



Benefit Planning Consultants, Inc.

Address:
2110 Clearlake Blvd, Suite 200
PO Box 7500
Champaign, IL 61826-7500

Phone:
217-531-9000
877-272-8880

Fax:
217-239-4499
800-295-2990

Web:
www.bpcinc.com

How do I Enroll for the Flexible Spending Account Plan?

Eligible employees must submit a completed election form with your annual Health FSA and Dependent Care election to the Human Resources Department. You will not be permitted to change your Health or Dependent Care FSA election until the next annual election period unless you have a qualifying event. You must submit a separate Employee Direct Deposit Authorization Form to have your Flex reimbursements direct deposited in your checking or savings account.

What Expenses are Health FSA Eligible?

Eligible Health FSA expenses include out-of-pocket medical, dental and vision expenses such as doctor and prescription co-pays, dental expenses, vision expenses and over-the-counter drugs taken to treat a medical condition. You may NOT, however, be reimbursed for the cost of long-term care services or any cosmetic surgery or procedures.

What Expenses are Eligible for Dependent Care FSA?

The Dependent Care Flexible Spending Account enables you to pay for out-of-pocket, work-related dependent day-care cost with pre-tax dollars. If you are married, you can use the account if you and your spouse both work or, in some situations, if your spouse goes to school full-time. Single employees can also use the account. For Dependent Care Expenses, generally an eligible child must be under age 13 and share your same principal abode for more than half the year. Under a special rule for dependent care expenses for children of divorced or separated parents, a child is an eligible dependent with respect to the custodial parent even when the noncustodial parent is entitled to claim the dependency exemption for the child.

How do I file a Claim?

After visiting a doctor or receiving medical or dental services, you will receive an EOB (Explanation of Benefits) from BlueCrossBlueShield of Illinois. BPC will receive the same data. BPC will process payments to you once that data has been received from BlueCrossBlueShield of Illinois. We will receive eligible medical, dental and pharmacy claims from BlueCrossBlueShield of Illinois on a weekly basis, including office visits, co-pays, RX co-pays, deductibles and co-insurance fees. If you are covered under the Bradley University health plan, you will only need to complete a paper form for vision, over-the-counter medicines and dependent care expenses. For every Health FSA claim or Dependent Care claim the receipt must show the date(s) of service, item/service provided, name of service provider/vendor and amount charged. If it is covered by insurance it must also show the amount the insurance paid. An Explanation of Benefits (EOB) form from your insurance company will provide all the required information for Flex claims. A balance due bill, canceled checks and credit card statements are not acceptable receipts. Receipts may be submitted online OR claims can be submitted with a signed claim form and faxed to 217-239-4499 or mailed to P.O. Box 7500 Champaign, IL 61826-7500.

When will I receive payment?

All claims received by Friday at 10:00 am will be paid on Tuesday and claims received by Wednesday at 10:00 am will be paid Friday. Payments for reimbursement will be direct deposited into your checking or savings account on Tuesday or Friday and you will receive a claims explanation in the mail. If you do not elect direct deposit, checks for claims reimbursement will be mailed to your home on Monday or Thursday from our Champaign, IL office. There is a minimum payment amount of \$25.00. If your claims are less than \$25.00, payment will be held until your claims reach \$25.00.

How do I check my account balances?

You will receive semi-annual statements showing all of your account activity. You can submit a claim electronically, check your account balance anytime, access a list of Flex-eligible expenses, print a claim or other forms, read the Plan SPD, access links to your health insurance carriers & more from your BPC web page at:

<http://www.bpcinc.com/clients/bradleyuniver.cfm>

If you have any questions about claims or payments, please do not hesitate to call us at 217-531-9000 or 877-272-8880 and ask for the Benefits Department. One of our associates will be happy to assist you.

Benefit Planning Consultants, Inc
Benefits Division



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

AUTHORIZATION AGREEMENT FOR AUTHORIZED DIRECT DEPOSIT (ACH CREDITS)

Complete this form if you would like your BPC FLEX AND DCAP reimbursements deposited directly in your checking or savings account.

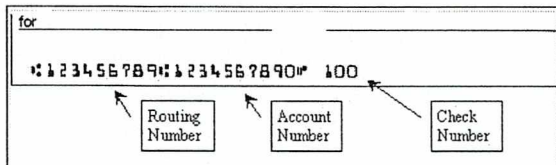
I hereby authorize Benefit Planning Consultants, Inc. hereinafter call COMPANY, to initiate credit entries for BRADLEY UNIVERSITY Flexible Spending Account(s) and to initiate, if necessary debit entries and adjustment for any credit entries in error to the account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

BANK NAME _____

CITY _____ STATE _____ ZIP _____

ABA BANK ROUTING NUMBER _____ ACCOUNT NUMBER _____

DEPOSITORY ACCOUNT TYPE: CHECKING _____ SAVINGS _____



I agree to surrender to BPC an unused and voided personal check from BANK DEPOSITORY as verification for depository account stated above.

This authority is to remain in full force and effect until BPC has received written notification from me of its termination in such time and in such manner as to afford BPC and BANK a reasonable opportunity to act on it.

EFFECTIVE DATE: _____ SSN: _____

EMPLOYEE NAME: _____ (please print) PHONE NUMBER: _____

SIGNATURE: _____ DATE AUTHORIZED: _____

Mail to:
Benefit Planning Consultants, Inc
PO Box 7500
Champaign, IL 61826-7500

Fax:
217-239-4499 or 800-295-2990
(include copy of voided check)



Benefit Planning Consultants, Inc.

SEND CLAIM FORMS AND DOCUMENTS TO BPC:

Mail: PO BOX 7500 CHAMPAIGN, IL 61826-7500

Fax: 217-239-4499 800-295-2990

Email Claims faxes@bpcinc.com

Phone 217-531-9000 877-272-8880

MEDICAL REIMBURSEMENT FSA CLAIM FORM

Form with fields: (Please Print) PARTICIPANT NAME, SSN, EMPLOYER: BRADLEY UNIVERSITY, PARTICIPANT SIGNATURE, DATE SUBMITTED, DAYTIME PHONE, EMAIL ADDRESS, ADDRESS (COMPLETE ONLY FOR ADDRESS CHANGE), Street, City, State, Zip

NOTE: Please send copies of forms, receipts & documents. Keep originals for your records, as claim & supporting documentation will not be returned to you. The IRS has determined that cancelled checks, check carbons, balance forward or previous balance statements, and charge card receipts or statements are NOT acceptable documentation of expenses.

Expense Type: FSA: Medical Flexible Spending Account (Flex)

Table with 6 columns: FSA, Expense Description, Dates of Service (From - To), Provider, Name of person Services provided for, Amount of Purchase. Multiple rows for expense entry.

AMOUNT REQUESTED: \$

I have attached supporting documentation from an independent third party verifying that the medical expense has been incurred and the amount of the expense. By my signature above, I certify that all the expenses are for medical care excluding cosmetic purposes, and are not for general health purposes and are valid expenses under the Plan incurred by myself and/or my spouse and/or my eligible dependents.

CHECK YOUR ACCOUNT ONLINE AT: www.bpcinc.com/clients/bradleyuniver.cfm



Benefit Planning Consultants, Inc.

SEND CLAIM FORMS AND DOCUMENTS TO BPC:

Mail: PO BOX 7500 CHAMPAIGN, IL 61826-7500

Fax: 217-239-4499 800-295-2990

Email Claims: faxes@bpcinc.com

Phone: 217-531-9000 877-272-8880

DEPENDENT CARE ACCOUNT CLAIM FORM

(Day Care, Babysitting, Adult Care, etc.)

Form with fields: (Please Print) PARTICIPANT NAME, SSN, EMPLOYER: BRADLEY UNIVERSITY, PARTICIPANT SIGNATURE, DATE SUBMITTED, DAYTIME PHONE, EMAIL ADDRESS, ADDRESS (COMPLETE ONLY FOR ADDRESS CHANGE) with sub-fields for Street, City, State, Zip.

This section should ONLY be completed at the beginning of each Plan year, unless there is a CHANGE in your dependent or day care provider. IRS regulations allow payment of services for dependents under age 13 and/or otherwise Qualifying Individuals as defined in the Plan document.

Spouse's Name: _____ SSN: XXX-XX-____ Spouse's Employer & Address: _____

Provider's Name: _____ SSN or EIN: _____ Provider Address: _____

Dependent Name: _____ Date of Birth: _____ SSN: XXX-XX-____ (repeated for three dependents)

COMPLETE THIS SECTION & ATTACH RECEIPTS.

Table with 4 columns: Exact Dates of Service (From - To), Dependent Name, Age, Amount Requested. Includes a TOTAL REQUESTED: \$ 0.00 row.

COMPLETE THIS SECTION IF YOU DO NOT PROVIDE RECEIPTS.

Form with fields: Provider Name, Provider Address, Date of Service (From/To), Amount of Service, Provider Signature (Required) with an 'X' mark, Date, SSN or EIN (Required).

PLEASE READ CAREFULLY: By my signature above, I authorize the above expenses to be reimbursed from my DCAP Account. To the best of my knowledge, my statements in this form are true and complete. I certify all of the following: My family member has received the services described above on the dates indicated which is after the date I elected to receive DCAP Benefits and during the Plan Year to which the election applies.

CHECK YOUR ACCOUNT ONLINE AT: www.bpcinc.com/clients/bradleyuniver.cfm

Welcome, Bradley University Employees!



Breaking News

08/07/2009

Open Letter to President Obama from ECFC:
Don't eliminate or curtail Flex Plans
[\[...More Details\]](#)

08/06/2009

Guest Commentary: BPC's CEO urges
everyone to act now to save Flex Plans
[\[...More Details\]](#)

08/04/2009

BPC's CEO Fights for Flex Plans
[\[...More Details\]](#)

03/01/2009

New ARRA rules increase the combined
transit pass/vanpooling monthly limit to
\$230 effective March 1, 2009
[\[...More Details\]](#)



Acronyms and Terms

FSA: Flexible Spending Account
DCAP: Dependent Care Assistance Program
OTC: Over the Counter
EOB: Explanation of Benefits
SPD: Summary Plan Description

[\[More\]](#)



SAVE FLEXIBLE SPENDING PLANS

SaveMyFlexPlan.org

Participant Portals

[BPC Participant/Employer Login](#)

Tools

[Flex / DCAP Expense Calculator](#)
[Tax Savings Calculator](#)

Quick Links

[Eligible Health Care Expenses](#)
[Claim Processing Schedule](#)
[BPC Web Site Tool Basics](#)
[What is a Flex Plan?](#)
[Flex Q & A's](#)
[Privacy Policy](#)

Plans & Documents

Bradley University Section 125 Plan

Specialist: Matt DeRosa
Phone: (217) 531-9000 Ext. 171
Toll Free: (800) 355-2350 Ext. 171
Fax: (217) 355-5100
Email: [Here](#)

Bradley University COBRA Administration

Specialist: Gary Frankie
Phone: (217) 355-2300 Ext. 114
Toll Free: (800) 355-2350 Ext. 114
Fax: (217) 355-5100
Email: [Here](#)

Documents/Forms

[DCAP Claim Form](#)
[Flex Claim Form](#)
[Direct Deposit Authorization](#)

Providers



Services: Health

Phone: (800) 448-626

Mail:
500 W Main Street
Louisville, KY 40202



Services: Health

Phone: (800) 431-1211
Fax: (217) 366-5410

Mail:
2110 Fox Drive
Champaign, IL 61820

Requires Adobe Acrobat Reader 6.0 or higher.

Champaign, IL Corporate Offices
2110 Clearlake Boulevard, Suite 200
P.O. Box 7500
Champaign, IL 61826-7500

Mail Reimbursement Requests To:
2110 Clearlake Boulevard, Suite 200
P.O. Box 7500
Champaign, IL 61826-7500

Indianapolis, IN
9465 Counselors Row, Suite 200
Indianapolis, IN 46240

Phone: (800) 355-2350 Fax: (800) 295-2990 Email: [here](#)



Health Flexible Spending Account Worksheet

For Employee Use – Do not return to the HR Department

Listed below are expenses you and your family may have that are not completely covered by insurance. Estimate your Health Related Expenses not paid by medical, dental or other insurance for the next twelve months.

