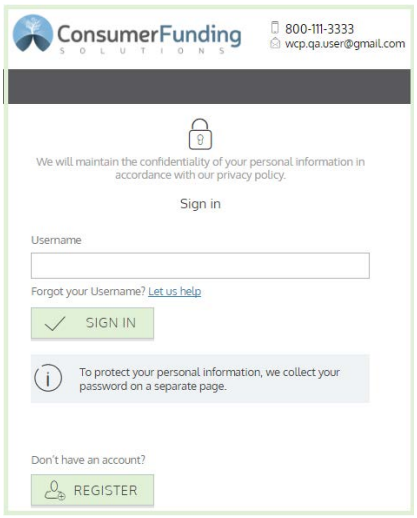
How to create your HSA, FSA, HRA personal web portal

Getting started



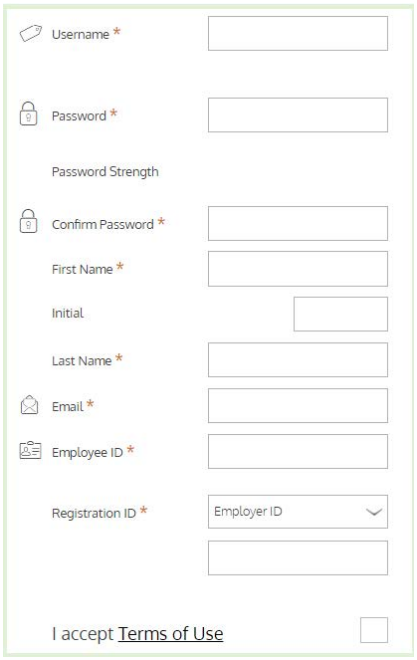
The BFGroup Wealthcare Portal can be accessed by visiting the following URL:

- https://bfgroup.wealthcareportal.com

Registration

- **Step 1:** If this is your first time accessing the BFGroup Wealthcare Portal, click the *register* button in the top right corner of the home screen.
- **Step 2:** Complete the registration form (as shown in the image on the right).
    - Choose a username & password
    - Enter your demographic information
    - Your *Employer ID* is BFG92091
    - Your *Employee ID* is your social security number minus any dashes or spaces. i.e. 123456789

  Before clicking *register,* be sure to view and accept the terms of use.
- **Step 3:** Click *register.* The process may take a few seconds. Do not click your browser's back button or refresh the page.



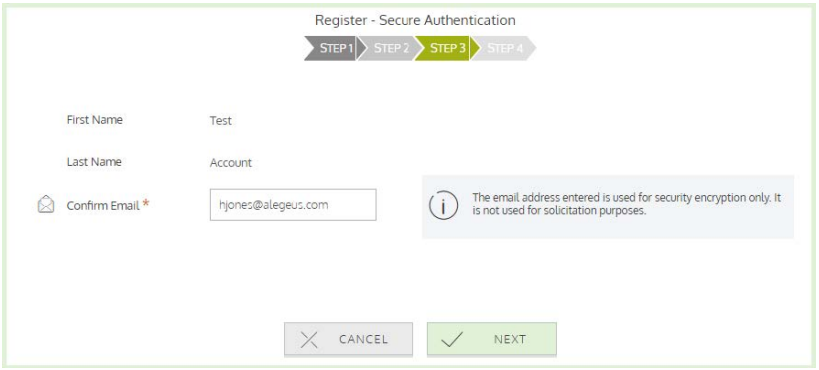
Secure authentication

The next phase of registration involves setting up your secure authentication. This crucial step helps ensure your account is secure and private.

After the registration form is successfully completed, you will be prompted to complete the secure authentication setup process.

- **Step 1.** Select your security questions. From the list, please select four security questions and provide your answers. These questions will be randomly asked during subsequent logins to ensure security. When finished, click *next.*
- **Step 2.** Verify your email address.
- **Step 3.** Submit setup information. On the next page, you'll be asked to verify the information you entered during the secure authentication process. After you've reviewed and confirmed the accuracy of this information, click *submit setup information.*

  A confirmation page will display the successful completion of your registration.



Your first login

Once registered, you will be able to enter your username, answer security questions, and enter your password on all subsequent login attempts.

ACRISURE

Burnham & Flower Group Mobile

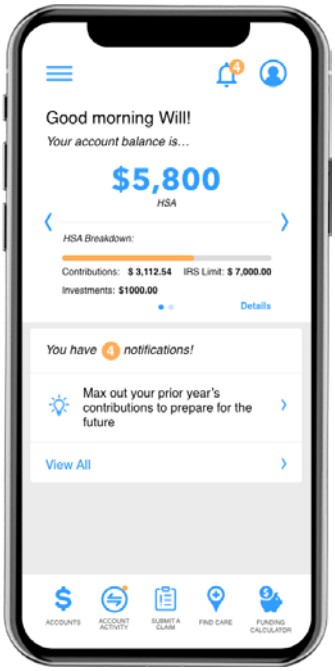
Make better healthcare spending and saving decisions.

