# INSTRUCTIONAL GUIDE FOR CERTIFYING GROUP MEDICAL COVERAGE FOR DEPENDENTS

HRA dependents must be certified every year. ASIFlex requires this information annually in order to approve HRA claims for dependents during the plan year. An HRA can reimburse expenses for your spouse and/or dependent child(ren) *only if* those family members are also enrolled in a group medical plan, such as an employer-sponsored medical plan (excludes Tricare, Medicare, State Exchange, and any individual plan). This information is also required for 1095 reporting to the IRS.

**If you have any questions regarding this process, please contact ASIFlex at 1.800.659.3035.**

1.  Go to www.asiflex.com/sdcounty
2.  Click on "Employee (Participant) Login" and sign in to your account. If you have not yet created your online account, please click on "Create an account" and follow the steps on the "Creating an Online Account" attachment.
3.  Under "Account Settings", select "Manage Your Account", click "Edit" next to HRA Dependent Information.

**If you have already added a dependent,** please skip to Step #10 on page 4.

4.  **If you have not previously added a dependent**, you will see the following screen. Please select the "Add New Dependent" button to begin.
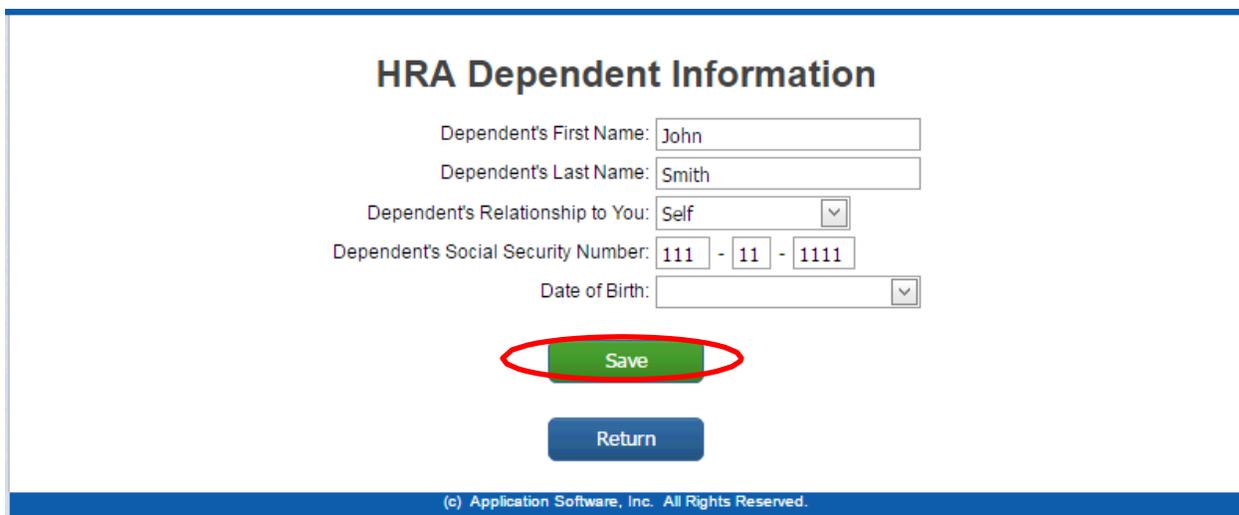


5.  On the next screen, enter the first name, last name, relationship, SSN or ITIN and date of birth. Once you enter your dependent's information, please select the "Save" button.

**6.** Once this information is saved, you will see the following screen where you will need to enter your dependent's medical coverage information. Select the "Edit" button for the plan year to enter the coverage information.

**HRA Dependent Information**

Dependent's First Name: John
Dependent's Last Name: Smith
Dependent's Relationship to You: Self
Dependent's Social Security Number: 111 - 11 - 1111
Date of Birth:

[Save]

| Plan Coverage | Plan Type | |
|---|---|---|
| ➕ January 1, 2021 to December 31, 2021 | HRA | Edit |

[Return]

To add coverage to an existing plan, please click the "Edit" button next to the plan and follow the instructions on the next screen.

