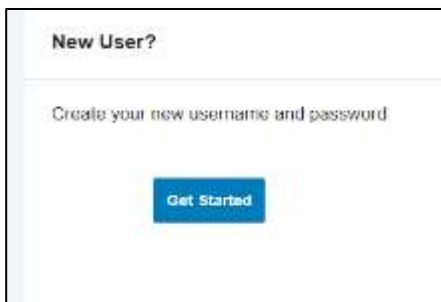


LOGGING INTO YOUR ACCOUNT

GUIDE TO LOGGING INTO YOUR ACCOUNT

For first-time users, follow these steps. Go to APA Benefits at [APA BENEFITS](#)



If you are a new user, please select the 'New User' option on the login screen. You will be asked to answer a series of security questions to verify your identity. Once you have successfully answered these questions, you will be granted access to create a unique username and password for your account. The diagram to the left illustrates the 'New User' section of the login screen.

For users who have logged in once before, follow these steps. Go to [APA BENEFITS](#)



If you've logged in before, select "Existing User" and enter your username and password. If you've forgotten your login details, use the on-screen prompts to recover them.

§ If you haven't logged in within the past year, you'll need to reset your password by contacting APA Benefits at info@apabenefits.com or 888-311-7478.

The diagram above illustrates the 'New User' section of the login screen.

Download the APA Benefits app today. Sign up for mobile notifications, update your notification preferences today. Simplify your life and maximize your benefits with our convenient online portal and the powerful APA-FSA app. Easily check your account balances, submit claims, and view your claim history from the comfort of your home or on the go. The APA-FSA app, available for download in your app store, offers a secure and user-friendly experience that puts you in control of your health and wellness benefits. Download today and experience the difference!

Get started with **APA Benefits, Inc.**
App in minutes.



Get Instant Access with the APA-FSA App!


1. Search APA Benefits, Inc in apple IOs or Android
2. Choose the 'APA FSA' app
3. You must login first through the website outlined above
4. Login to the app using the same username and password.
5. Link your APA Benefits card to your mobile wallet. You can do this BEFORE the card arrives!

HOW TO SUMBIT MY VEBA CLAIMS

STEP BY STEP GUIDE TO SUBMITTING HRA CLAIMS

A screenshot of the 'Existing User?' login screen. It features a 'Username' input field, a 'Forgot Username?' link, a 'Remember Me' checkbox, and a 'Next' button at the bottom.

Log into your account. Go to APA Benefits at [APA BENEFITS](#) and log into your account, select the 'New User' section of the login screen.

A screenshot of the 'Home' page of the account. It shows a 'Mobile payments are here' banner, a 'I Want To:' section with a 'REIMBURSE MYSELF' button, and a 'Home' link in the top navigation bar.

Select Reimburse Myself. This is located on the home page of your account.

- * Explanation of Benefits (EOB) from your insurance provider are required for reimbursement of Medical Deductible and Medical Coinsurance expenses.
- * Receipts are acceptable for reimbursement for all other expense types.

A screenshot of the 'Receipt / Documentation' screen. It shows a 'Receipts' section with a 'Summary' table containing 'Pay From: Medical' and 'Pay To: Me'. There are 'Cancel', 'Previous', and 'Next' buttons at the bottom.

Create your Reimbursement Request.

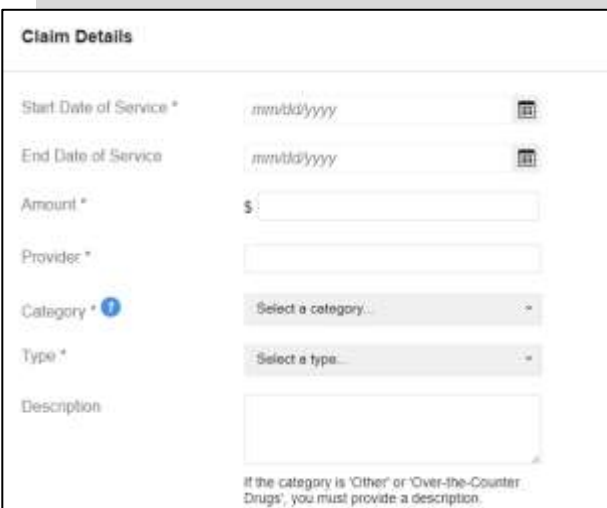
Pay from: Medical
Pay to: Me
Next

A screenshot of the 'Create Reimbursement' screen. It shows a 'Pay From' dropdown set to 'Medical' and a 'Pay To' dropdown set to 'Me'. There is a 'Next' button at the bottom right.

Add your Documents.

Explanation of Benefits (EOB) for all medical deductible and medical coinsurance reimbursement requests.

Add your receipt for all other "eligible" VEBA reimbursement requests.
Next

A screenshot of the 'Claim Details' screen. It contains fields for 'Start Date of Service', 'End Date of Service', 'Amount', 'Provider', 'Category', 'Type', and 'Description'. There are dropdown menus for 'Category' and 'Type', and a text input for 'Description'. A note at the bottom states: 'If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.'

Input Claim Details

Add expense date(s).
Add amount. Amount should be the TOTAL of the medical deductible, medical coinsurance or receipt total.

Category.

- *Select Medical Expense for Medical Deductible Expenses.
- *Select Coinsurance for Medical coinsurance expenses.
- *Select Drugs/Prescriptions for Prescription drug expenses.

Type.

- *Select Medical deductible for medical deductible expenses.
- *Select medical coinsurance for medical coinsurance expenses.
- *Select Prescription/Medication copay/cost for Prescriptions.

If the **Claim Category** and **Claim Type** are not selected correctly your claim will not be coded correctly for payment by your VEBA Plan.

Contact us for more assistance.
888-311-7478 or claims@apabenefits.com

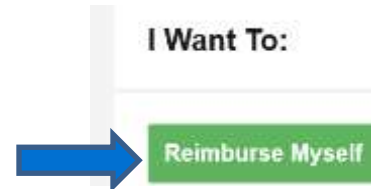
HOW TO ACCESS MY VEBA ACCOUNT FUNDS

THERE ARE THREE CONVENIENT WAYS FOR YOU TO SUBMIT CLAIMS.



You can use your Benny Cloud card for any eligible expenses. Your card can be used anywhere Visa/Mastercard are accepted at a vendor that provides the eligible services.

Submit reimbursement Online: You can submit a manual claim for reimbursement online. To access your online account go to <https://apabenefits.lh1ondemand.com>. Select **Reimburse Myself** once you log in. Submit as many claims per year as you need.



Submit reimbursement by App: You can submit a manual claim for reimbursement through our App. Search **APA Benefits Inc** in the App store today. Select **Reimburse Myself** once you log in. Submit as many claims per year as you need.

Submit reimbursement by Form: You can submit a manual claim for reimbursement by form. Complete either the manual reimbursement form or the recurring reimbursement form. Both of these claim forms are attached to this document. Form can be mailed, emailed, or faxed to our office for processing.

Recurring claims are for services that have a specific period of time for services that will be repeated. Example of a recurring claim is: Weekly daycare costs, summer camps or other expenses. You specify the amount and frequency of the payments. **New form must be completed annually.**

Add or Update your ACH Information

From the Top Menu Bar
SELECT Accounts
SELECT Banking/Cards
SELECT Add Bank Account or Edit existing Account
Update your bank information & SUBMIT
Micro deposit verification is required.



Contact our office if you have any questions

Call us at 1-888-311-7478

Email at info@apabenefits.com

