

WealthCarePortal



Participant Guide to Accessing Benefits Online



800-499-3539
support@amben.com



SIGN IN



REGISTER

Employers

Consultants



Benefits Card
Information



Documents
& Forms



Eligible
Expenses



Video Library
Education & Training



WealthCare
Mobile

Try Our Mobile App



Welcome to American Benefits Group

Our mission is to define a level of service that is unmatched in the industry today and exceeds our client's expectations in every way. We maintain a steadfast commitment to all of these core competencies

- Live support during normal business hours 8:30am-5:00pm
- Toll-free customer service and claims fax lines

Individualized service and support for each client



Benefit *Resources*,
Including Forms, Are Available
Before You Login

Please note that this portal has educational materials about a number of different benefit accounts. Remember, some of these accounts may not be available to you through your employer, or they may be administered by a TPA other than American Benefits Group. If you are unsure whether American Benefits Group administers any of these benefits for your company contact your HR office or call American Benefits Group customer support at 800-499-3539.



Benefits Card
Information



Documents
& Forms



Eligible
Expenses



Video Library
Education & Training



WealthCare
Mobile

Mobile App

Welcome to American Benefits Group



800-499-3539
support@amben.com

 SIGN IN  REGISTER

If You Are a Registered User
SIGN IN

If You Have Not Registered
For The Site - You Will Need
To Register





To register ABG must have your Email Address or your Mobile Number in our WealthCare system.

You will also need your **Employer ID**.

If you do not know your Employer ID, go to www.amben.com/employer-search.html.

Enter your employer's
name and click **GO**.

Your **Employer ID**
will be returned.

Go to the **WealthCare**
Portal registration page.

The screenshot shows the American Benefits Group website with the following elements:

- Header:** American Benefits Group logo, navigation links (LOGIN, About Us, Services, FAQ, News Blog, Contact), and a search bar.
- Navigation:** Tabs for Participants, Employers, and Consultants.
- Left Sidebar:** My Flex Resource, Reimbursement Accounts, Resources (Benefits Card, Documentation Required, Documents & Forms, Eligible Expenses, Health Resources, Participating Pharmacies, Video Library).
- Breadcrumbs:** Home > Participants > My Flex Resource > Resources > Employer ID Search
- Employer ID Search Section:**
 - Section title: Employer ID Search
 - Form: Enter Your Employer's Name (with input field containing "American" and a "GO" button)
 - Table with 2 columns: EMPLOYER NAME and EMPLOYER ID.
 - Table Row 1: American Benefits Group | ABGABG
- WealthCarePortal Section:**
 - Section title: WealthCarePortal
 - Text: New User? Please [click here](#) to create a user name and password.



IMPORTANT: You must have a valid **Email Address** or **Mobile Number** (for SMS) in our system to verify your identity.

If you have not done so already browse to:
www.amben.com/WealthCare

First Time Registration

- Select **Register** in the upper right side of the screen.
- Follow the instructions and enter all the required information.
- Enter your **First Name**, **Last Name** and **Zip Code**.

Check the box if you received a debit card for your benefit account.

The screenshot shows a registration form titled 'REGISTER: STEP 1'. At the top, a progress bar indicates steps 1 through 6, with Step 1 highlighted in green. Below the progress bar, it says 'You are on step 1 of 6'. The main instruction is 'Let's get you registered - please provide the information below.' The form contains three input fields: 'First Name *' with the value 'Maura', 'Last Name *' with the value 'OTP', and 'Zip Code *' with the value '53222'. Below these fields is a checkbox that is currently unchecked, with the text 'Check this box if you received a debit card for your benefit account.' to its right. At the bottom of the form, there are two buttons: a dark grey 'CANCEL' button with a white 'X' icon, and a light green 'NEXT' button with a white checkmark icon.



- Enter your **Employer ID** ([Find my Employer ID](#)).
- Enter your **Employee ID** (employee ID is your SSN).