A simple, intuitive, powerful mobile app experience

The Acrisure Burnham & Flower Group Mobile takes the guesswork out of your healthcare spending and saving decisions. It includes a personalized, real-time and self-guided experience that ensures you have access to not only easily manage your Health Benefit Accounts on-the-go, but also powerful new tools to help save you money.

Get the most out of every dollar you spend or save

- **Virtual medicine cabinet** to help you find ways to save on your prescriptions
- **Personalized recommendations** to help you make informed decisions about where to best spend and save your healthcare dollars
- **Find care** to help you search for providers or procedure and drug prices
- **Funding calculator** to help you save for the future



On-the-go access

- Check your balance
- Submit claims for reimbursement
- View claims status
- Manage account activity
- Store receipts
- Use a pharmacy discount card
- Check item eligibility

Download It Today!

The Acrisure Burnham & Flower Group Mobile is available on the App Store and Google Play.

ACRISURE

Mobile Pay

A fast, easy and secure way for you to pay for eligible benefit account expenses

What is Acrisure Mobile Pay?

Are you interested in a more convenient way to pay for benefit account expenses? Do you prefer to use contactless payments for all types of purchases? With Acrisure Mobile Pay you can quickly and easily pay for eligible benefit account expenses, both in-store and online, using your digital wallet app on your mobile device.

How does it work?

To take advantage of Acrisure Mobile Pay, simply:

- Open your digital wallet (Apply Pay, Google Pay, or Samsung Pay)
- Enter your benefits debit card details
- Accept the Terms & Conditions
- Complete the authentication process, as prompted
- Begin using your digital wallet to pay for eligible expenses

What are the benefits of using Acrisure Mobile Pay?

- Provides access to a convenient and secure contactless payment option for your benefit account purchases.
- Uses tap-to-pay technology, which is more reliable and secure than other forms of payment. Plus, mobile devices often provide a layer of biometric authentication, resulting in safer transactions.
- Eliminates the need for you to touch payment terminals or pass your benefits debit card back and forth with cashiers.
- You can say goodbye to the hassle of having to carry your benefits debit card with you. Your mobile device is all you need to make eligible benefit account purchases.

Take advantage of the convenience of Acrisure Mobile Pay. Add your benefits debit card to your digital wallet today!

www.acrisure-tpa.com

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ACRISURE

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

Great News! Your employer offers an HRA benefit and has put money aside to help you pay for medical expenses. What should you do now?

BE PROACTIVE!

It is your responsibility to understand your HRA benefit, when you can use the funds and what you can spend them on. Make the most of your benefit by:

1. Obtaining a copy of your benefit summary from your HR team.
2. Determine what your HRA plan covers.
   This is important so that you know how you can use your HRA dollars.
3. Get organized!
   Make yourself a folder for the current plan year devoted entirely to keeping your explanation of benefits (EOBs) handy. You will need this information to track your out of pocket expenses and submit to your TPA for reimbursements.
4. Take advantage of your HRA account.
   Be sure you use your funds for **only** those services that are specified as eligible in your benefit summary.

   If you have an Acrisure benefits card (not all plans do), use your card to pay for services after you receive the EOB from your insurance carrier. If funds are used for unauthorized expenses or services not covered by your HRA, you will be required to pay the money back to the plan.

   Be prepared to submit copies of your EOB statements to your TPA so that the card swipe can be substantiated and your reimbursement processed.

   Send your EOBs via email to tpasupport@bfgroup.com or upload through our portal at bfgroup.wealthcareportal.com. Registration details can be obtained from your employer or by emailing us at tpasupport@bfgroup.com or giving our service team a call at 1-888-748-7966.

Did You Know?

HRAs are a benefit that doesn't impact your net pay or your taxes.

- HRA reimbursements are tax-free.
- You do not need to report HRA reimbursements for qualified expenses on your tax return.
- Because your employer funds this arrangement, there is no impact to your paycheck.

An HRA benefit is a valuable addition to your employee benefits package.

www.acrisure-tpa.com

315 S. Kalamazoo Mall
Kalamazoo, MI 49007
1-888-748-7966

ACRISURE®

Burnham&Flower
INSURANCE GROUP
ACRISURE® | AGENCY PARTNER

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Fax: 269.276.0479
Email: TPASupport@bfgroup.com

HEALTH REIMBURSEMENT ARRANGEMENT (HRA) CLAIM FORM

Employer:_____ER ID: _____

Employee Name: _____
Address: _____ City:_____ Zip: _____
Day Phone #: ( )_____ Email: _____

Method of payment: ☐ Direct Deposit: ☐ Form Attached ☐ Instructions on File

Description of Expenses and Claim Amounts Requested. NOTE: Enter each item on a separate line, and send copies of EOBs and provider receipts with this form.