Expenses	Annual Cost
Co-pays for Office Visits, Health insurance deductibles & co-insurance expenses	\$
Co-pays for Prescriptions	\$
Contraceptives (prescription and over-the-counter)	\$
Chiropractors	\$
Dental Care and/or Orthodontic Expenses: Braces, dentures, fillings, oral surgery, routine checkups	\$
Diagnostic Fees: Lab work, X-rays	\$
Hearing devices and batteries	\$
Lasik Eye Surgery	\$
Medical Equipment/Devices to treat or because of a health condition: Crutches, Diabetic Testing Supplies, Oxygen, Wheelchairs	\$
Medical Care and/or Equipment for disabled dependents	\$
Over-the-Counter Drugs to treat a health condition: Advil, Bandages, Claritin, Pepcid AC, Tylenol	\$
Physical Therapy	\$
Psychiatric Therapy	\$
Sterilization Surgery	\$
Transportation to Receive Healthcare (\$.24 per mile effective 1-1-09)	\$
Treatment for Drug and/or Alcohol Addictions	\$
Vision Care Expenses: Contacts, Eyeglasses, Eye Exams, Solutions for eye or contact care	\$
Other Medical Expenses	\$
	\$
Total Cost Estimate for Year	a \$
Total Number of Payroll Deductions for Plan Year	b
Estimated Flex Spending Deduction Per Pay Period Divide Line a by Line b	\$

For a comprehensive list of eligible health expenses visit your company's customized web page or BPC's website (www.bpcinc.com) and click on the "Eligible Health Care Expenses" link.

Note - Vitamins and dietary supplements are NOT eligible expenses unless recommended in writing by a medical practitioner to treat a specific health condition. A partial list of **ineligible** expenses includes cosmetic surgery or procedures – medical or dental (e.g. teeth bleaching), and personal hygiene products (e.g. deodorant, mouthwash, toothbrushes, toothpaste).



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DEPENDENT CARE EXPENSES WORKSHEET

For Employee Use – Do not return to the HR Department

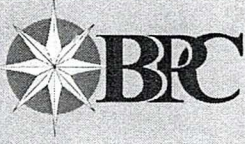
You may elect to contribute a portion of your pay into the Dependent Care Expenses Reimbursement Account to reimburse you for amounts you pay for dependent care to enable you to be employed. Check the type of expense you will have and enter the amount of that expense in the space provided.

Preschool	\$ /Month x 12 =	\$ /Plan Year
Day Care Center	\$ /Month x 12 =	\$ /Plan Year
Home Care of Your Child or other Dependent	\$ /Month x 12 =	\$ /Plan Year
TOTAL COST ESTIMATE FOR PLAN YEAR		\$
Enter Appropriate Amount **		\$

** Divide the estimated annual total by the number of pay periods you are paid during the plan year. Enter this amount on your enrollment form under Dependent Care Reimbursement Benefit.

Employees have a choice between participating in their employer's DCAP on a salary reduction basis or claiming a Dependent Care Tax Credit. An employee usually chooses the route that produces the greatest tax benefits. Participating in a DCAP on a salary reduction basis often produces the greatest tax benefits for an employee, but not always.

Determining the relative tax benefits requires understanding of DCAP, Dependent Care Tax Credit, Earned Income Credit (EIC) and Child Tax Credit rules. Participating in a DCAP on a salary reduction basis can influence EIC and Child Tax Credit. An employee must take into account the increase or decrease in EIC and Child Tax Credit tax benefits that result from choosing DCAP participation versus claiming the Dependent Care Tax Credit. Employees are advised to consult with their tax advisor with regard to this issue.



Utilizing the BPC Website

Phone: (800) 355-2350
Fax: (217) 355-5100
Email: info@bpcinc.com

Where to Start

BPC recommends that you always access your plan information with us from your employer-specific webpage.

This webpage has PDF versions of your forms available for immediate download without logging into the site. You may type on these forms and mail or fax them to BPC.

Here you will find links to useful tools for utilizing your accounts, as well as the login box which will allow you to sign-on to the BPC site for checking balances and submitting claims online.

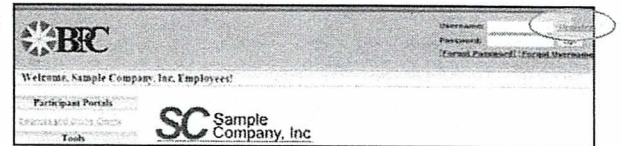
If you do not know your employer-specific webpage's location (URL) please contact your human resources representative or BPC at (877) 272-8880 and it will be provided to you. We recommend you bookmark this page for easy access.