STEP 1

STEP 2

STEP 3


STEP 4


STEP 5

STEP 6

You are on step 1 of 6


Enter your employer information and we'll securely retrieve your information!


 Employer ID *





To register with this site, you must have an **Employee ID** which could be your Health Plan Member Number, Social Security Number, an ID provided by your Employer or an alternate ID created by your Administrator, and a **Registration ID** which could be your Benefit Debit Card Number or your Employer.

If you do not know your ID or were not provided an ID, please contact your Administrator.

 Employee ID *

 CANCEL

 BACK

 NEXT



- Select the method of which you would like to receive your **verification code**.
 - Please be aware that the verification code sent via email can take up to 10 minutes. Do not trigger a second code.
 - Text messaging is much faster if you have a Mobile Number in the system.
-
- Enter the **verification** code as instructed upon receipt.

STEP 1 STEP 2 STEP 3 STEP 4 STEP 5 STEP 6

You are on step 2 of 6

We found you! Pick a method to receive a verification code now.

Send code to email: m*****rt@alegeus.com ☒ E-MAIL

Send code via text: ***-***-5743 ☒ TEXT

[I cannot receive a verification code](#)

STEP 1 STEP 2 STEP 3 STEP 4 STEP 5 STEP 6

You are on step 2 of 6

An SMS has been sent to the following phone:

--5743

Enter the verification code that you received via SMS below:

[Resend verification code](#)

[I did not receive my code](#)




- Create a **User Name** and designate an Email and **Password** to use with your account.

Follow password criteria.


STEP 1STEP 2STEP 3STEP 4STEP 5STEP 6


You are on step 3 of 6

Create a user name, email and password for your account.


 User Name *

 Email *


 Password *





Password Strength



Confirm Password *

 CANCEL

 BACK

 NEXT



- Select and answer four Security Questions.

Please use the select boxes labelled select question 1, select question 2, select question 3, and select question 4 to choose questions which are relevant to you and they enter answers to those questions.



- Confirm your **Email** address.

STEP 1

STEP 2


STEP 3

STEP 4

STEP 5

STEP 6


You are on step 5 of 6

First Name	Maura
Last Name	OTP
 Confirm Email *	<input type="text" value="maura.mccafferty@alegeus.co"/>



The email address entered is used for security encryption only. It is not used for solicitation purposes.

 CANCEL

 NEXT




AMERICAN BENEFITS GROUP

- Confirm your security **Questions and Answers**. Submit to complete the registration process.

REGISTER – STEP 6


STEP 1STEP 2STEP 3STEP 4STEP 5STEP 6

You are on step 6 of 6

 Your setup information has not yet been submitted. Please verify your information below before clicking **Submit**. If you need to make a change before submitting, click the appropriate **Edit Info** link

Questions and Answers

Question 1

 EDIT INFO

In which city was your grandmother born (father's mother)?

alegeus

Question 2

What was the name of your junior high school? (Enter only Riverdale for Riverdale Junior High School)


alegeus

Question 3


What is the name of the college you went to?


alegeus


Question 4

 **Success**

You have successfully completed the registration process

 The next time you sign on to access your account information you will be asked to provide your **username** and **password**

 To protect your personal information you may occasionally be required to complete additional authentication

 DONE



The screenshot shows the 'Personal Dashboard' for George Jones. At the top, there's a header with the American Benefits Group logo, a 'Personal Dashboard' title, and a user greeting 'Hi, George Jones' with a 'Log Out' button. Below the header, a progress bar indicates 'YOUR PROFILE IS 40% COMPLETE'. To the right, there are four tiles: 'MOBILE PHONE' (with a phone icon and 'Register your phone for real time alerts!'), 'EMAIL' (with an envelope icon and 'EBONNEY6@GMAIL.COM'), 'REIMBURSEMENT METHOD' (with a check icon and 'CHECK'), and 'ALERTS' (with a bell icon and 'YOU HAVE OPTED INTO 6 ALERTS'). Below these tiles, there are two main sections. On the left, 'Try Our Mobile App' features a photo of a hand holding a smartphone displaying the app, with 'Available on Google play' and 'Available on the App Store' buttons below. On the right, 'My Accounts - Click Down Arrows to View More' shows a table of accounts. The first account is a 'Health Flexible Spending Account' for the period 10/01/2021-12/31/2021, with a balance of \$2,750.00. Below this, it shows 'Available \$2,750.00' and 'Spent \$0.00'. Red arrows point from the text labels to these specific elements: 'Log Out' points to the top right button; 'View Account(s)' points to the account name and balance; 'Download Smart Mobile App' points to the app download buttons; and an arrow points to the profile completion bar.

