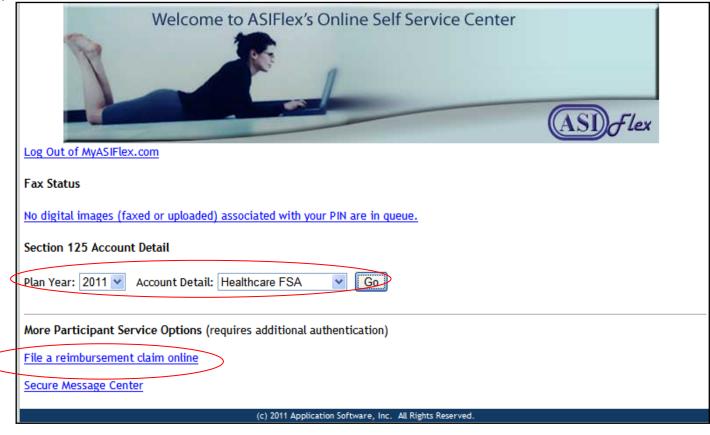


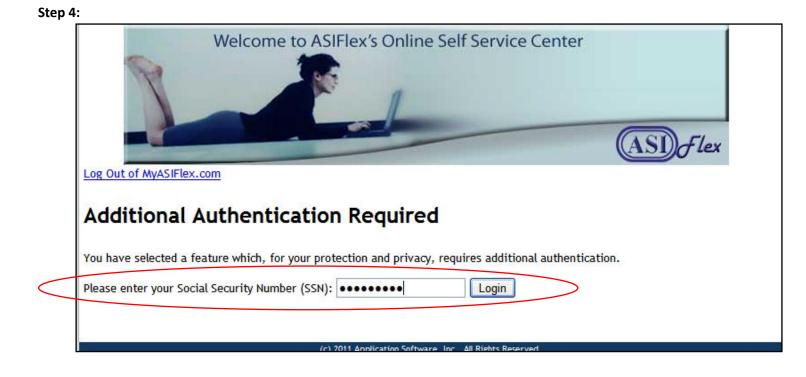
Sample Claims Filing Process Screenshots from ASIFlex's Online Self Service Center https://my.asiflex.com

Please note: You must use the Pin number assigned to you by ASIFlex. To obtain yours, contact ASIFlex at: 800-659-3035. Instructions are available on the CSU Benefits Portal: <u>www.calstate.edu/hr/benefitsportal</u>.









Step 5:

	Welcome to ASIFlex's Online Self Service Center					
	Return to MyASIFlex.com Log Out of MyASIFlex.com					
	Before You File a Claim Online					
	At the present time, only Health Care and Dependent Care claims can be filed online. Parking, Mass Transit and Van Pool claims cannot be filed online. If you are not filing a Health Care or Dependent Care claim, please answer "NO" below to return to the m menu.					
	FIREFOX USERS PLEASE NOTE: The upload component has been known to generate errors with some previous versions of Firefox. Some versions of Firefox may not correctly validate your PDF uploads. This application is best suited to run on Internet Explorer.					
	In order to file a claim online, you must have your supporting documentation scanned and saved in PDF format, ready to upload.					
	You have twenty (20) minutes to complete the claim, or the system will time out. For this reason, you should have your supporting documentation scanned into a PDF file before you begin this process.					
	Because of the many and varied programs, applications and methods of creating a PDF file, we are unable to assist you with creating your PDF file(s). If you are not comfortably able to generate a PDF file or upload files via the web, please stop now, and submit a claim by Fax or by Mail.					
1	Have you already scanned your supporting documents into PDF?					
	© Yes					
	Q MQ					
4	Continue					
	(c) 2011 Application Software, Inc. All Rights Reserved.					

Step 6:



Step 7:

	Welcome to ASIFlex's Online Self Service Center					
	Please indicate the type of claim you would like to file:					
	 Health Care Reimbursement Account Dependent Care Assistance Account 					
<	Continue >>					
	If you have more than one type of claim, please choose one now, and then file a separate claim for the other type(s) that you have. Online claims are limited to one type per claim.					
	If no choices appear above, you cannot file any claims online, either because you have not elected to participate or because you have exhausted your reimbursement claims limits. If you believe this to be an error, please contact ASIFlex customer service at (800) 659-3035 or (573) 442-3035.					
	Remember: DO NOT use your browser's BACK button, as this may prevent your claim from being received or properly processed.					
	Return to menu without filing a claim					
	(c) 2011 Application Software, Inc. All Rights Reserved.					

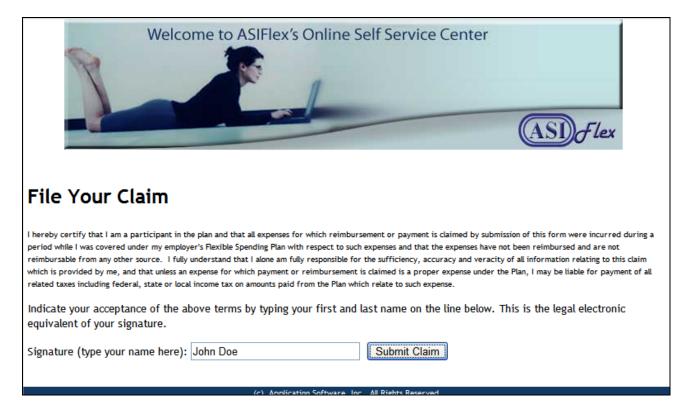
Step 8:

	Ľ		(ASD Flex
	your browser's BACK button ks at the bottom of the pag Last date of service* (MM/DD/YYYY)	, as this can prevent the receipt e if necessary. Name of Medical Provider		essing of your claim. Use Expense Description
01/15/2011		CVS/Pharmacy	Pharmacy Co-pa	/
Name of person for who	om expense was incurred	Relationship of this person to	you	Amount
John Doe		Self		5.00
If there was only one date of se	rvice, leave this box blank.			
Add to Claim Health Care I There are no entries on		t Account Claim		

Step 9:

	Welcome to ASIFlex's Online Self Service Center
\langle	Attachement # Attachment File Name 1 Pharmacy Claim.pdf Please upload your supporting documentation (PDFs only, maximum file size 4MB). If you have more than one PDF document, please upload them in the order you'd like us to see them (usually in the order in which you listed them on your claim form).
	Select the PDF file you wish to upload here: Browse After you've selected the file you want to send us above, click here to upload it. Upload (Please be patientthis screen will not change until the file is completely uploaded. Depending on bandwidth available and the size of your file, it could take up to ten minutes.) When you've finished uploading all the files you want to send, you can print this page for your records, and then you should click the Continue button to proceed. Continue
	(c) Application Software, Inc. All Rights Reserved.

Step 10:



Step 11:

