

Multiple Resources to Help You

# Manage Your Account

Does managing your new HSA, FSA, or HRA sound complicated? Don't worry, our dedicated service center is available to help with any of your individual needs including accessing your account or requesting new debit cards.

We look forward to serving you!

**Hours of Operation:** 6:00 a.m. - 6:00 p.m. MST Mon - Fri

**Phone:** (855) 399-3035

**Fax:** (844) 438-1496

**Email:** [service@nbsbenefits.com](mailto:service@nbsbenefits.com)

Our IVR is accessible 24/7 for account balance information.



## For Self-Service

Visit [my.nbsbenefits.com](http://my.nbsbenefits.com)

- View account balances
- Access transaction history
- Submit Claims
- Send receipts for debit card transactions
- Pay Providers
- Report and re-issue lost or stolen Benefits Cards

Or download the NBS Mobile App



Making it Easy

# NBS Mobile App

When you're on the go, save time and hassle with the NBS Mobile App.

Submit claims, check your balances, view transactions, and submit documentation using your device's camera.

## Easy and convenient

- Designed to work just as other iOS and Android apps which makes it easy to learn and use.
- Shares user authentication with the NBS portal. Registered users can download the app and log in immediately to gain access to their benefit accounts, with no need to register their phone or your account.

## It's secure

- No sensitive account information is ever stored on your mobile device and secure encryption is used to protect all transmissions.

## Mobile app features

The NBS mobile app supports a wide variety of features, empowering you to proactively manage your account.

- View account balances
- View claims
- View reimbursement history
- Submit claims
- Submit documentation using your device's camera
- Pay providers
- Setup a variety of SMS alerts
- Edit your personal information
- View contribution details
- View plan information
- View calendar deadlines
- Contact a service representative
- View Benefits Card information



Download on the  
App Store



GET IT ON  
Google play



First Time Login

# NBS Web Portal

## How Do I Access My Online Account?

Registering for and logging into your account online is easy. Just follow the instructions below.

### 1 Get to the website


- ▶ Using your Internet browser, navigate to: <http://my.nbsbenefits.com>
- ▶ Click "Register" on the home page. (Highlighted in red below.)

The screenshot shows the NBS Web Portal home page. At the top left is the NBS logo with the text "national benefit services". To its right is the contact information: "855-399-3035" and "service@nbsbenefits.com". On the top right, there are two buttons: "SIGN IN" with a checkmark icon and "REGISTER" with a user icon; the "REGISTER" button is highlighted with a red border. Below the header, a welcome message states: "Welcome to our new portal. To use the legacy portal, [click here](#). The legacy portal will be retired on October 28th." To the right of this message is a note: "If you have an existing username and password, click 'Sign In' - there is no need to register again. If you have never registered, click 'Register.'" Below the text is a large photo of a smiling family (a woman, a young girl, a man, and a young boy) with blue arrows on either side indicating a carousel. At the bottom, there is a "QuickLinks" section with six icons and labels: "Which Plan is Right for Me?", "Documents & Forms", "Frequently Asked Questions", "Short Term Savings", "Calculate your Tax Savings", and "Enroll Here". To the right of the QuickLinks is a section for the mobile app, showing a smartphone and a tablet displaying the app interface, with the text "TRY OUR MOBILE APP" and logos for "Google play" and "Available on the App Store".



## 2 Complete the required fields of the registration form


- ▶ Username and password
- ▶ Personal information - name and email address
- ▶ Employee ID: Please enter your **Social Security Number**
- ▶ Employer ID OR NBS Benefits Card Number.
  - Employer ID is a 9 digit code given to you in your welcome email from NBS, or may be obtained through your employer or by contacting NBS at (855) 399-3035
- ▶ Accept the Terms of Use
- ▶ After completing all required fields, click "Register"




To register with this site, you must have an **Employee ID** and a **Registration ID**, which is either your Employer's Employer ID or your Benefit Debit Card Number.


