



INTEGRATION. ADMINISTRATION. COMPLIANCE.

To access and view your Account information, please go online to www.payroll-us.com. Select Employee Logins

COMPLIANCE. INTEGRATION. ACCOUNTABILITY.



PAYROLL SERVICES

BENEFITS
ADMINISTRATION

HUMAN RESOURCE
MANAGEMENT SOLUTIONS

MANAGER LOGINS

EMPLOYEE LOGINS

NEWS & UPDATES

CONTACT US



WHY PAYROLL SYSTEMS?

More than just a payroll solution, Payroll Systems offers tailored solutions for businesses of all sizes with dedicated customer service provided by experienced professionals. From payroll processing to integrated solutions incorporating payroll, benefits administration, human resources, and time and attendance, we have the answer for your organization.

Payroll Systems reduces employer costs, liability, and administrative burden through integrated solutions. Advantages include:

- Flexible and comprehensive solutions that organize, integrate, and simplify complex business processes
- Liability reduction through diligent compliance systems, support, and oversight
- Accurate and reliable processing and reporting
- Secure data management and transactions

HOME | LOGINS





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Then select the FSA/HRA button



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Enter your **User ID** and **Password**. Your User name is your first initial of your first name, last name, and the last 4 digits of your social security number (no spaces). Your Password is the last four digits of your social security number. You will be required to change your password and answer security questions upon login. Login Example: John Smith, 452-55-6598 Username: jsmith6598 Password 6598.



PAYROLL SYSTEMS ADMINISTRATIVE SERVICES, LLC

Login

Login to your account

Username:

Password:

Login

Can't login?

[I forgot my username](#)

[I forgot my password](#)

New user?

[Create your new username and password](#)

New account

It's easy to apply for a new account. Click 'Get Started' below to begin.

Code:

Get Started



Questions?

Contact Customer Support at: (925) 939-6214 Or toll free at: (800) 696-8004 or customersupport@payroll-us.com.

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INTEGRATION. ADMINISTRATION. COMPLIANCE.

Payroll Systems Administrative Services, LLC

Contact Information

MAIL CLAIMS TO: Payroll Systems Claims Dept
1990 N. California Blvd, Ste 18
Walnut Creek, CA 94596

FAX CLAIMS TO: Payroll Systems
Claims Dept
925-939-5927

EMAIL CLAIMS TO: customersupport@payroll-us.com

FOR QUESTIONS: Call Claims Dept at 800-696-8004

OR Email : customersupport@payroll-us.com
Website: www.payroll-us.com



INTEGRATION. ADMINISTRATION. COMPLIANCE.

Filing Claims

Now that you have enrolled in one or more of your employer's flexible benefits plans, you may begin to file claims against your enrolled account(s) upon the start date of your Plan Year.

You may access your plan account(s) in any of the following methods:

- 1. Debit Card Purchase:** you may use your debit card at the point of purchase to use your plan dollars toward qualified purchases. Be sure to keep your receipts, as you may be required to submit them as proof of plan eligibility.
- 2. Online Claim Filing:** File your claims online via our participant portal website. Instructions are enclosed. Scanned receipts can be submitted when filing claims online.
- 3. Paper Claim Filing:** You may also file claims using the paper form(s) available on the website under the "Forms" tab, and attach required receipts according to IRS rules.



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I. USE YOUR DEBIT CARD AT POINT OF PURCHASE

Use your debit card at plan-approved vendors to make your plan purchase.



If you have chosen the debit card as your primary reimbursement option, you (and any dependents for whom you have ordered cards) will receive your card at your home address unless otherwise elected during enrollment.

You may be required to submit receipts after purchase, so save your receipts and keep an eye out for receipt requests!



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2. FILE YOUR FLEXIBLE BENEFIT CLAIMS ONLINE

Online claims filing is effective for the **current** plan year. Claims for the **prior plan year** must be submitted using the previous method of submission, whether online or on paper.