Log Out

View Account(s)

Download Smart Mobile App



My Account

Claims

Resources

14

3

JamesBordeniz3
Last login:
12:50pm on May 31, 2018

log out

Benefit Account Summary

Current

Communication Settings

User Profile

Contact Us

g Account - ABG (01/01/2018-12/31/2018)

\$100.00

Available Balance

\$100.00

Spent

\$0.00

Quick Action Links

VIEW DETAILS

TRANSACTIONS

SUBMIT CLAIM

Account Summary

Annual Election	\$100.00
Payroll Deposits YTD	\$38.50
Spent	\$0.00
Balance	\$100.00

Deadlines

Plan Start	Jan 1, 2018
Plan End	Dec 31, 2018
Last Day to Submit Claims	Mar 31, 2019
Last Day for Spending	Mar 15, 2019

Scroll down to see all accounts



My Account ▾

Claims ▾

Resources ▾

14

3

jamesborden123
Last login:
12.50pm on May 31, 2018

log out

Benefit Account Summary

Communication Settings

The notifications below are available to you. Please define the delivery method for each notification you wish to receive. Please ensure you have an email address and/or registered mobile in order to receive these notifications.

mobile

email

both

none

Direct Deposit Account Change

☐

☐

☒

☐

This communication is sent when your direct deposit account has been updated.

Email Address Change

☐

☐

☒

☐

This communication is sent when your email address has been updated.

Enrollee Welcome Email

☐

☐

☒

☐

This communication is sent when your account is created.

Participant Claim Entry

☐

☐

☒

☐

This communication is sent when you have entered a manual claim through the participant portal on your account.

Password Change

☐

☐

☒

☐

This communication is sent when your portal password has been updated.

SAVE

Email Address

ebonney@amben.com

Phone Registration Status

14135220089

Registered

Register Your Phone to Receive Account-based Text Messages

You will receive a text to the number shown above asking you to complete the registration process. Once registered, your phone's status will show as Registered instead of Pending. If your number remains in Pending status or if you never receive the registration text, please contact support for assistance in resolving the issue. Once registered, text BAL to 97487 to receive your current year account balances. You can opt-out at anytime by texting STOP. For help with text commands, please text HELP to 97487.

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My Account ▾ Claims ▾ Resources ▾

jamesborden123
Last login:
12:50pm on May 31, 2018 log out

Use Benefit Account Summary

Communication Settings

User Profile

Contact Us

James Borden

Date of Birth
Sep 20, 1967Employee ID
*****6598Marital Status
MarriedGender
Male

Phone

Email Address [edit](#) [delete](#)
ebonney@amben.com Home Address
PO Box 3333
Northampton
MA, 01061-1209
US

Mailing Address

EDIT PROFILE

[change password](#) Employer
Demo GroupSSN
XXX-XX-3786Employee Status
Active

Family Members

ADD FAMILY MEMBER

Elizabeth Borden

Spouse Or Common Law Spouse

Edit Profile,
Change Password,
Add or Edit Family Members. You do
not need to add family members if you
only have commuter accounts or
single HRA or LSA coverage.