Register

STEP 1 > STEP 2 > STEP 3 > STEP 4

 Username \*

 Password \*


Password Strength


 Confirm Password \*

First Name \*

Initial


Last Name \*

 Email \*


 Employee ID \*

Registration ID \*

Employer ID



Username must be between 9 and 15 characters long alphanumeric value




A valid **password** must contain between 8 and 16 characters.  
A password must contain 3 of the following types of characters:

- AN UPPER CASE LETTER
- lower case letter
- Special Character (% , ! , @ , etc.)
- A number

A password cannot contain:


- The same character repeating 3 or more times
- The word "password"
- The username
- Spaces




**Employee ID** was assigned by your Administrator and could be your Health Plan Member Number, Social Security Number, an ID provided by your Employer or an alternate ID created by your Administrator.  
If you do not know your ID or were not provided an ID, please contact your Administrator.

☐ I accept [Terms of Use](#)

☐

 Next

 Cancel



## Manual Claims

Congratulations on your new Benefit with NBS! We look forward to serving you!

With your NBS benefit, paying out of pocket for your qualified medical expenses does not have to be inconvenient. Our simple processes and fast claims adjudication means you can file within seconds and may receive your reimbursement in as little as 3 business days.

### Methods of Filing

- **Your Personal Online Account** – log into your NBS Benefits account, where you can file the claim online.
- **Your Mobile App** – once you have established an online account, the same user name and password grants you access to our mobile app. Filing a manual claim is as easy as taking a picture of your EOB or receipt, filling in a few details about the transactions, and submitting the claim.
- **Email** – you may complete and sign a manual claim form, then email it to us at [service@nbsbenefits.com](mailto:service@nbsbenefits.com).
- **Fax** – you may complete and sign a manual claim form, then fax it to us at (844) 438-1496.
- **Postal Service** – you may complete and sign a manual claim form, then send it to us at NBS Claims, PO Box 6980, West Jordan, UT 84084.

Manual forms need to be completed in accordance with the instructions on the top of the form. The form must be itemized, signed, and accompanied by the appropriate supporting documentation. If manual claim forms are received incomplete or without proper documentation, we will contact you to request necessary items and your reimbursement will be delayed.

Claim reimbursements are processed daily and will be completed within 2 business days of receipt. Please allow 5-7 business days to receive your reimbursement check. To receive your funds faster, sign up for direct deposit through your online account.

If you have questions regarding your Benefit or claim reimbursement, please contact our Service Center to speak with a Customer Representative.

Thank you and Welcome!

# Flexible Spending Account (FSA) Claim Form



## Instructions For Quick Claim Processing:

- Fully complete & sign this claim form
- Attach copies of supporting EOB, receipts, vouchers, bills, etc.
- All receipts must include a date, description, and amount of the service
- Please list one expense per line
- Please print in dark blue or black ink when using this form
- Please allow 2 business days for claims to be processed

For Account Balance:  
Go to [my.nbsbenefits.com](http://my.nbsbenefits.com)  
or call (855) 399-3035

**\*\*Notice\*\***

All over-the-counter (OTC) medication claims must be accompanied by a prescription to be eligible under new federal regulations

## 1 Personal Information

Employee Name

Company Name

Street Address, City, State, Zip

☐ No ☐ Yes  
Address Change?

Phone Number

Social Security Number

## 2 Dependent Care Expenses *(Dates of Service are required in order to process claim)*

	Date of Service		Service Provider Tax ID# or SS#	Dependent's Name	Age	Amount
	Start Date	End Date				
1						
2						
3						
4						
<b>Total Dependent Care Expenses</b>						

## 3 Health Care Expenses

	Date of Service			Office Visit	Rx	Dental	Vision	Non- Drug OTC	Ortho dontia	Other Services: Please Specify	Person Receiving Service	Amount
	MM	DD	YY									
1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Total Health Care Expenses</b>												

## 4 Employee Signature

I, the undersigned, attest that to the best of my knowledge these statements are complete and true. I authorize the release of any medical information to my spouse. I certify these expenses are for valid services provided on the dates indicated and will not be reimbursed or claimed under any other Plan or claimed as a tax deduction.

Employee Signature

Date

**Please fax, mail, or email your claim form and receipts to the following:**

**Mail:** National Benefit Services, LLC, P.O. Box 6980, West Jordan, UT 84084

**Fax:** (844) 438-1496

**Email:** [service@nbsbenefits.com](mailto:service@nbsbenefits.com) (PDF, TIFF, or JPG files only)