TO LOGIN GO TO: www.payroll-us.com

Select **Employee Login** and then select the **FSA/HRA** button

The screenshot shows the Payroll Systems website interface. At the top left, there is a circular seal that reads "CERTIFIED SAS 70 Type II". The top right of the page features the tagline "COMPLIANCE. INTEGRATION. ACCURACY." and a photograph of four smiling business professionals. On the left side, a vertical navigation menu lists: PAYROLL SERVICES, BENEFITS ADMINISTRATION, HUMAN RESOURCE MANAGEMENT SOLUTIONS, MANAGER RESOURCES, **EMPLOYEE LOGINS**, NEWS & UPDATES, BLOG, and CONTACT US. The main content area is titled "YOUR EMPLOYEE LOGINS" and includes a welcome message: "Welcome to Payroll Systems' Employee Login, designed to provide you with a single login center to Web Clock, Payroll Self Service, Employee Benefits and COBRA." Below this message are four icons: "TIME CLOCK", "PAYROLL", "FSA/HRA", and "COBRA". The "FSA/HRA" icon is circled in black, and an arrow points from it to a "QUICK LINKS" section at the bottom of the main content area, which contains the link "FSA Guidelines". On the right side of the page, there are links for "HOME | LOGIN" and a "WHAT'S NEW" section with sub-links for "September News", "Press Release:", and "PRESS RELEASE".



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I. Log in using your username and password provided:



PAYROLL SYSTEMS ADMINISTRATIVE SERVICES, LLC

Login

Username:

Password:

Can't login?

[I forgot my username](#)

[I forgot my password](#)

New user?

[Create your new username and password](#)



Questions?

Contact Customer Support at: (925) 939-6214 Or toll free at: (800) 696-8004 or customersupport@payroll-us.com.

HOW TO FILE A CLAIM:



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I. Click the **File Claim** under the Actions column for your available account type.



PAYROLL SYSTEMS ADMINISTRATIVE SERVICES, LLC

HOME	ACCOUNTS	PROFILE	NOTIFICATIONS	FORMS	Participant Test ▾ Logout
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Welcome, Participant

Welcome to your single source for all you need to know about your pre-tax benefits. Request payment, check payment status, view account balance and summary information, access important notifications about your account, and more!

It's Annual Enrollment Time

This is your chance to enroll in your pre-tax benefits for the upcoming plan year! These benefits allow you to save federal, state, social security and Medicare taxes on dollars you put into the account. Simply click on the "Enroll" button to begin the process to saving money.

Plan Year	Enrollment Period	Accounts	Actions
2011 Flex Plan	10/13/2010 - 12/31/2010	2011 Dep Care Acct 2011 Medical Flex Acct	Update

Accounts

[View Account Summary](#)

Account	Available Balance [?]	Final Service Date [?]	Final Filing Date [?]	Actions
2010 Medical Flex Acct 2010 Flex Plan	\$1,000.00	12/31/2010	3/1/2011	File Claim View Claim History

OR



Questions?

Contact Customer Support at: (925) 939-6214 Or toll free at: (800) 696-8004 or customersupport@payroll-us.com.

Accounts

[Account Summary](#)

[Account Activity](#)

[File Claims](#)

[Payment History](#)

[Election Summary](#)

[Plan Descriptions](#)

Profile

[Profile Summary](#)

[Dependents](#)

[Login Information](#)

Notifications

[Notification History](#)

Forms

2. **Enter your claim information** and **submit** the claim. Make sure you have valid receipt(s) for your expenses, as you will need to send these to Payroll Systems.

Note regarding Dependent Care claims: A qualified dependent is required for Dependent Care claims. You may add your dependent(s) from the Dependent Care Claim Entry screen if necessary.

HOME
ACCOUNTS
PROFILE
NOTIFICATIONS
FORMS

Participant Test ▾
[Logout](#)

File Claim: 2010 Medical Flex Acct

Claims Basket (0)

Please enter your claim information below. If all or part of your claim is not reimbursable due to auditing factors (i.e. claim exceeds available balance in your account), then you will only be reimbursed the approved amount. You will be notified of any pending or denied claim amounts.

* Do You Have a Valid Receipt?	<input checked="" type="radio"/> No <input type="radio"/> Yes <small>You may submit receipts electronically after you successfully submit your claims.</small>	What is a valid receipt?
* Date of Service:	<input type="text"/> <small>Format date as mm/dd/yyyy.</small>	
* Claim Amount:	\$ <input type="text"/>	
* Provider:	<input type="text"/>	
* Category:	<div style="border: 1px solid #ccc; padding: 2px;">Choose from list...</div>	What expenses are eligible?
* Type:	<div style="border: 1px solid #ccc; padding: 2px;">Choose from list...</div>	
Description:	<div style="border: 1px solid #ccc; height: 40px; margin-bottom: 5px;"></div> <small>If the category is "Other" or "Over-the-Counter Drugs", you must provide a description.</small>	
* Recipient:	<input type="radio"/> Participant Test <input type="radio"/> Test2 Participant <input type="radio"/> Test3 Participant Add Dependent	

