

18-19  
PLAN  
YEAR

*Flowing Wells*  
*Unified School District*



# Flexible Benefits

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EMPLOYEE INFORMATION PACKET

# What are “Flexible Benefits”?

Flexible Benefits started when Congress passed Section 125 of the Internal Revenue Code in 1978. Section 125 allows a certain amount, estimated for a given year, to be deducted directly from your paycheck and claimed for reimbursement when used for qualified expenses. These deductions are taken before taxes, reducing your total taxable income.

## Example:

Mary is single with three children and Mary earns \$3,000.00 per month. She pays \$300.00 a month in childcare expenses and \$25.00 a month for prescriptions. The calculations below show how much Mary will save by participating in the Flexible Benefit Plan her company offers.

### Mary with 125

\$3,000.00 Income  
- \$325.00 Expenses  
= \$2,675.00 Taxable Income  
- \$ 229.12 Federal Tax  
- \$81.36 State Tax  
- \$207.69 Social Sec/Medicare  
= **\$2,156.83 Mary's Income**

*Mary's savings  
of \$79.69 per  
month will save  
her \$956.28 total  
for the whole  
year!*

### Mary without 125

\$3,000.00 Income  
- \$271.25 Federal Tax  
- \$97.11 State Tax  
- \$229.50 Social Sec/Medicare  
= \$2,402.14 Net Income  
- \$325.00 Expenses  
= **\$2,077.14 Mary's Income**

## Healthcare Reimbursement

Healthcare Reimbursement enables you to deduct medical, dental and vision expenses before taxes, up to the maximum annual amount set by your employer. A claim is then filed to receive reimbursements for the expense(s). Eligible expenses include, but are not limited to, charges for medical, dental or vision office visits, prescription drugs, x-rays, laboratory work, orthodontia, periodontics, bridges, crowns, eye exams, glasses, contacts, LASIK eye surgery, ambulance and emergency room fees, diabetic supplies and many other products and services.

*\*A more complete list of eligible and ineligible goods and services can be found later in this packet.*

## Dependent Care Reimbursement

Dependent Care Reimbursement enables you to deduct childcare (day care), babysitting or elder care expenses before taxes, up to a maximum of \$5,000 per family or \$2,500 if married and filing separately. A claim is then filed to receive reimbursement for the expense(s). Eligible expenses include charges for before or after school care or programs (that are custodial in nature and not educational, i.e. tutoring), babysitting, day care, summer camps and elder care.

The following rules apply:

- Documentation must be provided for the expense with a receipt showing the date(s) of service, amount charged and the provider's name and federal tax ID or social security number.
- A dependent must be under the age of 13 or disabled (at any age).
- The service must be provided while you and your spouse work or attend school full-time.
- Expenses cannot exceed the lower income of either spouse.
- If using a day care center, it must be licensed.
- Babysitting services provided by a relative under the age of 19 are ineligible.
- Overnight camps and food costs for day camps are not eligible.



# Procedures & Services

- All expenses for the Plan Year should be conservatively estimated. Any funds left in the account at the end of the claims run-out period for the Plan Year will be forfeited back to your employer.
- During Open Enrollment for each new Plan Year, you will be given the opportunity to participate in the Plan. **Elections are not carried over. You MUST re-enroll.**
- Your election cannot be changed during the Plan Year unless there is a change in status that is a qualifying event. All changes must be consistent with your new election choice and must be made within 30 days of the qualifying event. For a full list of events and to discuss options for a specific event, please contact your Benefits Department or Sheakley's Customer Service team.
- As the contribution amount you elected is deducted from your paycheck, it is posted to your Healthcare and/or Dependent Care Reimbursement Account(s) based on the pay schedule provided by your employer.
- To receive funds from your account(s), you must complete and submit an online claim form, complete a manual claim form and fax or email it in along with all supporting receipts/documentation for your claim or submit a claim via the mobile app. Documentation must show 1) the date of service (not date of payment), 2) the specific type of service, and 3) the amount you have paid or owe. **Cancelled checks, bank statements, and credit/debit card receipts are not considered valid documentation.**
- Once your claim is reviewed and approved, a reimbursement will be issued in the form of a check or, if applicable, a direct deposit. Checks are mailed the next business day following the date of processing. Direct deposit reimbursements may take 2-4 business days to post to your account, depending on your employer's chosen processing timeframe.
- In general, claims are processed for reimbursement twice per week, on Wednesday and Friday. Claims received by 5:00pm EST on Monday are processed on Wednesday. Claims received by 5:00pm EST on Wednesday are processed on Friday. These are our guaranteed processing timeframes. Claims may be processed more quickly depending on claim volume and the time of year.
- All claims must be for services incurred during your coverage period within the Plan Year. "Incurred" is defined as the date in which services are provided (not paid). "Coverage Period" is defined as the first of the month in which your first contribution is deducted and the last day of the month in which your last contribution is deducted.
- **In the event you terminate employment, the end of the month in which you made your final contribution to the Plan becomes your termination date. Services incurred after your termination date are not eligible for reimbursement.**
- Be sure to notify your employer and/or Sheakley's Customer Service team of any change in address. You can do so by updating it via the employee web portal, by completing a Change Form (available through your employer) or by emailing us at [125@sheakley.com](mailto:125@sheakley.com).
- Access to your online account is available 24 hours a day, 7 days a week at:

<https://sheakleyCDHee.lh1ondemand.com/Login.aspx>

Account registration instructions are included later in this packet and in the "Quick Start Guide" available from your employer. We strongly urge all participants to register their online account because important updates regarding the Plan, accounts status letters, claims denied/dismissed letters and other important information is posted regularly.

For specific information regarding your Plan, the grace period, yearly limits, Plan Year dates, etc., please refer to your Summary Plan Description (on file with your employer) or contact our Customer Service team. Customer Service representatives are available to assist you from 8:00am to 5:00pm EST, Monday through Friday, except on holidays.

**Sheakley Flexible Benefits Division**  
**One Sheakley Way, Cincinnati, OH 45246**  
**Phone: 800.877.6630 or 513.326.4662**  
**Fax: 513.326.8082**  
**Email: [125@sheakley.com](mailto:125@sheakley.com)**



# The Healthcare F.S.A.



The Healthcare F.S.A. allows participants to set aside pre-tax dollars to pay for eligible medical, dental and vision expenses that are not covered by your insurance. Expenses for you, your spouse, your child(ren) and any other dependents you claim on your taxes are eligible for reimbursement under this plan.

The IRS considers medical expenses to be “unpredictable”, so the full annual election is available on the first day of the Plan Year. If the entire annual election is reimbursed early in the Plan Year, the remaining contributions that are made will go towards “paying back” the funds that were advanced.

A list of common eligible and ineligible expenses is included with this packet. If a specific item or service is not listed, please contact our Customer Service team to check the eligibility prior to the item’s purchase or the rendering of services.

## Note to H.S.A. Owners

If you currently participate in a high-deductible health plan and have a Health Savings Account (H.S.A.), contact your employer to determine your F.S.A. eligibility. If you are eligible to participate, the Healthcare F.S.A. will be a Limited Healthcare F.S.A. and may only be used for dental and vision expenses. All medical expenses must be paid for with your H.S.A. until your deductible has been met. After that, you may submit healthcare expenses for reimbursement through your F.S.A.

## \*Important Note Regarding Over-the-Counter Items\*

Please note that, due to a change in the IRS code in 2011, claims for over-the-counter (OTC) products containing any kind of medicine can only be reimbursed when accompanied by a doctor’s note stating the medical necessity.

## Healthcare Claim Reimbursement

It is important to remember that healthcare claims are paid out based on the date of service, **not the date of payment**. Pre-payments for services are not eligible for reimbursement until the service has been rendered. Additionally, payments made for services where the date of service is in a previous Plan Year are ineligible for reimbursement using current Plan Year funds.

When submitting claims, third-party documentation must be provided for each expense being claimed. The documentation must provide the following three items:

1. **The Date of Service (not Date of Payment)**
2. **The Specific Type of Service**
3. **The Amount Paid or Owed**

**\*\*Credit/debit card receipts, copies of checks, online payment confirmations and bank statements are not valid forms of documentation per IRS regulations.**



# Eligible Items & Services

## *Dental & Vision Services*

Artificial Teeth  
Contact Lenses  
Crowns/Bridges  
Dental Implants  
Dental Sealants  
Dental X-Rays  
Dentures  
Exams/Cleanings  
Extractions  
Fillings  
Occlusal/Bite Guards  
Orthodontia  
Eye Exam  
Glasses/Contacts  
LASIK/PRK  
Prescription Sunglasses

## *Insurance Related Items*

Copay Amounts  
Deductibles  
Differential  
Expenses (medical)  
Pre-Existing Conditions  
Private Hospital Room

