



THE HARRISON GROUP, INC.

FSA NEW USER GUIDE



Welcome to The Harrison Group.

We're so happy to help you with your
FLEXIBLE SPENDING ACCOUNTS.

This guide will explain how you can log in to see your FSA account and activity, as well as information on how to utilize your FSA.

Additional resources may be found on our website at:

www.theharrisingrouponline.com

Managing your accounts has never been easier with two quick ways of accessing your information:

PARTICIPANT WEB PORTAL

- Open your preferred web search engine (Internet Explorer, Google Chrome, Firefox, etc)
- Search **www.theharrisingrouponline.com**
- Select "I am a Participant" on the main page
- Go to "Participant Log In"
- Enter your User ID and Password

Your USER ID is the first letter of your first name, followed by your last name, followed by the last four digits of your Social Security number.

Your PASSWORD is the last four digits of your Social Security number.

To change your User ID and Password, follow the prompts.

To create a new Password, the password must have at least 6 characters including: 1 uppercase letter, 1 lowercase letter, and 1 number.

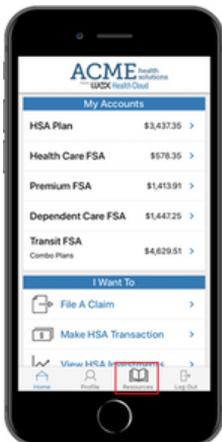
When you log in to your account online through your participant portal, you have access to several features including:

- ✓ checking your account balances
- ✓ requesting reimbursements
- ✓ uploading claim information
- ✓ review and manage expense information

Save time and hassle with an easy to use convenient Mobile App that helps you keep going where you need to be.

MOBILE APP

- Open the App Store  or Google Play  on your mobile device.
- Search “**Harrison Group FSA HRA HSA**”
- Download the free Harrison Group app and open
- Enter your participant log in information (same log in used to access your account via the participant web portal)
- Answer security questions and begin accessing your account details.



- ✓ checking your account balances
- ✓ use camera to upload receipt and file a claim
- ✓ track medical expenses with tracker
- ✓ use camera to scan barcode to see if items are FSA-eligible



unique to you



tested & trusted



easy navigation



user feedback

Quickly and conveniently access your funds and pay for eligible expenses with just one card for all your card-eligible benefits with us

HG ADVANTAGE CARD



How do I get a card?

We'll automatically mail you two cards to the address listed in your account the first time you enroll. Both cards will include the employee's name. Activate your card by calling the 800 number. Your spouse may sign his or her name on back of the second card and present it with his/her ID to use it. If you're already enrolled, continue using the debit card you have.

Additional cards?

You may request additional debit cards for your spouse or dependents by calling our office.

Lost or stolen cards?

If your debit card is lost or stolen, call us to report it or use your online portal or mobile app. Replacement cards are free of charge.

Expiring debit card?

We will automatically mail you a new debit card 30 or more days prior to your expiration date.

While the IRS requires documentation for certain spending and reimbursement benefits, we automate some of that substantiation through:

- ✓ **IIAS approval** -If a merchant uses the Inventory Information Approval System, the debit card will automatically approve eligible expenses.
- ✓ **Copayments** -If your employer provides us with copayment amounts for your insurance plans, we can auto-approve expenses that match these copayment amounts.
- ✓ **Recurring claims** -If you use your debit card for a purchase that requires substantiation, once the claim has been approved and you make that same purchase for the same dollar amount at that merchant, the recurring claim will be automatically approved.

If you were unable to utilize your HG Advantage Card, you can submit a claim form in order to be reimbursed.

CLAIM FORM SUBMISSION



Section 125 Cafeteria Plan Claim Reimbursement Form

Last Name	First Name	Middle Initial	Social Security No.
Home Address		Outside Phone	
City		State	Zip

Health Care Expense Claims	Claim Amount	Provider of Services	Expense Description	Amount

Dependent Day Care Expense Claims	Service Dates	Period (1/2)	Name, Address and ID Number of Provider of Services	Amount

I certify that the expenses being submitted were incurred while covered under the Company's Flexible Spending Account Plan, and have not been reimbursed by any other source. If the claim is not valid, I recognize that I will be liable for payment of all taxes on amounts paid from the Plan which relate to that expense. I also recognize that I cannot claim these expenses on my personal income tax return.

Employee Signature _____ Date _____

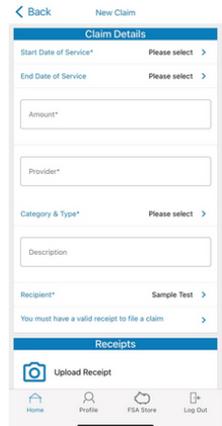
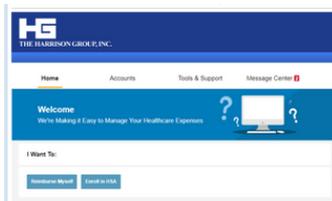
Send completed reimbursement form and receipts to:

THE HARRISON GROUP, INC.
 11 Raymond Drive, Suite 201, Haverhill, MA 01830 | 800.840.8875 | Fax: 870.850.8078
 Email: gpc@harrington.com | harrington.com

- Complete a manual claim form with specific information about the expense including date of service/expense, amount, and description.
- US mail, email, fax, or electronically upload your claim form with the receipt or EOB
- Claims processed regularly
- Reimbursements made via ACH to your bank account (if direct deposit form is on file) or check via US mail.

You can also process an ELECTRONIC CLAIM SUBMISSION via your Online Portal or Mobile App

- Log in to your Online Portal (or) Mobile App
- Click the button “Reimburse Myself”
- Follow the screen prompts to submit claim information and a copy of the receipt





Employer _____
Section 125 Cafeteria Plan Claim Reimbursement Form

Last Name	First Name	Middle Initial	Social Security No
Home Address			Daytime Phone
City		State	Zip

Health Care Expense Claims

Person Incurring Expense	Date Incurred	Provider of Services	Expense Description	Amount

Dependent Day Care Expense Claims

Name of Dependents	Service From	Period To	Name, Address and ID Number of Provider of Services	Amount

I certify that the expenses being submitted were incurred while covered under the Company's Flexible Spending Account Plan, and have not been reimbursed by any other source. If the claim is not valid, I recognize that I will be liable for payment of all taxes on amounts paid from the Plan which relate to that expense. I also recognize that I cannot claim these expenses on my personal income tax return.

Employee Signature _____ Date _____

Send completed reimbursement form and receipts to:

THE HARRISON GROUP, INC.
 3 Raymond Drive, Suite 201 · Havertown, PA 19083 · 610-853-9075 · Fax 610-853-9079
 Email service@theharrisongrouponline.com

QUESTIONS?

Our account managers are available to answer any questions you may have throughout the year. We strive to deliver flawless customer service to make your life easier. Whether you utilize our website, participant portal, mobile app, or call and email us, we will answer your questions promptly and with our best customer care.

CONTACT US

610.853.9075 Phone

855.222.5727 Toll Free

Email: service@theharrisingrouponline.com

Web: www.theharrisingrouponline.com



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