

Flexible Spending Accounts – AMERIFLEX

See page 4 for online enrollment instructions for FSA's

Mailing Address:

700 East Gate Drive, Suite 510, Mount Laurel, New Jersey 08054

Internet Address for Ameriflex.....www.flex125.com

Internet Address for Debit Card Account (to view your account balance)

www.benefitspaymentsystem.com

For duplicate cards, claim forms and other service questions contact:

Medical or Dependent Care Customer Service.....1-888-868-3539

Fax Claims.....1-888-631-1038

Directions for checking Flexible Spending Account balance and history online (cardholders only):

1. Go to www.benefitspaymentsystem.com

2. Go to "Create Account"

3. Fill in the account information and save

4. You may then enter in your login and password to sign onto the account screen

5. From here you can check your account balance, history, etc.

Directions for accessing a manual claim form for Flexible Spending Accounts:

1. Go to www.flex125.com

2. Click on "Resources"

3. Click on "Forms"

4. Click on "Claim Form" under Employee Forms

Superior - Vision Insurance

Customer Service.....1-800-507-3800

Internet Address.....www.superiorvision.com

North Carolina State Health Plan

Customer Service.....1-888-234-2416

Internet Address.....<http://shpnc.org>

eBenefitsNow Online Enrollment

See page 4 for online enrollment instructions

Technical Help Desk1-866-239-1055

To view your benefits online visit

www.piercегroupbenefits.com/

[wakecountyschools](http://wakecountyschools.com/)

or for additional information concerning plans offered to employees of the Wake County Public School System, please contact our North Carolina Service Center at 1-888-662-7500, ext. 100

Colonial Life

Customer Service & Wellness Screenings 1-800-325-4368

TDD for hearing impaired customers call 1-800-798-4040

Internet Address www.coloniallife.com

Claims Fax 1-800-880-9325

If you wish to file a Wellness/Cancer Screening claim for a test performed within the past 12 months, you need the name and date of the test performed as well as your doctor's name and phone number. Colonial also needs to know if this is for you or another covered individual and their name and social security number. You may:

- ◆ **FILE BY PHONE!** Call 1-800-325-4368 and provide the information requested by Colonial's Automated Voice Response System, 24 hours per day, 7 days a week, or
- ◆ **SUBMIT ON THE INTERNET** using the Wellness Claim Form at www.coloniallife.com, or
- ◆ **Write your name, address, social security number and/or policy/certificate number on your bill and indicate "Wellness Test."** Fax this to Colonial at 1-800-880-9325 or MAIL to PO Box 100195, Columbia, SC 29202

If your Wellness/Cancer Screening test was more than one year ago, you must fax or mail Colonial a copy of the bill or statement from your doctor indicating the type of procedure performed, the charge incurred and the date of service. Please write your full name, social security number, and current address on the bill.

Please Note: If your cancer policy includes a second part to the screening benefit, bills for tests covered and a copy of the diagnostic report (reflecting the abnormal reading of your first test) must be mailed or faxed to us for benefits to be provided.

When you terminate employment with the Wake County Public School System, you have the opportunity to continue your Colonial coverage either through direct billing or automatic payment through your bank account. Please contact Colonial at 1-800-325-4368 to request the continuation of benefits form.