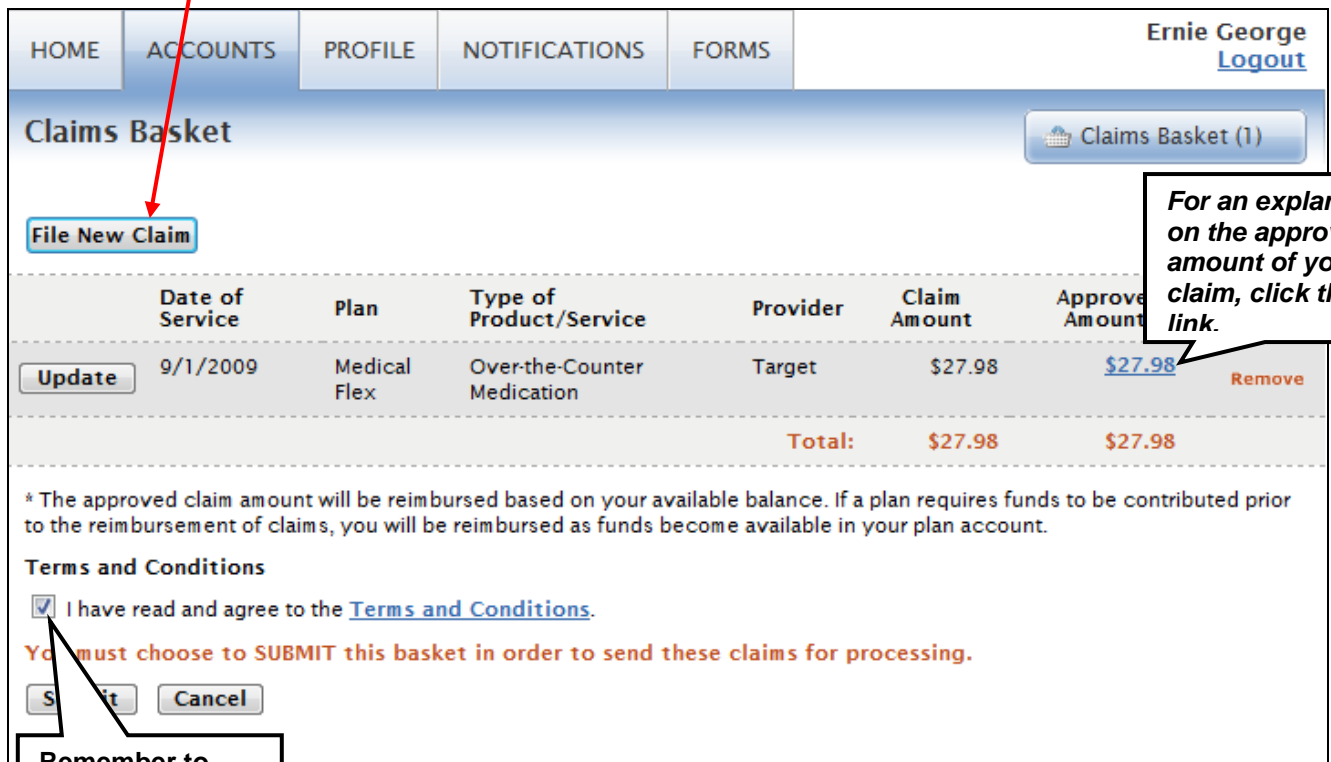
If there is more than one Product/Service that seems right, select the one that seems to be the best fit.

* Required field

Add Claim | [Cancel](#)

Make sure to click Add Claim

- If you have more than one claim you'd like to file, you may choose to **File a New Claim** from your claims basket.



HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS Ernie George Logout

Claims Basket Claims Basket (1)

[File New Claim](#)

	Date of Service	Plan	Type of Product/Service	Provider	Claim Amount	Approved Amount	
Update	9/1/2009	Medical Flex	Over-the-Counter Medication	Target	\$27.98	\$27.98	Remove
Total:					\$27.98	\$27.98	

* The approved claim amount will be reimbursed based on your available balance. If a plan requires funds to be contributed prior to the reimbursement of claims, you will be reimbursed as funds become available in your plan account.

Terms and Conditions

I have read and agree to the [Terms and Conditions](#).

You must choose to **SUBMIT** this basket in order to send these claims for processing.

[Submit](#) [Cancel](#)

- Once all claims are entered, you must agree to the **Terms & Conditions** (click on appropriate box) and commit the claim(s) by clicking **Submit**.



