

Reimbursement Accounts

Using the Inspira member website



Go to mybenefits.inspirafinancial.com

inspira™
FINANCIAL

Select your secure login

Member >

Employer

Broker/Consultant

Member Login

USERNAME
Enter your username

PASSWORD
Enter your password

LOGIN

[Forgot username?](#) | [Forgot password?](#)

New to Inspira Financial?

Create an online profile to manage your Inspira account.

CREATE PROFILE

Manage your account on the go
Download the Inspira Mobile™ app today.

Download on the **App Store**

GET IT ON **Google Play**

Enter your username and password and click login. If you're a new user, Select CREATE PROFILE.

inspira™
FINANCIAL

Select your secure login

Member >

Employer

Broker/Consultant

Member Login

USERNAME

PASSWORD

LOGIN

[Forgot username?](#) | [Forgot password?](#)

New to Inspira Financial?

Create an online profile to manage your Inspira account.

CREATE PROFILE



Manage your account on the go
Download the Inspira Mobile™ app today.

Download on the **App Store**

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FINANCIAL

First time users - Be sure to have this information nearby.



Before you get started

Review the information below. If you're an employer or consultant, contact your Inspira Account Manager to create your profile.

Be sure to have this information nearby

Then you'll be ready to set up your online account.



Social Security number or Employee ID number

You only need to enter the last four digits or characters, if applicable. This helps us identify you.



Email address

We'll ask you to share your email address. We'll only use it to send important account information.

[GET STARTED](#)

First time users - Complete the required fields to help us identify you.



Complete these fields to help us identify you

*Indicates required field

First name*

Last name*

Mailing address*

Apartment/suite/other

Zip code *

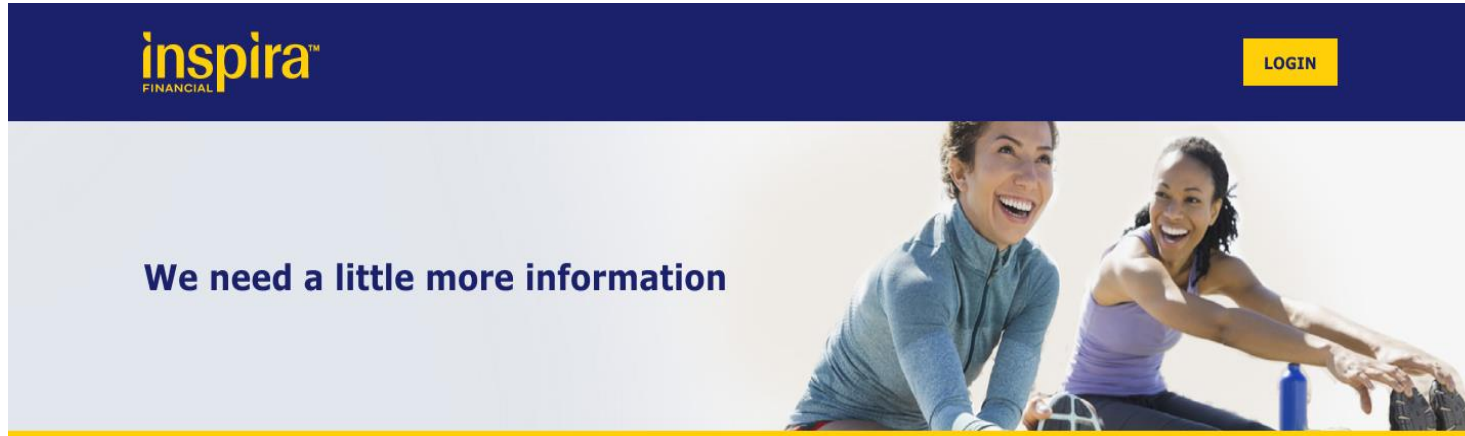
BACK

CONTINUE

NO CARD

First time users - Complete this page to help us identify you.

QUICK TIP: Your ID number may be your Social Security number, Employee ID or employer designated number.



Complete these fields to help us identify you

*Indicates required field

Enter the last four digits of your Social Security number OR the last four characters of your employee ID.*

Social Security number ?

OR

Employee ID number ?

Confirm your date of birth.