Registering Your Account

In order to check balances and submit online claims you must create credentials to login to BPC's website. These are typically your email address and a password.

From your employer-specific webpage click the "Register" link in the top section

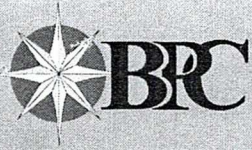


On the registration page you will be asked to enter details about who you are.

You will then establish your new login information: email address and password.

Last you will need to create and answer 3 security questions. These will be used in the event you forget your password.

If you are uncomfortable with any of the default questions please use the drop down arrows on the question box and select the choice which says "Write my own" and you will be able to create a customized question.



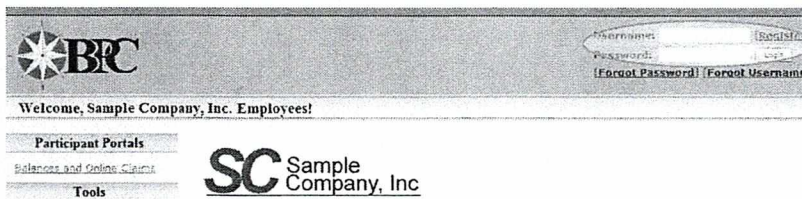
Utilizing the BPC Website

Phone: (800) 355-2350
Fax: (217) 355-5100
Email: info@bpcinc.com

Checking Balances

Once your account is created you may login to the site using the email and password boxes on the top of your employer-specific webpage.

The first page you land on when you get logged in will detail your balances and information about your plan contacts.



Click on the tabs to change the account type you are viewing.

Click "Claim Details" to see all of your claims to that account and plan year.

Click "View Checks" to see all of the checks issued to you from that account and plan year.

Come back to this page by clicking the "Account summary" tool on the left-hand side of the page.

Participant Account Balances: DAVID DOVER
As of: 04/20/2009

Participant Portals

- Account Overview
- Announcements**
- Benefit Statement
- Online Enrollment
- Forms & Documents
- Online Claims
- Upload Documentation

Decision Support

- Claim Processing Schedule
- Flex & Daycare Expense Estimator
- Flex Savings Calculator
- Eligible Health Care Expenses

Account Settings

- Change Password
- Account Details

BPC TEST DEMO COMPANY MCA HRA HTE

01/01/2009 - 12/31/2009	
Election:	\$1,000.00
Eligible Claims:	\$80.00
Remaining Election:	\$920.00
<hr/>	
Deposits:	\$153.84
Claims Paid:	\$80.00
Cur. Acct. Balance:	\$73.84
<hr/>	
Claims Denied:	\$10.00
Unpaid Claims:	\$0.00

[Claim Details](#) | [View Checks](#)

** Please note that BPC account details are updated once every 24 hours. The remaining election is the amount you may still claim for this plan year.



Utilizing the BPC Website

Phone: (800) 355-2350
Fax: (217) 355-5100
Email: info@bpcinc.com

Submitting a Claim Online

Once logged into the site click the link under the Participant tools which says "Online Claims."

1. First enter your claim details. You may enter more than one claim at a time by clicking on the "Add Another" button.
2. Once you are finished entering your claim details, you can upload your receipts which will attach them to the claims you are submitting. (the receipts must be previously scanned on to your computer). You may attach as many receipts as you like.
3. Next, a confirmation screen will appear and give you the opportunity to review your entry and make any corrections should any be needed.
4. Finally, a review screen is displayed that lists the details of the claims that have been submitted. You may print this screen for your records. You will also receive an email with a confirmation of submission.
5. IMPORTANT— If you do not upload documentation, Print TWO (2) copies of the final page. Keep one for your records and include the other with the claim substantiation documents that you send to your administrator. You may log in to the website at a later date and upload your documentation.

1

New Claim Entry

Progress: Step 1 / 4

Instructions: Claims entry for new claims is a 4 step process.

1. Enter the details about your claim.
2. Upload documents (optional).
3. Verify your claim information.
4. Submit claims and review confirmation

Select Account Type
FLEXIBLE SPENDING

Note: HRA claim data is automatically sent to BPC by your insurance carrier.