My Account ▾

Claims ▾

Resources ▾

14

3

jamesborden123
Last login:
12:50pm on May 31, 2018

log out

Use

Benefit Account Summary

Communication Settings

User Profile

Contact Us

[change picture](#)

James Borden

Date of Birth
Sep 20, 1967

Employee ID
*****6598

Marital Status
Married

Gender
Male

Phone

Email Address [edit](#) [delete](#)
ebonney@amben.com

Home Address
PO Box 3333
Northampton
MA, 01061-1209
US

EDIT PROFILE
[change password](#)

Employer
Demo Group

SSN
XXX-XX-3786

Employee Status
Active

Add Dependent Card

Please be aware that dependents cannot use the ABG Benefits Card for Commuter, single HRA or LSA coverage.

Family Members

ADD FAMILY MEMBER

Elizabeth Borden

Spouse Or Common Law Spouse



Family Members

[+ ADD FAMILY MEMBER](#)

 Elizabeth Borden Spouse Or Common Law Spouse

Date of Birth Jun 6, 1956

SSN *****3786

Gender None

Phone


Employer Demo Group

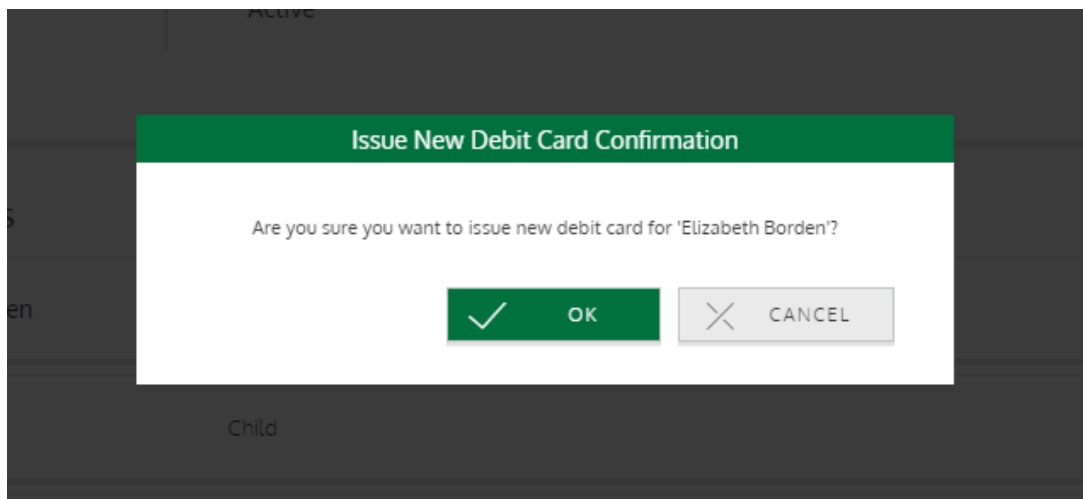
Dependent ID *****23d1 

Home Address

50 Main St
Nowhere
CO, 76543
US

 EDIT DEPENDENT

 REMOVE DEPENDENT

[+ ISSUE DEBIT CARD](#)



My Account ▾

Claims ▾

Resources ▾

14

3

jamesborden123
Last login:
12:50pm on May 31, 2018

log out

Use

Benefit Account Summary

Communication Settings

User Profile

Contact Us

[change picture](#)

James Borden

Date of Birth
Sep 20, 1967

Employee ID
*****6598

Marital Status
Married

Gender
Male

Phone

Email Address [edit](#) [delete](#)
ebonney@amben.com

Home Address
PO Box 3333
Northampton
MA, 01061-1209
US

Mailing Address

Employer
Demo Group

SSN
XXX-XX-3786

Employee Status
Active

EDIT PROFILE

[change password](#)

Add a Family Member

Please be aware that you only need to add family members if you have an FSA, DCA or an Employee +1 or Family Tiered HRA or LSA.

Family Members

ADD FAMILY MEMBER

Elizabeth Borden

Spouse Or Common Law Spouse

19



Choose “Use your primary address”

Add Family Member

First Name * Taylor Last Name * Borden

Initial

General Info Use your primary address ☒

Dependent ID * 999996598d3 Address 1 * 1111 New Street

Relationship Child Address 2

Date of Birth * Jan 1, 2014 City * New Northampton

SSN * 999996598 State * Massachusetts

Gender * Select ZIP * 01060

Phone

Country * US

Full-time student ☐

☒ SAVE



My Account ▾

Claims ▾

Resources ▾

Enrollment ▾

Add a Claim

Claim Activity

Transaction History

Reimbursement Settings

Add Expense

CLAIM DETAILS DOCUMENTATION CONFIRMATION

[Claim Form Instructions](#)

Enter Service Dates – Not the date that you paid for the expense.

Claimant: Primary account holder's name.
Service Date(s): When you had the service or purchased an item. If you have multiple services over a period of time from the same provider you can enter a date range.
Service Type: Choose service type from drop-down.
Claim Amount: Original expense amount.
Provider Name: Name of service provider such as the name of a doctor's office or pharmacy.
Comments: Use for additional information.
Upload Receipt: Upload receipts/statements. If receipt is unavailable at time of submission, submit via the WealthCare Mobile App (learn more) or fax statements and/or EOBs to 877-723-0147.
If you have an HRA and are submitting Deductible, Copay or Coinsurance expenses, please provide an Explanation of Benefits (EOB) from your insurance carrier. [Sample EOB](#).



Get your reimbursement as quickly and securely as possible by changing your reimbursement method to Direct Deposit.
[Click Here to change your settings](#)

* - Required Field



Service Start Date *

select date




Service End Date









select date





IMPORTANT:
Choose the most appropriate Service Type, for an HRA this will probably be Deductible, Copay or Coinsurance



 Claimant	James Borden
 Service Type *	-- Select One --
 Claim Amount *	\$ 0.00
 Provider Name	
 Account Number	
 Comments	
<div> NEXT</div> <div> CANCEL</div>	



CLAIM DETAILS

DOCUMENTATION

CONFIRMATION



Please Choose a Validation Method to Continue



Attach Claim Receipt

Take a photo of your receipt or attach an existing document now.



Validate Later

Submit the claim without a receipt now, knowing a receipt is required for claim approval.



CANCEL



Documentation must show:

Date of Service; Who Service Was For; Nature of Service; Service Provider and Amount

Credit card receipts are not acceptable.

For most HRA expenses an Explanation from your insurance carrier is required.

The screenshot shows a web form for adding a claim. At the top left, there is a section labeled 'Upload Receipt' with a receipt icon. To the right of this is a text input field followed by a blue 'BROWSE' button. A red arrow points to the 'BROWSE' button. Below the 'Upload Receipt' section is a large dashed rectangular area containing a receipt icon with a plus sign and the text 'DRAG & DROP your receipts here'. At the bottom of the form, there are two buttons: a green 'NEXT' button with a checkmark icon and a grey 'CANCEL' button with an 'X' icon.



Certify and Submit.

CLAIM DETAILS

DOCUMENTATION

CONFIRMATION



Thank you for using our online claim entry feature. If you were unable to upload your receipt electronically please fax it along with a copy of your receipt to 877-723-0147. If you have direct deposit information on file you can expect to receive your reimbursement in approximately 7 days, for reimbursement by check you can expect to receive the check in approximately 10-12 days.

Claim Details

Amount: **\$900.⁰⁰**
Claimant: James Borden
Service Type: Vision Expense
Service Start Date: Jan 2, 2019
Service End Date: Jan 2, 2019
Comments:
Provider: MyEyeDoc



ABG_POP_Compliance_CIF.pdf

I certify that the expenses for reimbursement indicated on this claim form were incurred by me (and/or my spouse and/or eligible dependents), and were not reimbursed by any other plan nor will I seek reimbursement from any other source. To the best of my knowledge and belief, the expenses are eligible for reimbursement under my Reimbursement Plan(s). I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete, or misleading information may be guilty of a criminal act punishable under law.

By choosing **Submit**, you agree to the conditions for reimbursement ?



SUBMIT



CANCEL





Thank you!

