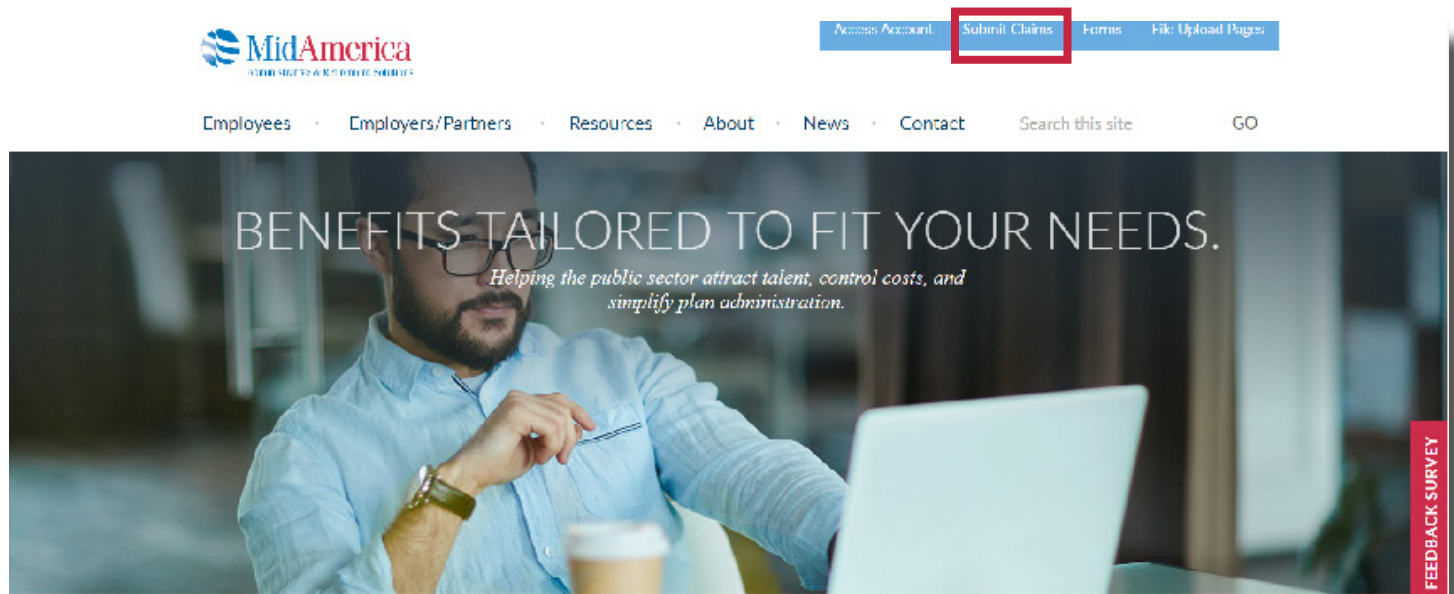


Submitting Claims Online

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 on the path to easy, stress-free reimbursements.