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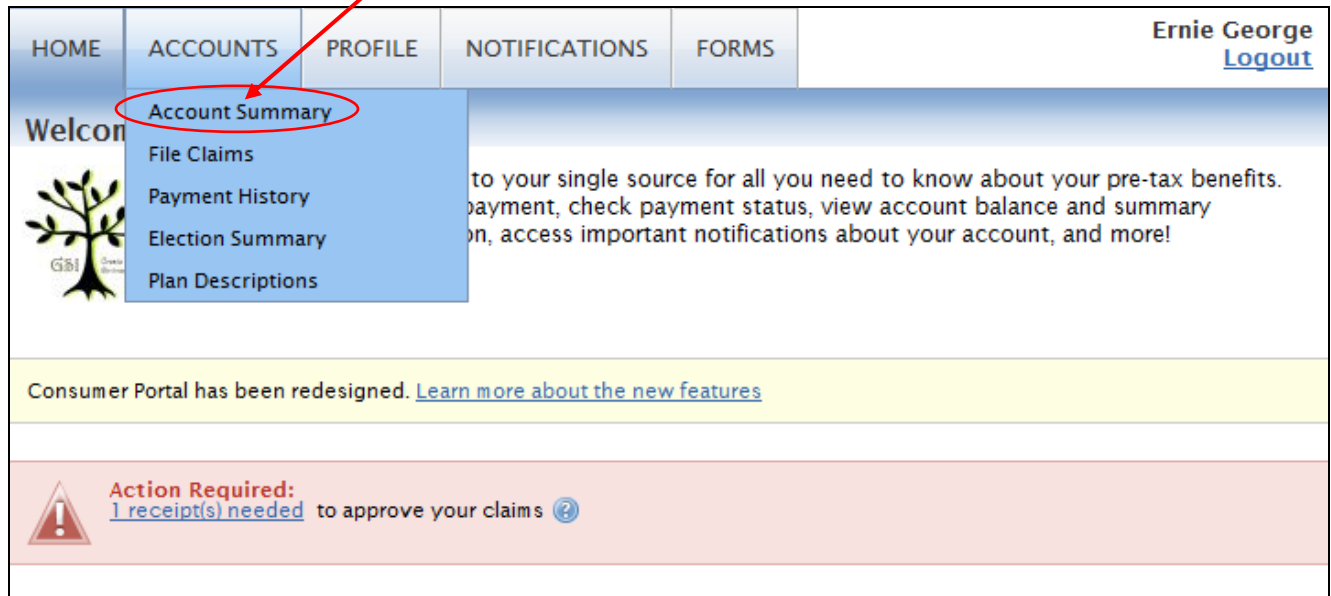
5. PRINT AND SEND CONFIRMATION WITH RECEIPTS!

The Confirmation page verifies that all claims have been successfully submitted.

You must print this page and fax or mail it, along with your receipts, to the contact listed on the page. Alternatively, you may scan your receipts and attach them to the claim on line.

HOME	ACCOUNTS	PROFILE	NOTIFICATIONS	FORMS	Ernie George Logout			
Claim Confirmation								
Ernie George 123456789 ABC Company								
You have successfully filed the claim(s) listed below.								
You can expect deposit of approved amounts in your account of record in accordance with your employer's reimbursement schedule, subject to the following guidelines: - Substantiation may be required before the associated claims may be paid to your account of record. If this claim is subject to further auditing, you will be contacted. - If this claim exceeds your available balance, only available funds will be reimbursed. Required Receipt(s) must be received within 45 days. If we do not receive the receipt(s) by this date, your reimbursement will have to be paid back in to the appropriate account.								
Receipt(s) Required - Fax the Confirmation:								
Print this confirmation, attach the required receipts and fax to at (866) 662-9428.								
<i>If you are unable to print this confirmation:</i>								
Send your receipts with a note that includes (a) the name of the company you work for, (b) your name, and (c) the claim number(s) listed below.								
Fax: (866) 662-9428								
Mail: 123 Administrator St Minneapolis, MN 12345								
Email: nobody@lighthouse1.com								
Claim Number	Plan	Date of Service	Provider/Merchant	Recipient	Receipt Amount	Mileage Amount	Approved Amount*	Receipt Required
ABC122090915P0000101	Medical Flex	9/1/2009	Target	Ernie George	\$27.98	\$0.00	\$27.98	Yes
Totals:					\$27.98	\$0.00	\$27.98	
* The approved claim amount will be reimbursed based on your available balance. If a plan requires funds to be contributed prior to the reimbursement of claims, you will be reimbursed as funds become available in your plan account.								
Please send in the Required Receipt(s) listed above within 30 days. If we do not receive the receipt/s by this date, your reimbursement will be denied.								
Remember, regardless of which (if any) receipts you are required to submit, you are responsible for retaining a copy of all receipts for three years in the event you or your Pre-tax Account plan are audited by the IRS.								
Print Confirmation								