## *Lab Exams/Tests*

Blood Tests  
Body Scan  
Cardiograph  
Colonoscopy  
CT Scan  
EKG  
Endoscopy  
Fluoroscopy  
Laboratory Fees  
Metabolism Tests  
MRI  
PET Scan  
Sweat Tests  
Ultrasound  
Urine/Stool Analysis  
X-Rays

## *Obstetric Services*

Childbirth Classes (Lamaze)  
Lactation Consultation  
Midwife Expenses  
OB/GYN Exams  
Pre/Post-natal Treatment  
Prepaid Maternity Fees

## *Other Medical Treatments*

Abortion (legal)  
Acupuncture  
Alcoholism (inpatient treatment)  
Ambulance Services  
Anesthesiology  
Breast Reconstruction Surgery  
Cancer Screening  
Clinical Trials  
Counseling (Psychiatry/Psychology)  
Dialysis  
Drug Addiction Treatment  
Gastric Bypass Surgery  
Genetic Testing  
Hearing Exams  
Hospital Services  
Infertility Treatment  
In-vitro Fertilization  
Norplant Insertion or Removal  
Patterning Exercises  
Physical Exam (if not employment related)  
Physical/Occupational Therapy  
Smoking Cessation Program  
Speech Therapy  
Sterilization Procedures  
Temporary Cord Blood Storage  
Temporary Egg & Sperm Storage  
Transplants (including Organ Donor)  
Treatment for Handicapped  
Tubal Ligation  
Vaccinations/Immunizations  
Vasectomy  
Well Baby Care

## *Practitioners*

Allergist  
Cardiologist  
Chiropractor  
Dermatologist  
Endocrinologist  
Gastroenterologist  
Genetic Counselor  
Homeopath (office visit only)  
Naturopath (office visit only)  
Nephrologist  
Oncologist  
Ophthalmologist/Optomist  
Osteopath (office visit only)  
Physician (licensed)  
Physician Assistant  
Psychiatrist/Psychologist

## *Other Equipment, Supplies & Services*

Abdominal/Back Supports  
Ankle/Wrist Supports  
Automated External Defibrillator  
Birth Control & Contraceptives  
Blood Pressure Monitoring Device  
Blood Sugar Test Kits & Supplies  
Braille Books & Magazines  
Breast Pump & Lactation Supplies  
Compression Hose/Stockings  
Contact Lens Equipment/Solution  
Cold/Hot Packs for Injuries  
Condoms  
CPAP Devices and Supplies  
Crutches / Walkers / Wheelchairs  
Diabetic Supplies / Insulin  
Ear Plugs  
Elastic Bandages  
Erectile Dysfunction Treatment  
First Aid Kits / Bandages  
Flu Shots  
Glucose Monitoring Equipment  
Guide Dog, Care & Training  
Hearing Aids and Batteries  
Heart Rate Monitor  
Heating Pads  
Hospice Care  
Hospital Bed  
Incontinence Supplies  
Learning Disability Assistance  
Lodging for Medical Care (limited)  
Mastectomy-related Bra  
Medical Alert Bracelet or Necklace  
Medical Care outside the U.S. (if eligible)  
Orthotics, Inserts & Supports  
Ostomy, Colostomy Supplies  
Ovulation Monitor  
Oxygen Equipment  
Pregnancy Test Kits  
Prosthesis  
Reading Glasses  
Splints/Casts  
Sunscreen (SPF 30 or higher)  
Support Braces  
Syringes (for medical use)  
Thermometer  
Transportation Expenses (essential to care)  
Vaporizer/Humidifier (for medical care)

## *Medications*

Prescription Drugs

**\*This is not a complete list of all eligible goods and services. If a particular item or service is not listed, please contact Sheakley Customer Service (800.877.6630 or [125@sheakley.com](mailto:125@sheakley.com)) to determine the eligibility prior to incurring the expense.**



# Items Requiring a Note / Ineligible Items

## Items Requiring a Doctor's Note or Prescription

**These items and services can only be covered when accompanied by a doctor's note or prescription. Items and services must be used to treat a specific medical condition.**