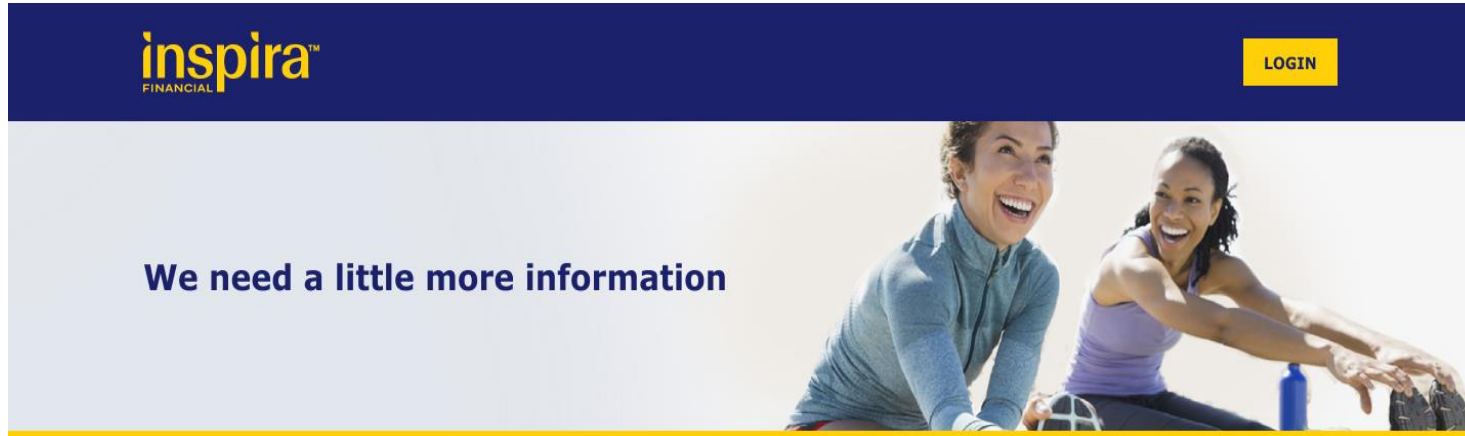
Date of birth.*

BACK

SUBMIT

First time users - Complete this page to help us identify you.

QUICK TIP: Your ID number may be your Social Security number, Employee ID or employer designated number. For another level of security, we'll ask you to enter the last 4 digits of your card number. So be sure to have that nearby.



Complete these fields to help us identify you

*Indicates required field

Enter the last four digits of your Social Security number OR the last four characters of your employee ID.*

Social Security number ?

OR

Employee ID number ?

Confirm your date of birth.

Date of birth.*

BACK

SUBMIT

Enter your email address and phone number.

We may use this information to update you on important account activity.

LOGIN



Create your profile

Welcome James

Complete this page to create the profile for your online account. The username and password you choose will also work for the Inspira Mobile™ app.

Your information

*Indicates required field

Username*

Password*

Confirm password*

Email address*

Confirm email address*

Phone number* ?

Mobile phone number* ?

Question 1*

Answer 1*

Request a verification code to be sent by email or text.

This is how we verify your account. And it helps us remember your device and browser the next time you login.




Request a verification code

To get started, choose how you want to receive the verification code. If you already have a code, select **I received my verification code**.

Email my verification code

 j*****h@email.com

I received my verification code

 You can verify your account here by using the code we sent you.

OR

Text my verification code

 *****3210

Enter your verification code and click “Submit.”



Verify your account

Enter the verification code we sent you.

*Indicates required field

Verification code*

Didn't get a code? [Request a new verification code.](#)

SUBMIT

Create your profile

- After you verify your account, you'll create your profile. We'll ask you to:
 - Create a username and password
 - Set up security questions and answers
 - Review/accept the Online Services Agreement*

*When you agree to the terms and conditions, we'll turn on your paperless settings for certain notifications. You'll simply get your documents online. This will be in place unless you make changes to the notifications in Account Settings.

Quick tip: After you create a username and password, you can log into the Inspira Mobile app.



Welcome James

Complete this page to create the profile for your online account. The username and password you choose will also work for the Inspira Mobile™ app.

Your information

*Indicates required field

Username*

Password*

Confirm password*

Email address*

Confirm email address*

Phone number* ?