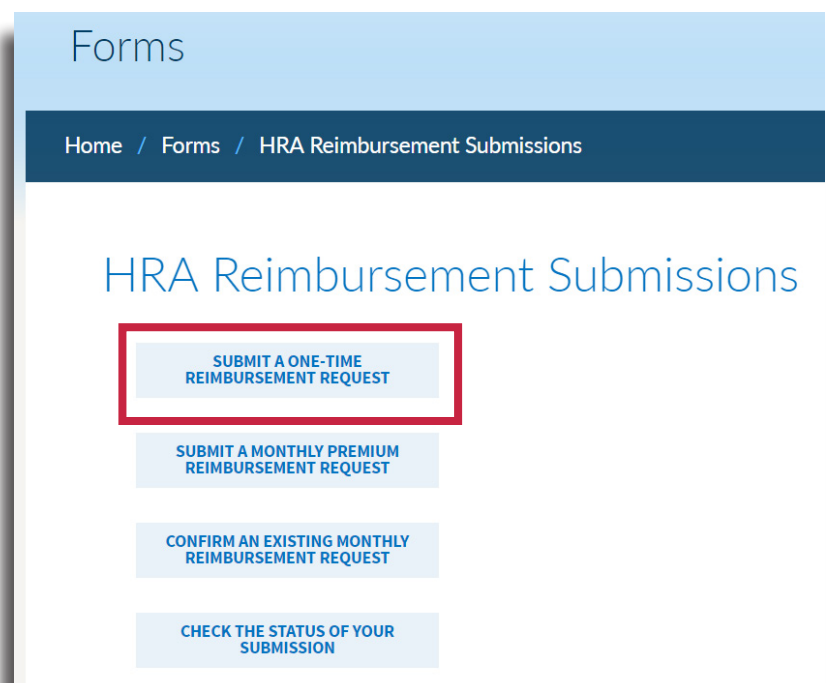
Accessing the Submission Form

- 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?

[CONTINUE >](#)

Reimbursement Submission Expenses

EXPENSE LIST

Expense 1

[Add Another Expense](#)

TOTAL REQUESTED

\$100.00

DATE OF EXPENSE

04/03/2017

AMOUNT REQUESTED:

100.00

NAME OF COVERED PARTICIPANT/DEPENDENT:

Test Person

SERVICE PROVIDER NAME:

Dr. Houser

SERVICES PROVIDED:

Routine Check-Up

COMMENTS:

DOES THIS FILE CONTAIN RECEIPTS FOR MULTIPLE EXPENSES?

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

DRAG AND DROP FILES ABOVE OR CLICK TO BROWSE

[BACK](#) [ADD ANOTHER EXPENSE](#) [CONTINUE >](#)

- 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 as 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](#)

- 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 XXXXXXXXX6664

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.

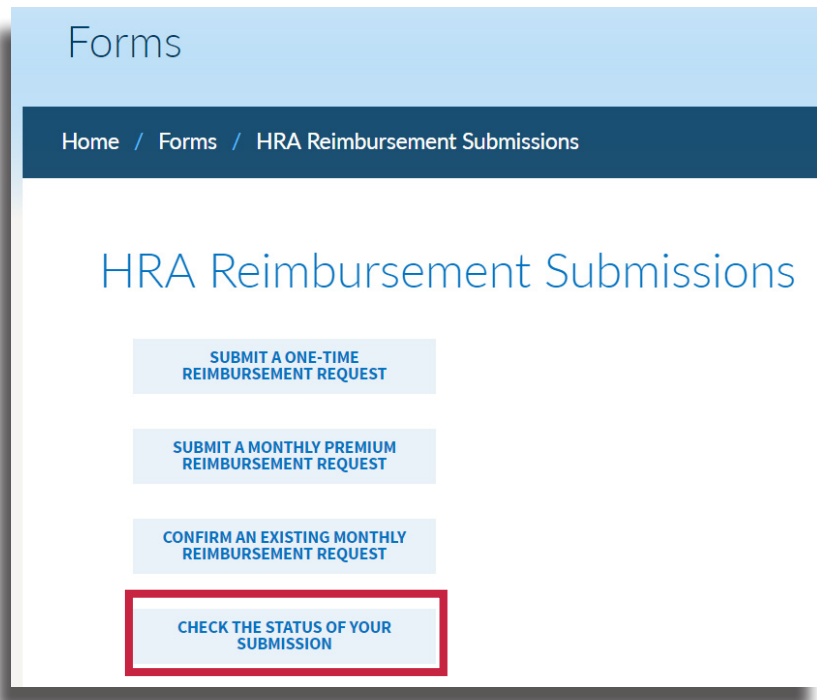
Thank you for using our secure data upload site!

[← 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.

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.



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

Submission Status
Confirm Your Identity

CONFIRMATION #
A0222A88-04282015

LAST 4 OF SOCIAL SECURITY #
0000

LOGIN

Submission Status

Confirmation #A0222A88-04282015

YOUR INFORMATION

Full Name: Sample Participant

Employer: MidAmerica Administrative & Retirement Solutions

Submission Status: Pending

Date Submitted: 04/28/2015 1:56pm

LOG OUT

- 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