HEALTH CARE EXPENSES
(See Instruction Page for information on eligible expenses and documentation requirements)

EOB attached?	Name of Person receiving service	Relationship (if applicable)	Type of Service	Date Service Began	Date Service Ended	Amount

Total Health Care Claim Submitted $

EMPLOYEE'S CERTIFICATION OF CLAIM REQUEST

I certify that the reimbursement I am requesting from my Employer-Sponsored HRA Plan is for expenses incurred under the Plan. The expense(s) are not eligible for reimbursement by any other insurance or company plan, and I will not seek reimbursement from any other source. To the best of my knowledge and belief, they are eligible for reimbursement under my Employer-Sponsored HRA. I further certify that I will not use the expenses reimbursed through the Plan as a deduction on my personal income tax return.

By signing below I acknowledge that I understand that any person who knowingly files a statement of claim containing false or incomplete information, or with intent to injure, defraud or deceive any qualified plan, may be guilty of a criminal act punishable under federal and/or state law.

Health Insurance Portability and Accountability Act (HIPAA)
Under HIPAA regulations you are assured that certain health information, referred to as Protected Health Information (PHI), will be kept confidential. Disclosure of your PHI for any purpose other than for "Plan Administration" such as quality assurance, claims processing, auditing and monitoring or for the purpose of obtaining payment will be limited and subject to state and federal regulations. To receive a complete Notice of Privacy Practices, contact your HRA Coordinator.

Employee Signature: _____ **Date:** _____

INTERNAL USE ONLY
Claim Review By: _____ Claim Entry Date: ____/____/____ **or** Denial Code: _____

Health Reimbursement Arrangement Instructions

Claiming Your Medical Expense Reimbursements

You may claim your eligible expenses by submitting a reimbursement claim form along with copies of your expense receipts. An Explanation of Benefits may be required for all HRA reimbursement claims, in addition to a receipt. The receipt must include the provider's name, type of service, date of service, family member for whom the service was provided, proof the service was incurred during the eligible period, and documentation that the expense was not paid by an insurance plan.

You may only claim expenses that can be proven with receipts and are eligible under your employer's HRA. You may claim any eligible expenses incurred while you were an active participant in the Plan, however, you have a 90-day grace period after the end of each Plan Year in which to submit claims.

To Request your Reimbursement

Complete the Claim Form and include a copy of your expense receipt(s) and any required documentation for your claim. . Make sure the Claim Form is signed and dated. You must complete a separate Direct Deposit Form. You can obtain a direct deposit form from your employer or by contacting us at the number below.

Submit the Claim Form and a copy of your claim documentation via fax, e-mail, or mail as follows:

US Mail: **Group Benefits TPA Dept, Burnham & Flower Agency, Inc.,**
315 S. Kalamazoo Mall, Kalamazoo, Michigan, 49007.

Fax: **(269) 276-0479** **E-mail: TPASupport@bfgroup.com**

Questions: **(269) 381-1173, ext 3193** **Toll Free:** **(888) 748-7966, ext. 3193**

You will then receive your tax-free reimbursement as explained under your Plan rules. If the IRS audits your tax return, you must be able to provide original receipts in order to validate the tax-free medical dollars you received. Medical dollars paid to you do not show as earnings on your Form W-2. Dollars paid to you through the Plan cannot be used as a medical deduction on your tax return.

Health Insurance Portability and Accountability Act (HIPAA)

Under HIPAA regulations you are assured that certain health information, referred to as Protected Health Information (PHI), will be kept confidential. Disclosure of your PHI for any purpose other than for “Plan Administration” such as quality assurance, claims processing, auditing and monitoring or for the purpose of obtaining payment will be limited and subject to state and federal regulations. To learn more about these Privacy Rules contact your HRA Coordinator to receive a complete Notice of Privacy Practices.

Claim Denial Appeal Procedures

A claim is a request for a Plan benefit by a participant or beneficiary. Except as otherwise described in applicable summaries or booklets describing the benefits provided through this Plan (such as insurance carrier booklets or employer summaries describing your benefits), if you submit a claim for benefits and it is denied, in whole or in part, you or your beneficiary will receive a written explanation from the Administrator within 30 days after filing the claim. If special circumstances require, the Administrator may take up to an additional 15 days to contact you. The Administrator must notify you of this extension before the end of the initial 30-day period.

The Administrator's explanation will state the specific reasons for the denial, references to pertinent sections in the Plan document, additional information you must provide to improve your claim, and the procedure available for further review of your claim. If you do not agree with the reasons for denial of your claim, you may request an appeal within 180 days of receiving the denial. You should attach any documents or records that will support your appeal. As part of the review procedure, you are allowed to request and receive copies of pertinent documents, although in some cases, approval may be needed for the release of confidential information, such as medical records. You must submit issues and comments in writing. You may have someone act as your representative in the review procedure if you wish.

A decision will be made in writing within 60 days following the receipt of your request for review or the date that all information required of you is furnished, whichever date is later. If special circumstances require an extension of time, a written notice of the extension will be sent to you. Notification of the decision on review will be clearly described and will specify the reason for the decision.

ACRISURE®

Your Acrisure CDH Team

Your dedicated administration team delivers premier administration services and superior support tailored to your unique plan needs. With a steadfast commitment to accuracy, compliance, and operational excellence we ensure you receive personalized service for your organization and its employees.

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