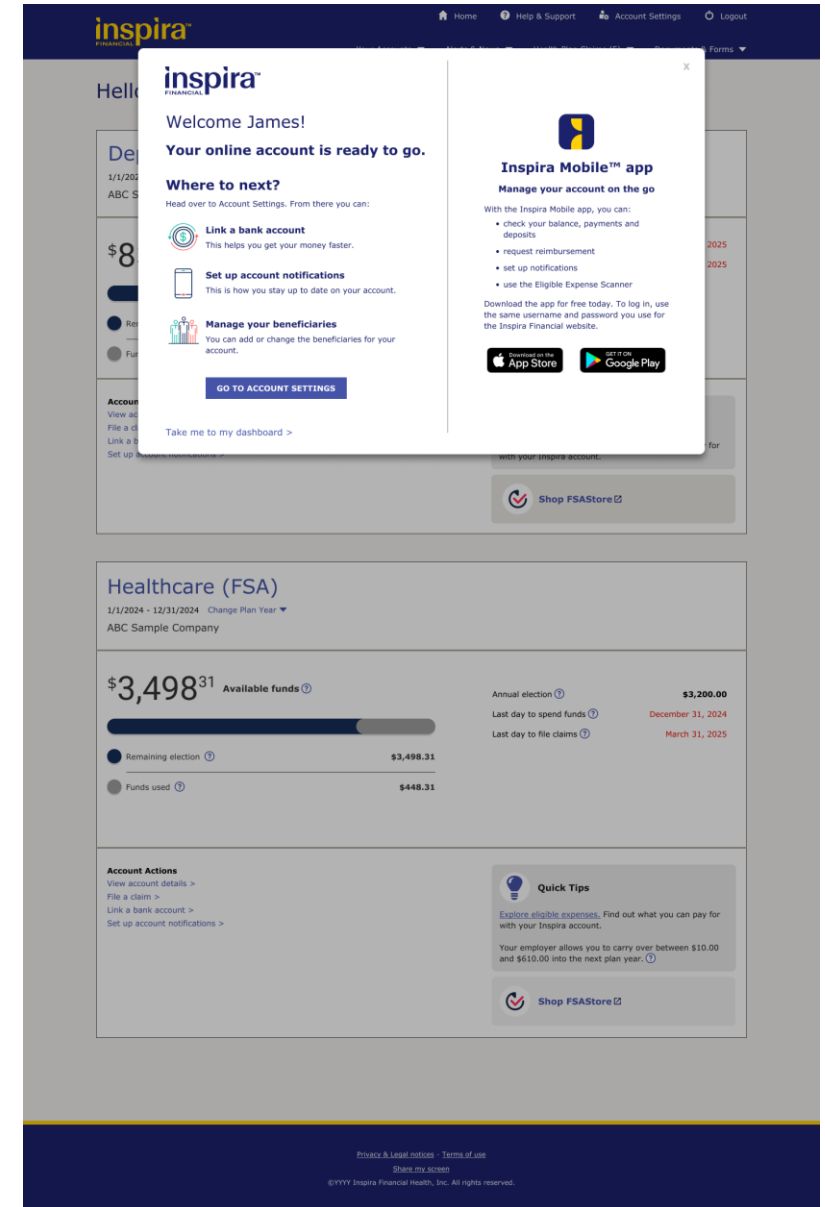
Mobile phone number* ?

Question 1*

Answer 1*

Your online account is ready to go

You can go to Account Settings to link a bank account and set up account notifications. Or just go to your account dashboard.