Acid Controllers	Equipment, Supplies & Materials related to Physical or Mental Handicap	Nasal Strips or Sprays
Acne Medications	Expectorants	Nutritionist
Allergy & Sinus Medications	Feminine Anti-Fungal Treatments	Orthopedic Shoes (you may only be reimbursed for the extra cost over buying normal, non-orthopedic shoes)
Antacids	Fever-Reducing Medications	Pain Relievers (Pills, Creams, Gels)
Analgesics	Fiber Supplements	Personal Trainer Fees
Anti-Diarrheal Medication	First Aid Creams	Prenatal Vitamins (OTC)
Anti-Gas Products	Glucosamine & Chondroitin	Probiotics
Anti-Itch & Insect Bite Creams	Gym or Health Club Membership Fees	Respiratory Treatments (OTC)
Antihistamines	Hand Sanitizer	Sleep Aids and Sedatives
Antibiotic Ointment	Headache/Migraine Medications (OTC)	Stomach Remedies
Aspirin/Ibuprofen	Hemorrhoid Preparations	Supplements (including Vitamins)
Baby Rash Ointment & Cream	Hormone Therapy	Throat Lozenges
Cosmetic Surgery – covered only when treating a congenital abnormality, a personal injury resulting from an accident, trauma or disease	Laxatives	Toothache Relievers
Cough, Cold & Flu Medicine	Lip Products, medicated	Varicose Vein Treatment
Decongestants	Marriage Counseling	Visine and other medicated Eye Drops
Dietary or Herbal Medicines	Massage Therapy	Wart Removal Medication & Kits
Digestive Aids	Medicated Shampoos & Soaps (unless prescribed by a medical practitioner for a specific scalp/skin infection/condition)	Weight Loss Drugs
Ear Wax Removal Treatments	Menstrual Pain Relievers	Wigs (for hair loss due to disease)
Eczema Treatments	Motion Sickness Medications	Yeast Infection Medications

## Ineligible Items & Services

These items are not eligible for reimbursement through the F.S.A.

Baby Formula	Exercise Equipment for general health	Personal Hygiene Products
Breast Implants (cosmetic)	Feminine Hygiene Products	Prepayments for Services
Burial Expenses	Facial Creams & Cleansers	Propecia/Rogaine for cosmetic hair growth
COBRA Premiums	Financing Charges	Premiums for Health Insurance
Concierge/Boutique Practice Fees	Home Drug Testing Kits	Special Foods
Cosmetic Surgery	Hot Tubs / Jacuzzis	Sports Drinks (Gatorade, Powerade, etc.)
Cosmetics	Household Help (Maid Service)	Suntan Lotion
CPR Classes	Illegal Operations, Treatments & Medicine	Tanning Salon Fees
Dehumidifier	Items Paid by Insurance	Teeth Whitening Kits
Dental Bleaching/Whitening	Late Fees	Toiletries
Diet Foods	Maternity Clothing	Toothpaste & Toothbrushes (electric or otherwise, even if a dentist recommends them)
Dietary Supplements (for general health)	Mattresses	Ultrasound (voluntary, not ordered)
Discount Plan Expenses	Missed/Cancelled Appointment Fees	Veneers (for cosmetic reasons)
Ear Piercing	Moisturizers	Warranties (for vision/hearing equipment)
Educational Classes	Newborn Care Classes	Wig Maintenance (for styling/cleaning)
Electrolysis / Hair Removal	Nursing Pillows	
Electronic Cigarettes	Nursing Home Fees	

**\*This is not a complete list of all eligible goods and services. If a particular item or service is not listed, please contact Sheakley Customer Service (800.877.6630 or [125@sheakley.com](mailto:125@sheakley.com)) to determine the eligibility prior to incurring the expense.**





# The Dependent Care F.S.A.



The Dependent Care Flexible Spending Account allows participants to set aside pre-tax dollars to pay for eligible daycare, preschool, babysitting and certain care expenses for disabled or elderly parents.

The IRS considers dependent care expenses to be “predictable”, so, unlike the healthcare F.S.A., the full annual election is **not** available on the first day of the Plan Year. It’s a “pay-as-you-go” program where you can only be reimbursed the balance of your contributions at the time of your claim submission.

- **Daycare Expenses**

Childcare expenses incurred while both parents are working, actively seeking work or going to school full time are eligible for reimbursement. These expenses are covered until the child reaches the age of 13, at which time they are ineligible and the participant **MUST** cease participation in the Plan.

- **Pre-School Tuition**

Since this Plan is designed to reimburse expenses for care and not education, the IRS allows pre-school tuition to be reimbursed as it is not deemed to be educational. Once your child enters kindergarten, only before and after school programs and childcare are eligible for reimbursement.

- **Before and After School Care**

The cost of before and after school care is eligible for reimbursement as long as the care is custodial and not educational in nature.

- **Babysitting**

Care provided by a relative, friend or neighbor may be reimbursed as long as the care is work-related and not for personal/recreational reasons. The provider cannot be the participant’s child or stepchild who is under the age of 19 or someone that the participant claims on their taxes.