Thank you for using our online claim entry feature. If you were unable to upload your receipt electronically please fax it along with a copy of your receipt to 877-723-0147. If you have direct deposit information on file you can expect to receive your reimbursement in approximately 7 days, for reimbursement by check you can expect to receive the check in approximately 10-12 days.

What do you want to do next?



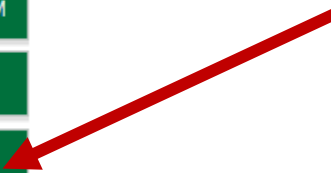
SUBMIT ANOTHER CLAIM



OPEN CLAIMS LIST



PRINT A CLAIM FORM





Claim Receipt Submittal Form

• **Participant:**
James Borden

Do not mark this barcode. It doesn't contain any personal information, and is necessary to speed up processing.

• **Date Submitted:**
1/2/2019 6:00:00
AM

This barcode is unique and this form should not be re-used.

• **Total Requested:**
\$900.00



###1T00916#####19670

You can fax this letter with your documentation to:

877-723-0147

Claims Submitted With Receipts:

Start Date	End Date	Amount	Claimant	Provider
01/02/2019	01/02/2019	\$900.00	James Borden	MyEyeDoc

Instructions and Certifications

If you did not upload your receipt please print this page and fax it with your documentation to 877-723-0147.



TRANSACTION HISTORY

Once submitted you can view under
Claims > Transaction History

Once paid status will change from
Submitted to Paid

My Account ▾ Claims ▾ Resources ▾

Transaction History

Year: 2018 Reimbursement Settings

All ▾ Type: All ▾

Approved/Paid/Submitted

\$900.00	Submitted	Claim Date of Service: Jan 2, 2019 Date of Transaction: Jan 2, 2019	ADD RECEIPT	📄
(\$50.00)	Paid VISION	Claim Date of Service: May 1, 2017 Date of Transaction: Sep 18, 2017		



REIMBURSEMENT SETTINGS

For faster reimbursements provide your Direct Deposit information.

Choose Claims > Reimbursement Settings

The screenshot displays the user interface of the American Benefits Group portal. At the top, there is a navigation bar with 'My Account', 'Claims', and 'Resources' dropdown menus. To the right of these are icons for chat, a document, and notifications (16 and 4). The user's name 'jamesborden123' and last login time '1:55pm on Jun 1, 2018' are shown, along with a 'log out' button. Below the navigation bar, the 'Reimbursement' section is highlighted in green. A dropdown menu is open under 'Reimbursement', showing options: 'Add a Claim', 'Transaction History', 'Reimbursement Settings' (which is selected), and 'Reimbursement Method' (with a printer icon). Below this menu, there are two buttons: 'Check' and 'Direct Deposit'. At the bottom right, there are two buttons: 'SAVE' (with a checkmark icon) and 'CANCEL' (with an 'X' icon).



My Account Claims Resources



jamesborden123
Last login:
1:55pm on Jun 1, 2018



log out

Reimbursement Preference

Reimbursement Method

Check

Direct Deposit

Bank Name *

Account *

Re-enter Account *

Account Routing *

Re-enter Routing *

Bank Account Type

Saving

By providing my bank account and routing numbers, I agree to allow my administrator to direct deposit plan reimbursements into my accounts. I understand that I can change this directive at any time.

☐

Check example

Name _____

Address _____

Date _____

Pay to the order of: _____

Your bank

1: 1233211231: 234511 123456789123

Routing Number

Check #

Account Number



Please note: The order of Routing, Account and Check numbers will vary from financial institution to financial institutions and will not necessarily be in the same order as shown above.



EDIT



SAVE



CANCEL



My Account ▾ Claims ▾ Resources ▾

jamesborden123
Last login:
1:55pm on Jun 1, 2018 log out

Announcements

Announcements

Forms & Documents

**HSA Family Maximum Co
Remain at \$6,900**
May 3, 2018

Plan Documents

Commuter Resources

DCA Resources

FSA Resources

Video Library

New WealthCare Portal - June 3, 2018
May 3, 2018



My Account ▾ Claims ▾ Resources ▾

16 **4**

jamesborden123
Last login:
1:55pm on Jun 1, 2018 log out

Forms & Documents

Announcements

Forms & Documents

Plan Documents

Avida Bank HSA Forms

- Account Closure Form
- Authorized User Form
- Beneficiary Form
- Contribution Form
- Contribution Correction Form
- Distribution Reversal Form
- IRS Publication 969
- IRS Form 8889
- Instructions for Form 8889
- Rollover Distribution Form

Check Orders You can order checks anywhere you wish. Please note if you use the order link below you will receive 25 checks for \$8.00.

Check Order (Order a checkbook to associate with your HSA)

Transfer Form (Transfer Existing HSA Funds to Avidia Bank)
Depending on the existing custodian it could take up to 6 weeks before the Transfer Check is sent to Avidia Bank.

Commuter Resources

DCA Resources

FSA Resources

Video Library

Dependent Care




- Dependent Information for Dependent Care
- Dependent Care Eligible Expense Table
- Receipt for Dependent Care Services
- Automatic Dependent Care Claim Form
- W10 Form to Request Dependent Care Provider's Tax ID
- Dependent Care Worksheet
- 2441 Dependent Care Expense Form
- 2441 Instructions


Commuter Accounts


- Commuter Transit & Parking - Flyer
- Commuter Parking - Claim Form
- Commuter Accounts - Enrollment Kit
- Commuter Transit and Parking Election/Change Form
- Commuter Parking Election/Change Form
- uberPOOL
- Lyft Line


Flexible Spending Accounts





 My Account ▾ Claims ▾ Resources ▾


 Dependent Care Account ▾


 Announcements


 Forms & Documents


 Plan Documents

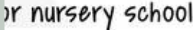
 Commuter Resources

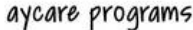
 DCA Resources

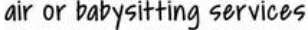
 FSA Resources

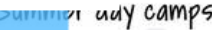
 Video Library


 after school care

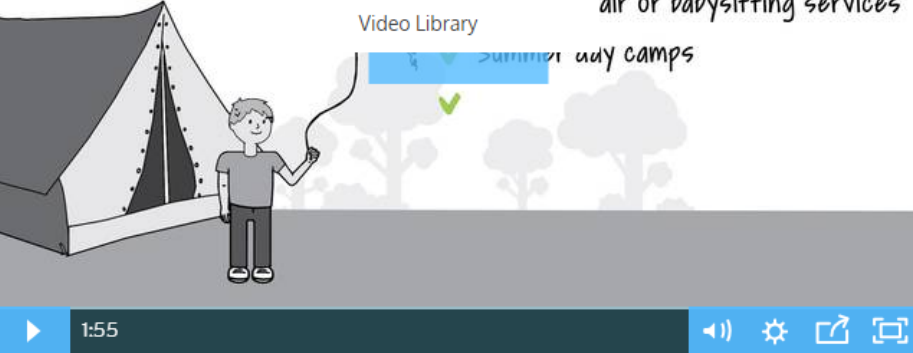
 or nursery school

 daycare programs

 air or babysitting services


 Summer day camps


 Frequently Asked Questions





1:55


Each of your benefits has its own resource page with videos, FAQs and other benefit specific information.


 Dependent care basics

 Benefits

 Eligible expenses

 Contributions


 Account access

 DEPENDENT CARE BASICS




How does a dependent care FSA work?


What is a dependent care FSA?