Using your online features



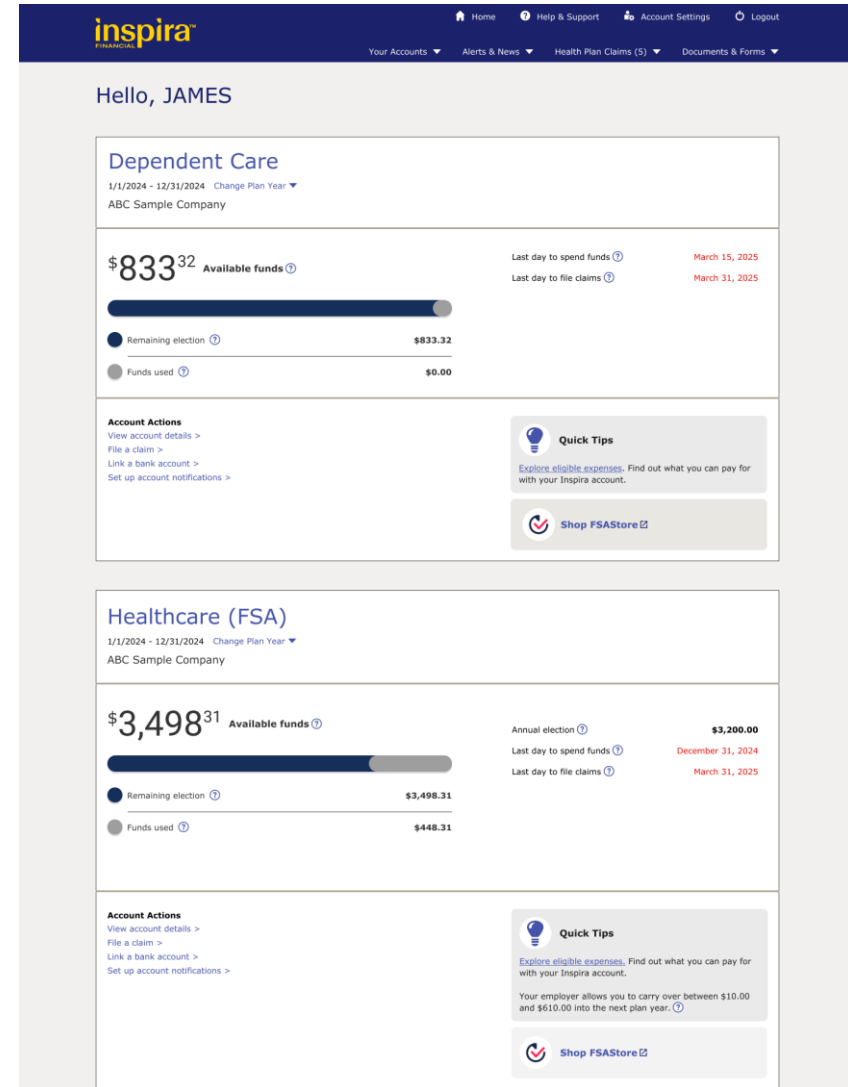
Account Dashboard

This is where you'll find everything you need to make the most of your account.

The commonly used links are available under Account Actions.

From the top navigation, you can:

- View alerts & news
- View & download documents and forms



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Home Help & Support Account Settings Logout

Your Accounts Alerts & News Health Plan Claims (5) Documents & Forms

Hello, JAMES

Dependent Care

1/1/2024 - 12/31/2024 Change Plan Year
ABC Sample Company

\$833³² Available funds ⓘ

Last day to spend funds ⓘ **March 15, 2025**
Last day to file claims ⓘ **March 31, 2025**

Remaining election ⓘ **\$833.32**
Funds used ⓘ **\$0.00**

Account Actions
View account details >
File a claim >
Link a bank account >
Set up account notifications >

Quick Tips
Explore eligible expenses. Find out what you can pay for with your Inspira account.

Shop FSASore

Healthcare (FSA)

1/1/2024 - 12/31/2024 Change Plan Year
ABC Sample Company

\$3,498³¹ Available funds ⓘ

Annual election ⓘ **\$3,200.00**
Last day to spend funds ⓘ **December 31, 2024**
Last day to file claims ⓘ **March 31, 2025**

Remaining election ⓘ **\$3,498.31**
Funds used ⓘ **\$448.31**

Account Actions
View account details >
File a claim >
Link a bank account >
Set up account notifications >

Quick Tips
Explore eligible expenses. Find out what you can pay for with your Inspira account.
Your employer allows you to carry over between \$10.00 and \$610.00 into the next plan year. ⓘ

Shop FSASore



View Account Details



You can get here from the dashboard or from “Your Accounts” at the top of the page. This is where you can:

- View your spending snapshot
- Access your account activity
- Complete your to-do list

Healthcare (FSA)
1/1/2024 - 12/31/2024 [Change Plan Year](#)
ABC Sample Company

\$3,498³¹ Available funds

Spending snapshot

\$448³¹ Total funds spent

Remaining election **\$3,498.31**

Funds used **\$448.31**

Last day to spend funds December 31, 2024

Last day to file claims March 31, 2025

Account Actions
[File a claim >](#)
[Link a bank account >](#)
[Set up account notifications >](#)

[Explore eligible expenses.](#) Find out what you can pay for with your Inspira account.