- **Camps**

Summer day camps are eligible to the extent that the primary purpose is custodial in nature and not educational. Programs specifically designed to tutor are not eligible for reimbursement. **Overnight camps and food costs associated with a camp are not eligible for reimbursement.**

- **Custodial and Elder Care**

These expenses may only be covered if they are **not** for medical care and the individual cared for spends at least 8 hours each day in the participant’s household.

## Dependent Care Reimbursement

As indicated above, dependent care reimbursement differs from healthcare reimbursement in that it’s a “pay-as-you-go”, meaning that claims are only paid out based on the amount you’ve contributed to the Plan at the time of your submission. **Your full annual election is NOT available on the first day of the Plan Year.**

**Example:** If you submit a claim for \$500, but have only contributed \$250 to your account thus far, you will only be reimbursed a total of \$250 right now. However, as you continue to contribute to your account, additional reimbursements will be processed until the original claim amount is paid in full.

Dependent care reimbursements are based on date of service and **not** date of payment. If your provider requires you to pre-pay for care, you will only be reimbursed after that month has passed and the service is incurred. When submitting for reimbursement, we recommend that you break down each monthly expense into a weekly amount so that you can receive funds at the end of each week instead of the end of each month.



# The Reimbursement Process



To ensure that reimbursements are processed as quickly and efficiently as possible, it's important to remember that there are certain IRS and Department of Labor guidelines regarding the F.S.A. claims process and the documentation provided with your claims.

## Reimbursements are based on Date of Service, not Date of Payment

One of the biggest misconceptions is that if you pay for a service, it is eligible to be reimbursed. This isn't necessarily true. It is once a service has been rendered, regardless of whether or not payment has been made, that it becomes eligible for reimbursement.

Additionally, bills for services and items with dates in a previous Plan Year cannot be submitted for reimbursement with funds from the current Plan Year.

Please remember that all services for which you are seeking reimbursement **MUST** have been incurred while you were actively covered by the Plan. **Services incurred before or after your coverage period are ineligible for reimbursement.**

## Providing correct Documentation ensures speedy Reimbursement

When submitting a claim for reimbursement, either online or manually, IRS regulations require that you provide third-party documentation for all expenses. A service invoice from the provider, a cash register receipt listing purchased items or an Explanation of Benefits (EOB) from your insurance provider are all acceptable forms of third-party documentation.

The documentation submitted with your claim **MUST** include the following:

1. **The Date of Service** (not the Date of Payment)
2. **The Specific Type of Service or Item Purchased**
3. **The Amount Paid or Owed** (proof of payment is not required)
4. **The Federal Tax ID or Social Security Number of the Provider** (Dependent Care Claims Only)

***\*Credit/debit card receipts, copies of checks, online payment confirmations and bank statements are not valid forms of documentation per IRS regulations.***

If a claim does not have the correct documentation, it will be denied and you will receive a notice in your online account providing the reason for the denial. You may then submit the required additional documentation for review. Please do not submit the claim again or it may be denied as a duplicate claim.

## Payment Processing and Disbursement of Payments

In general, claims are processed for payment twice per week, on Wednesday and Friday (except for holidays or if your employer has an alternate processing schedule).

Any claims received Monday by 5:00pm EST are processed on Wednesday. Any claims received Wednesday by 5:00pm EST are processed on Friday. This is our guaranteed processing schedule, however claims may be processed more quickly depending on claim volume and the time of year.

Check reimbursements, if applicable, are mailed on the next business day immediately following the date of processing (except for holidays). Direct deposit reimbursements, if applicable, take 2 or 4 business days to post to your account, depending on the schedule chosen by your employer.





# Authorization for Direct Deposit Reimbursement

To set up direct deposit for your Flexible Spending Account, you may complete this form and submit it to Sheakley for processing OR you may log in to your online account and set it up there.

***\*If you currently have direct deposit set up with Sheakley, you do not need to submit a form for each new Plan Year.\****

## Account Information

Employer Name <b>Flowing Wells Unified School District</b>	Employee Name	Last 4 of SSN
Name of Bank	Routing Number (9 digits)	Account Number

☐

This is a checking account.

☐

This is a savings account.

If possible, please attach a voided check with this completed form.

If you do not have a check, please confirm the routing and account numbers before sending.

## Acceptance of Terms

I authorize Sheakley Pension Administration to send Flexible Spending reimbursements electronically, or by any other commercially accepted method, to my account indicated above. I understand that payments may be delayed by bank closures due to national holidays.