Expense Details

From: [] Through: [] Amount: [] Provider: [] Claimant: [] Clear

DAVID DOVE

Add Another Submit Claim(s)

2

Upload Documentation

Progress: Step 2 / 4

In order to upload documentation with you claim(s), you must:

1. Scan your receipts and store them on your computer.
2. Click on the "Browse" button below to select the files on your computer
3. Once you have selected the files in the "Select Files to Open" Dialog box, click the "Open" Button
4. Click on the "Upload Files" button to proceed to the next step.

↓ If you prefer to upload or send documentation at a later date, click [here](#).

Select Files to upload

Browse... Remove Clear list

Having Trouble?

- Online Claims Overview
- Allowed File Types
- Scanning Documents

If you have any trouble with this form please be sure to check our [system requirements](#) to be sure your computer is prepared to upload.

If you continue to have difficulty you may want to try our [Basic Uploader](#) version.

For further help check our [help page](#).

3

Verify Submission

Progress: Step 3 / 4

Please review the following information carefully. Assure that all of the information is accurate. If you need to make a change:

1. Left click on the "Edit" image to the right of the claim.
2. Make the required changes in the editable fields
3. Be sure to left click on the "Save" image to the right of the modified claim

From	Through	Amount	Provider	Claimant	Edit
08/13/2009	08/14/2009	\$ 222	test	DAVID DOVER	

Uploaded Files
No files attached

4

Submission Complete

Progress: Step 4 / 4

Name: DAVID DOVER
SSN: XXX-XX-7777
Employer: Sample Company, Inc.

The following claim(s) have been submitted to your claims specialist. If you have a question about when you claim will be paid, you can refer to the [claims processing schedule](#). If you have any further questions, feel free to contact your specialist.

Account Type	Claim Number	From	Through	Amount	Provider	Claimant
FLEXIBLE SPENDING	OCS000008804	13-Aug-09	14-Aug-09	\$222.00	test	DAVID DOVER

Attached Documentation

- claimform_new.pdf



Forgotten Passwords

If you forget your password you may reset it online at any time. Start from your employer-specific webpage and click the "Forgot Password" link at the top.

Resetting your password is a three-step process:

1. You must tell us who you are by using your SSN and email that's registered with our system.
2. You will answer the challenge questions that you setup when you registered your account.
3. You will have the opportunity to reset your password to a new one immediately.

Forgot Password
This is a three step process.

1. Identify yourself
2. Prove your identity
3. > **Reset your password**

Step 3: Reset Your Password

You have successfully confirmed your identity. Please set a new password.

New Password: Password must be > 4 characters.

Repeat New Password: Passwords must match

Password Strength

Weak	Medium	Strong
------	--------	--------

Weak: Contains only letters or only numbers
Medium: Contains letters and numbers
Strong: Contains capital letters, lower-case letters, and numbers

Forgot Password
This is a three step process.

1. > **Identify yourself**
2. Prove your identity
3. Reset your password

Step 1: Identify Yourself

Please enter your identifying information below. All fields are required.

SSN:

Email:

Forgot Password
This is a three step process.

1. Identify yourself
2. > **Prove your identity**
3. Reset your password

Step 2: Answer Challenge Questions

NICHOLAS, you must answer all of the questions correctly.

Question 1: What is your mother's maiden name?

Question 2: What town were you born in?

Question 3: What is your favorite pet's name?

Getting Help

Your BPC account specialists are ready and able to help you from 8:00 AM to 5:00 PM central standard time Monday through Friday. Please feel free to give us a call if you have any questions about your account or using our website.

Additionally, BPC has an email contact form which you may utilize from the website at any time. It is the 2nd from the bottom tool when you are logged into the website (above "Logout") and is also on your employer-specific webpage. BPC attempts to respond to all emails within one business day.

Contact Us

Complete as much of this form as you are comfortable. We will do our best to respond to your questions and comments within 1 business day. You must supply an email address at the bare minimum for us to contact you.

If you are an employee of one of our clients and include your **employer name** it will speed your reply.

For your security please do not include sensitive personal information such as: social security number, credit card number.

Name:

Employer:

Phone: **Ext:**

Reply Method: Email** Phone

Email:

Regarding:

Message:

*: Required field

Mail:
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