Your employer allows you to carry over between \$10.00 and \$610.00 into the next plan year.

[Shop FSASore](#)

Account activity

Claims
You can view claims you sent us here.

To-do list
You have no items on your to-do list.

Transactions
You can view your transactions here. This may include payments, deposits and withdrawals.

Transactions

Date	Transaction Type	Description	Amount	Balance	
03/07/2024	Debit card - Boys Town Hospital		(\$34.79)	\$3,498.31	View
03/07/2024	Debit card - Boys Town Hospital		(\$3.01)	\$3,533.10	View
03/07/2024	Debit card - Boys Town Hospital		(\$34.79)	\$3,536.11	View

[SHOW MORE DEPOSITS](#)

View Transactions & Claims



View your payments & Deposits



From your Account Detail page, click the Transactions tile. To see additional details about the transaction, click view.

You'll see your 10 most recent transactions and deposits.

You can select **SHOW MORE TRANSACTIONS** or **SHOW MORE DEPOSITS** to view prior activity.

Healthcare (FSA)
1/1/2024 - 12/31/2024 [Change Plan Year](#)
ABC Sample Company

\$3,498³¹ Available funds

Spending snapshot

\$448³¹ Total funds spent

Remaining election **\$3,498.31**
Funds used **\$448.31**

Last day to spend funds December 31, 2024
Last day to file claims March 31, 2025

Account Actions
[File a claim >](#)
[Link a bank account >](#)
[Set up account notifications >](#)

[Explore eligible expenses.](#) Find out what you can pay for with your Inspira account.

Your employer allows you to carry over between \$10.00 and \$610.00 into the next plan year.

[Shop FSASore](#)

Account activity

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To-do list
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Transactions

Date	Transaction Type	Description	Amount	Balance	
03/07/2024	Debit card - Boys Town Hospital		(\$34.79)	\$3,498.31	View
03/07/2024	Debit card - Boys Town Hospital		(\$3.01)	\$3,533.10	View
03/07/2024	Debit card - Boys Town Hospital		(\$34.79)	\$3,536.11	View

[SHOW MORE DEPOSITS](#)

View Claims



When you click on the Claims tile, you'll see your pending, unpaid and paid claims.

To view more of your claim history, select **SHOW MORE CLAIMS**.

To submit a request for reimbursement, select **File a claim**, under Account Actions.

Healthcare (FSA)
1/1/2024 - 12/31/2024 [Change Plan Year](#)
ABC Sample Company

\$3,498³¹ Available funds

Spending snapshot

\$448³¹ Total funds spent

Last day to spend funds December 31, 2024
Last day to file claims March 31, 2025

Account Actions
[File a claim >](#)
[Link a bank account >](#)
[Set up account notifications >](#)

[Explore eligible expenses.](#) Find out what you can pay for with your Inspira account.

[Shop FSASore](#)

Your employer allows you to carry over between \$10.00 and \$610.00 into the next plan year.

Account activity

Claims
You can view claims you sent us here.

To-do list
You have no items on your to-do list.

Transactions
You can view your transactions here. This may include payments, deposits and withdrawals.

Unpaid claims
No action needed at this time.

Pending claims

Origination Date	Expense type	Amount requested	Amount paid
12/01/2023 - 12/31/2023	Premium	(\$1,000.00)	\$1,000.00 View
12/01/2023 - 12/01/2023	Premium	(\$6.32)	\$2,000.00 View

Paid claims
No action needed at this time.

[SHOW MORE CLAIMS](#)



File a Claim
Pay your self back for an eligible expense




File a claim: Step 1 - Tell us about your request


Request funds – File a claim

Complete these steps to request funds from your reimbursement account. You should only use this for eligible expenses.


1 Tell us about your request

*Indicates required field

Expense Type* 

Medical expense applied to deductible 

Amount* 

Date of expense*  

CONTINUE

- 2 Where should we send your funds?**
- 3 How will you send your documents to us?**
- 4 Confirm and submit**

Step 1 - Tell us about your request (Continued)

Request funds – File a claim

Complete these steps to request funds from your reimbursement account. You should only use this for eligible expenses.

1 Tell us about your request

Expense type	Amount	Expense date	Name
Medical expense applied to deductible	\$150.00	02/10/2024 - 02/10/2024	Edit Remove

[ADD ANOTHER EXPENSE](#) [CONTINUE](#)

- 2 Where should we send your funds?**
- 3 How will you send your documents to us?**
- 4 Confirm and submit**



Step 2 - Where should we send funds?