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**7.** Here you will enter the plan coverage information for the current plan year:
   a. Enter the effective date of coverage in the "Start Date" field. The effective dates are for the 2026 plan year. If your dependent is covered as of 01/01/26, please enter 01/01/26 in the "Start Date" field.
   b. Enter 12/31/26 (or the last date of 2026 medical coverage) in the "End Date" field.
   c. ASI Flex is required to maintain record of the employer providing your dependent's medical coverage.
      i. If your dependent is covered under a County of San Diego medical plan, enter "CoSD".
      ii. If your dependent is covered under a different employer's medical plan, enter the name of the employer.
         1. For example, if your dependent is covered under your spouse's employer plan, you will enter your spouse's employer name.
   d. After entering the coverage information, select the "Save" button.
   e. Once the information is saved, select the "Return" button to view the dependent's coverage.

**ASI FLEX**

**Account Detail**
File a claim, review your balance, and access your account statements.

Need help? Email us at asi@asiflex.com or call us 800-659-3035

**HRA Dependent Group Health Coverage**
A███, S███

January 1, 2021 thru December 31, 2021
Health Reimbursement Account (HRA)

Start Date: 1/1/2021
End Date: 12/31/2021
Employer Name Providing Group Health Coverage:

Note: if your dependent is covered under a different employer's medical plan, enter the name of the employer.

[Save] [Return]

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8. If you are finished with this dependent, select the "Return" button.



9. Select the "Return" button to go back to the HRA Dependent Information List to see the list of your dependents or to add another dependent. Continue with these steps until you have added all of your dependents and coverage for each dependent.

10. **If you have previously added a dependent**, you will see the following screen. You can click the "edit" button next to the dependent to view and edit his/her coverage.

**HRA Dependent Information List**

| Name | Realationship | SSN | DOB | |
|------|---------------|-----|-----|--|
| ➕ Smith, John | Self | XXXXX1111 | | Edit |

Add New Dependent    Return to Account Settings

To add coverage for a dependent currently listed as having no coverage, please click the 'Edit' button next to the dependent and follow the instructions on the next screen.

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11. From this screen, you can add new coverage or edit the existing coverage.

**HRA Dependent Group Health Coverage List**

Smith, John

HRA

| Start Date | End Date | Employer Name of Other Coverage | |
|------------|----------|----------------------------------|--|
| 01/01/21 | 12/31/21 | Employer Name | Edit |

Add New Coverage    Return

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12. Here you will enter the plan coverage information for the current plan year:
    a. Enter the effective date of coverage in the "Start Date" field. The effective dates are for the 2026 plan year. If your dependent is covered as of 01/01/26, please enter 01/01/26 in the "Start Date" field.
    b. Enter 12/31/26 (or the last date of 2026 medical coverage) in the "End Date" field.
    c. ASI Flex is required to maintain record of the employer providing your dependent's medical coverage.
        i. If your dependent is covered under a County of San Diego medical plan, enter "CoSD".
        ii. If your dependent is covered under a different employer's medical plan, enter the name of the employer.
            1. For example, if your dependent is covered under your spouse's employer plan, you will enter your spouse's employer name.
    d. After entering the coverage information, select the "Save" button.
    e. Once the information is saved, select the "Return" button to view the dependent's coverage.

## HRA Dependent Group Health Coverage

January 1, 2021 to December 31, 2021

### HRA

Start Date: [        ] [v]

End Date: [        ] [v]

Employer Name Providing Group Health Coverage: [        ]

[Save]    [Return]

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**13.** If you are finished with this dependent, select the "Return" button.

## HRA Dependent Group Health Coverage List

January 1, 2021 to December 31, 2021

### HRA

| Start Date | End Date | Employer Name of Other Coverage | |
|------------|----------|----------------------------------|------|
| 01/01/2021 | 12/31/2021 | Employer Name | Edit |

[Add New Coverage]    [Return]

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**14.** Select the "Return" button to go back to the HRA Dependent Information List to see the list of your dependents or to add another dependent. Continue with these steps until you have added all of your dependents and coverage for each dependent.

## HRA Dependent Information

Dependent's First Name: John

Dependent's Last Name: Smith

Dependent's Relationship to You: Self [v]

Dependent's Social Security Number: 111 - 11 - 1111

Date of Birth: [        ] [v]

[Save]

| | Plan Coverage | Plan Type | |
|---|---------------|-----------|------|
| + | January 1, 2021 to December 31, 2021 | HRA | Edit |

[Return]

To add coverage to an existing plan, please click the "Edit" button next to the plan and follow the instructions on the next screen.

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