A dependent care FSA is a flexible spending account that allows you to contribute a portion of your paycheck before taxes








 My Account ▾ Claims ▾ Resources ▾


 Video Library


 Announcements


 Forms & Documents


 Plan Documents


 Commuter Resources


 DCA Resources


 FSA Resources


 Video Library

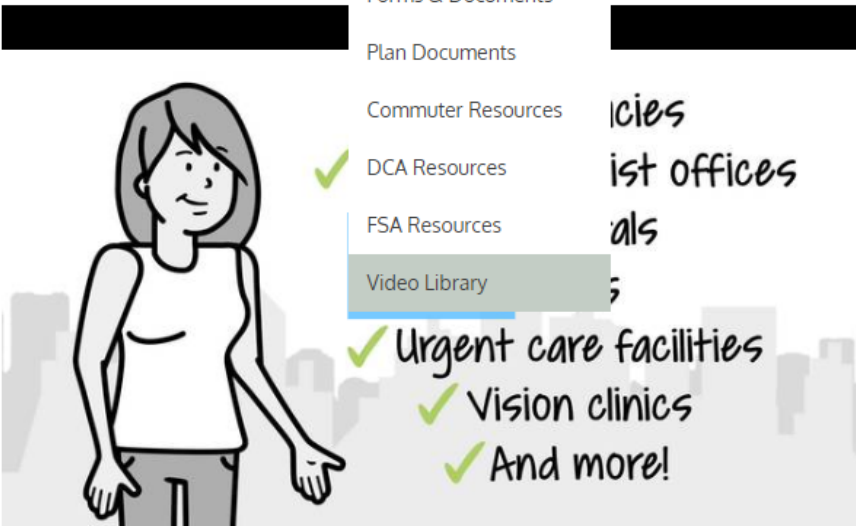
 Urgent care facilities

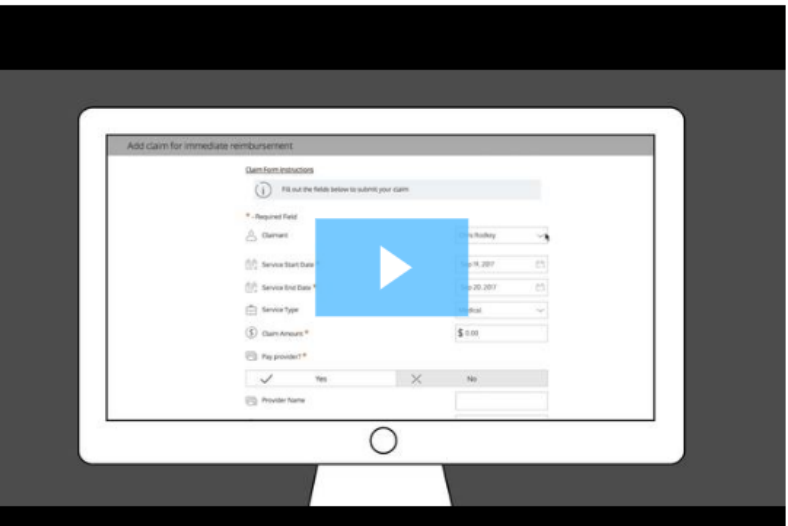
 Vision clinics

 And more!

 jamesborden123
Last login: 1:55pm on Jun 1, 2018


 log out






How Does My ABG Benefits Card Work?

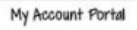
How Do I File a Claim




Plan years to show:	Previous	Current	Future
My Health Reimbursement Arrangement			
Available: \$1,837.72			
Spent: \$160.00			
My Dependent Care FSA			
Available: \$3,353.89			
Spent: \$0.00			



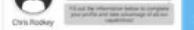
Amount	Description	Status	Effective Date
\$192.00	My Dependent Care FSA	Approved	Sept 22, 2017
\$94.00	My Limited Purpose FSA	Approved	Sept 22, 2017
\$74.00	My Limited Purpose FSA	Approved	Sept 20, 2017
\$300.00	My Dependent Care FSA	Approved	Sept 20, 2017
\$192.00	My Dependent Care FSA	Approved	Sept 8, 2017
\$94.00	My Limited Purpose FSA	Approved	Sept 8, 2017
\$94.00	My Limited Purpose FSA	Approved	Sept 8, 2017



800-91-2322
wsp@abg.com



Chris Rodkey



Submitted - No Receipt