Request funds – File a claim

Complete these steps to request funds from your reimbursement account. You should only use this for eligible expenses.

1 Tell us about your request

2 Where should we send your funds?

Choose one of the options below.

Send funds to my bank account

We'll send your funds to the bank account below:

Bank of America

Checking - 1234

Send funds to someone else

CONTINUE

3 How will you send your documents to us?

4 Confirm and submit

Step 3 - How will you send your documents to us?

Request funds – File a claim

Complete these steps to request funds from your reimbursement account. You should only use this for eligible expenses.

- 1 Tell us about your request
- 2 Where should we send your funds?

3 How will you send your documents to us?

You can upload, fax or mail your documents. The fastest way is to upload.

I'll upload my documents

Upload documents

You can upload documents in JPG, GIF, PNG and PDF. The total size limit is 10MB. Your documents must show:

- Date of purchase or service
- Your name
- Merchant name
- Amount you had to pay
- Description of the eligible well-being product or service

Drag and drop your files here

OR

SELECT FILE TO UPLOAD

Upload documents (0.25MB of 10MB)

[2019-05-15_1-32-52.PNG](#)

0.25MB [Remove](#)

I'll fax/mail my documents

CONTINUE

4 Confirm and submit

Step 4 - Confirm and submit



Request funds – File a claim

Complete these steps to request funds from your reimbursement account. You should only use this for eligible expenses.

- 1 Tell us about your request
- 2 Where should we send your funds?
- 3 How will you send your documents to us?

4 Confirm and submit

Read the claim certification statement and check the box to sign your claim.