VIEW YOUR ACCOUNT INFORMATION

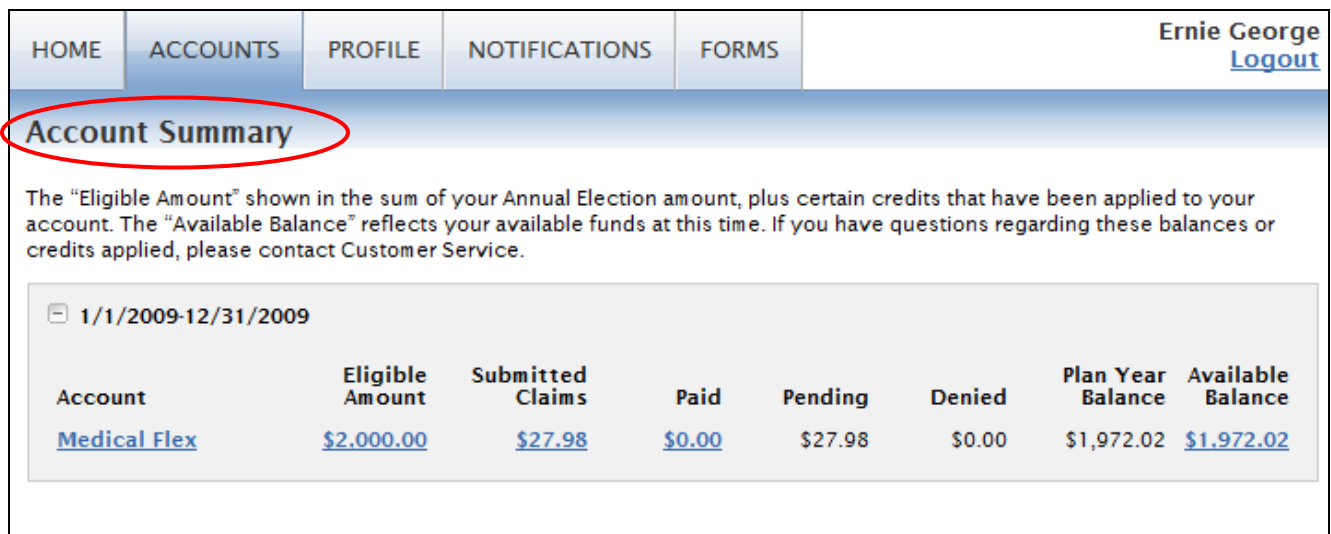


HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS Ernie George [Logout](#)

Welcome to your single source for all you need to know about your pre-tax benefits. Payment, check payment status, view account balance and summary on, access important notifications about your account, and more!

Consumer Portal has been redesigned. [Learn more about the new features](#)

Action Required: [1 receipt\(s\) needed](#) to approve your claims [?](#)



HOME ACCOUNTS PROFILE NOTIFICATIONS FORMS Ernie George [Logout](#)

Account Summary

The "Eligible Amount" shown is the sum of your Annual Election amount, plus certain credits that have been applied to your account. The "Available Balance" reflects your available funds at this time. If you have questions regarding these balances or credits applied, please contact Customer Service.

1/1/2009-12/31/2009

Account	Eligible Amount	Submitted Claims	Paid	Pending	Denied	Plan Year Balance	Available Balance
Medical Flex	\$2,000.00	\$27.98	\$0.00	\$27.98	\$0.00	\$1,972.02	\$1,972.02

- Select the **Profile** tab (Dependents or Summary) to review your personal and dependent information that's on file in the system.
- Select **Payment History** to see a detail of the claims that have been paid. You can click **View Detail** for more information about any claim.
- **Action Required** information will be displayed on the Home page at initial log in or within the Summary.



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Plans: Your Pre-tax plan information is available at any time. To view this information, log on and click on the **Plan Descriptions** link from the Accounts dropdown.

Forms: You can download Pre-tax forms at any time. Log on and click on the **Forms** tab, and select the form you would like to download.

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>.