If my banking information changes for any reason and at any time during my participation, I understand that I must provide this updated information to Sheakley. I understand that if a reimbursement is delayed due to outdated information, I will not hold Sheakley Pension Administration accountable.

**PARTICIPANT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Completed forms may be faxed to 513.326.8082 or emailed to [125@sheakley.com](mailto:125@sheakley.com). If you have any questions, please contact us at 800.877.6630.

### OFFICE USE ONLY

Date Received: \_\_\_\_\_

Entered By: \_\_\_\_\_ on \_\_\_\_\_

Verified by: \_\_\_\_\_ on \_\_\_\_\_



# The F.S.A. Benefit Card



Your employer has chosen to provide you with the Sheakley benefits card as part of their F.S.A. program. The card provides instant reimbursement for eligible goods and services at point-of-sale, eliminating the need to submit manual claims. The card can be used to pay for eligible expenses including copays, prescriptions, hospital charges, dental procedures, vision exams, day care fees (if allowed by your employer) and parking/transit passes (if applicable to your Plan).

**Although use of the card eliminates the need to submit a claim form, it does not mean that you won't have to submit documentation for any expenses paid for with the card.** Due to your privacy rights, the information provided on card transactions is limited to the merchant information present in the card machine. If the nature of the transaction isn't apparent or could possibly be for an ineligible expense, IRS regulations require Sheakley to request documentation to substantiate (validate) the expense.

**If a transaction requires additional documentation, you will receive an email with the request. Additional documentation must be provided within 30 days or the transaction will be deemed ineligible, your account suspended and your card blocked until you repay the Plan or submit the requested documentation. While the card is blocked, any manual claims submitted will offset the ineligible card swipe until it is "paid" in full.**

***Sheakley will not contact providers to obtain additional information on card transactions. It is the participant's responsibility to contact their providers and provide the documentation upon request.***

## **\*Important Things to Remember about the Benefit Card\***

- You will be provided with to 2 cards (in the primary account holder's name) to use with the account when you enroll.
- If you wish to have more than 2 cards, you may request additional cards online and a charge of \$5.00 will be applied to your FSA account for each additional card.
- Since all Benefit Card communication is done via email, a valid email address is required in order to receive a card.
- If your card is lost, a replacement can be requested online. A charge of \$5.00 will be applied to your FSA.
- When you use your card for any transaction over \$50.00, make sure to obtain a receipt or invoice showing the date of service, type of service and amount swiped on the card in case additional documentation is requested.
- Each time you use your Benefit Card, you will receive an email confirming the use of your card. If you feel a transaction is fraudulent, you must notify Sheakley as soon as possible. We cannot remove the charge from your account, but we can provide you with information on how to dispute the charge. **A fraudulent claim notice must be filed with the card company within 30 days of the original transaction.**
- **The Benefit Card is good for up to 3 consecutive Plan Years and should not be discarded at the end of the Plan Year or when you exhaust your funds.**



# Online Account Registration Instructions

## To: Flowing Wells Unified School District Flexible Benefits Participants

Below are instructions to register your online Flexible Benefits account once you have enrolled in the Plan and the Plan Year has started. This is a password-protected website where you can keep up with various benefit news and information, including your Account Balance, Claims Submitted and Year-to-Date Payments. It is highly recommended that you register your account as soon as possible because the majority of Sheakley's communication to participants is done via this website.

To register your account and log in for the first time, follow the steps below.

- Go to <https://sheakleyCDHee.lh1ondemand.com/Login.aspx>

- Under "Existing User?" enter your username and temporary password in the fields provided and click **LOGIN**.

- Your **username** is your first initial + your last name + the last 4 digits of your SSN. (example: jsample1234)
- Your **temporary password** is the last 5 digits of your SSN + your first name + your ZIP code + your last name. (example: 01234john45246sample)

Existing User?  
Login to your account

Username  [Forgot Username?](#)

Password  [Forgot Password?](#)

- Next, please choose 3 security questions and enter the answers in the fields provided and the click **NEXT**.
- You will then be prompted to create a password of your own. Once done, click **SUBMIT**.

**\*Passwords must have a minimum of 6 characters, not be one of your last 3 passwords, contain upper and lowercase letters and contain at least one number.**

**You are now logged into the Sheakley FSA portal!**

**If you have any questions or are unable to register, please call Customer Service any time Monday through Friday from 8:00am – 5:00pm EST at 800.877.6630.**