*Indicates required field

[Claim certification statement](#) ▾

Your signature (Check this box to sign your claim)*


CONTINUE

CANCEL



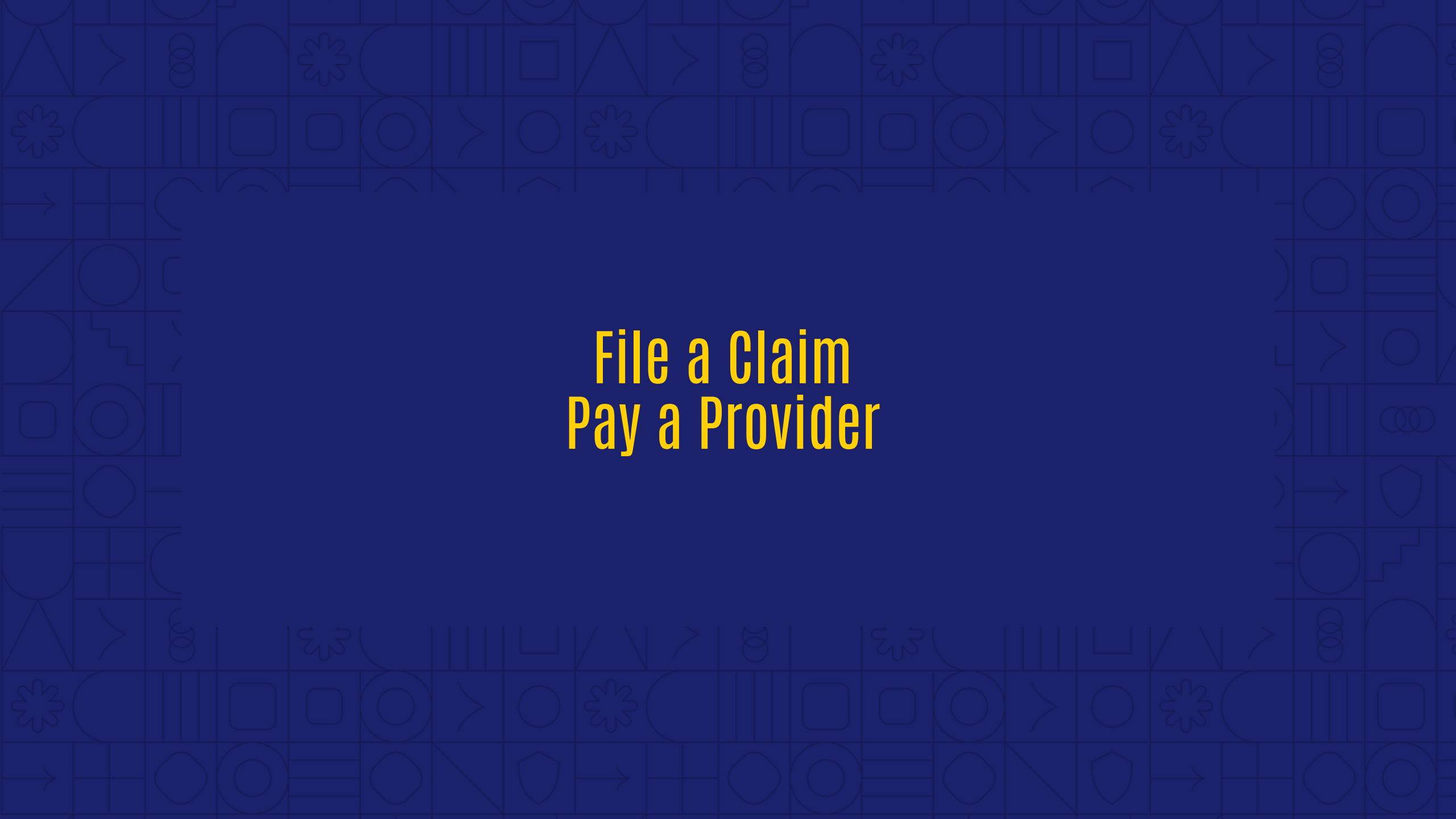
Claim successfully submitted

Request funds – File a claim

 **Success! We received your request. To view the status of your request, go to Claims.**

[TAKE ME TO MY DASHBOARD](#)





**File a Claim
Pay a Provider**


File a claim: Step 1 - Tell us about your request

Request funds – File a claim

Complete these steps to request funds from your reimbursement account. You should only use this for eligible expenses.

1 Tell us about your request

*Indicates required field

Expense Type* 

Medical expense applied to deductible 

Amount* 

Date of expense*  

CONTINUE

- 2 Where should we send your funds?**
- 3 How will you send your documents to us?**
- 4 Confirm and submit**

Step 1 - Tell us about your request (Continued)

Request funds – File a claim

Complete these steps to request funds from your reimbursement account. You should only use this for eligible expenses.

1 Tell us about your request

Expense type	Amount	Expense date	Name
Medical expense applied to deductible	\$150.00	02/10/2024 - 02/10/2024	Edit Remove

[ADD ANOTHER EXPENSE](#) [CONTINUE](#)

- 2 Where should we send your funds?**
- 3 How will you send your documents to us?**
- 4 Confirm and submit**



Step 2 - Where should we send funds?

Request funds – File a claim

Complete these steps to request funds from your reimbursement account. You should only use this for eligible expenses.

1 Tell us about your request

2 Where should we send your funds?

Choose one of the options below.

Send funds to my bank account

Send funds to someone else

Recipient name

Dr. Smith

+ Add a new recipient

CONTINUE

3 How will you send your documents to us?

4 Confirm and submit

Step 3 - How will you send your documents to us?

Request funds – File a claim

Complete these steps to request funds from your reimbursement account. You should only use this for eligible expenses.

- 1 Tell us about your request
- 2 Where should we send your funds?

3 How will you send your documents to us?

You can upload, fax or mail your documents. The fastest way is to upload.

I'll upload my documents

Upload documents

You can upload documents in JPG, GIF, PNG and PDF. The total size limit is 10MB. Your documents must show:

- Date of purchase or service
- Your name
- Merchant name
- Amount you had to pay
- Description of the eligible well-being product or service

Drag and drop your files here

OR

SELECT FILE TO UPLOAD

Upload documents (0.25MB of 10MB)

[2019-05-15_1-32-52.PNG](#)

0.25MB [Remove](#)

I'll fax/mail my documents

CONTINUE

4 Confirm and submit

Step 4 - Confirm and submit



Request funds – File a claim

Complete these steps to request funds from your reimbursement account. You should only use this for eligible expenses.

- 1 Tell us about your request
- 2 Where should we send your funds?
- 3 How will you send your documents to us?

4 Confirm and submit

Read the claim certification statement and check the box to sign your claim.

*Indicates required field

[Claim certification statement](#) ▼

Your signature (Check this box to sign your claim)*


CONTINUE

CANCEL



Claim successfully submitted

Request funds – File a claim

 **Success! We received your request. To view the status of your request, go to Claims.**

[TAKE ME TO MY DASHBOARD](#)



Account Settings

Account Settings

My Profile

You can view and manage your online profile in Account Settings.

Account settings

My profile

- Bank account
- Account notifications
- Health plan claims
- Inspira Card

My Profile

Address ?	123 Main Street Apt. 456 Anywhere, USA 99999	
Username	james@abccompany.com	Edit
Password	*****	
Phone number ?	555-555-5555	Edit
Mobile phone number ?	800-555-5555	Edit
Email address	james@abccompany.com	Edit
Security questions	What's is your mother's maiden name? What's name of your first pet? What was the model name of your first car?	Edit



Account Settings

Bank accounts

To receive your claim payments via direct deposit, you must link a personal bank account. You can do that in Account Settings. You'll need your bank account number and routing number.

Account settings

My profile

Bank account

Account notifications

Health plan claims

Inspira Card

My linked bank accounts

Bank accounts linked to my reimbursement account(s):

ABC SAMPLE COMPANY



Checking – 8765

[Remove](#)

Bank of America

Routing number - 2345678901

To link a new account to your reimbursement account(s), you'll need to remove this one.



Account Settings

Account notifications

You can manage your account notifications in Account Settings. This includes:


- Going paperless with claim and card documents
- Setting up email, text and online alerts for:
 - Account balance
 - Claim activity
 - Card transactions
 - Security alerts

Account settings

- My profile
- Bank account
- Account notifications**
- Health plan claims
- Inspira Card

Account notifications

You can manage your account notifications here. Select a + sign to view your options. Then choose the notifications you want to receive. And select your document delivery preferences. You should also verify your contact information under [My profile](#).

Paperless settings		Select all
	When choose to go paperless, you'll get an email when you have a new document to view online. We won't send a paper copy by mail. But you can find them on our website under Documents & Forms > My Documents .	<input checked="" type="checkbox"/>
Document type	Go Paperless	
Reimbursement Account - Explanation of Payment (EOP) ?	<input checked="" type="checkbox"/>	
<small>Note: If your claim is paid in full to your checking/savings account, you won't get an eop by mail. You can find it under Documents & Forms > My Documents.</small>		
Inspira Card™ - Request for Documentation Letter ?	<input checked="" type="checkbox"/>	

Email, text message and online notifications

Select a + sign to view your options. Then choose the notifications you want to receive. And select your delivery preferences.

- + Reimbursement Account
- + Inspira Card™
- + Connected Claims
- + Security alerts

Account Settings

Inspira Card®

You can view the status of your Inspira Card and order additional cards for your spouse or dependent (at no cost)

Account settings

[My profile](#)

[Bank account](#)

[Account notifications](#)

[Health plan claims](#)

Inspira Card

Inspira Card™

You can view the status of you Inspira Card. And you can order a card for your spouse or dependent.



MasterCard® ***16**

Cardholders

COLIN DOE (PRIMARY)

Accounts	Status	Available to spend
Health Savings Account		\$1,000.00

ORDER A DEPENDENT DEBIT CARD





Help & Support

Help & Support

First, click Help & Support at the top of the page.

From here, you can access:

- Customer service support
- Common eligible expenses
- Frequently asked questions
- Resource center
- Document center

QUICK TIP: Go to Contact us to send us an email or start a live chat with customer service.



Help & Support

Check out these tools. They're here to help you manage your account. Can't find what you're looking for? Contact us.

Contact us



We're here to help answer your questions about the accounts we offer. You can contact us before, during and after you enroll.

Explore common eligible dependent care expenses



Find out what expenses may be eligible and ineligible for your dependent care account.

Explore common eligible health care expenses



Find out what expenses may be eligible, potentially eligible and ineligible for your health care account.

Frequently asked questions (FAQs)



Have questions about our products & services? Check out our frequently asked questions.

Document center



View and download the documents we sent to you. If you send documents with a claim, we'll save them here too.

Resource center



You can find planning tools, forms, educational materials and IRS resources here.



Questions?

Visit inspirafinancial.com or call us at
1-844-729-3539 (TTY:711)

Monday – Friday, 7 a.m. to 7 p.m. CT

Saturday, 9 a.m. to 2 p.m. CT

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(03/24)