INSTRUCTIONAL GUIDE FOR CERTIFYING GROUP MEDICAL COVERAGE FOR DEPENDENTS
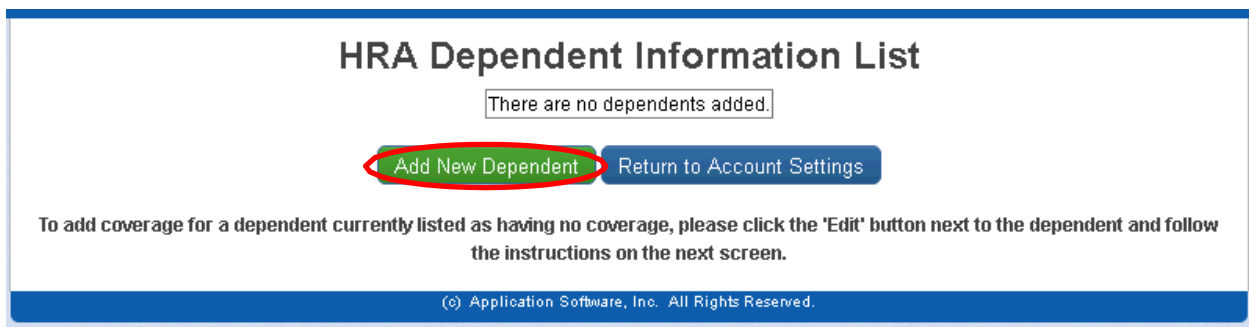
HRA dependents must be certified every year. ASIFlex requires this information annually in order to approve HRA claims for dependents during the plan year. An HRA can reimburse expenses for your spouse and/or dependent child(ren) *only if* those family members are also enrolled in a group medical plan, 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.
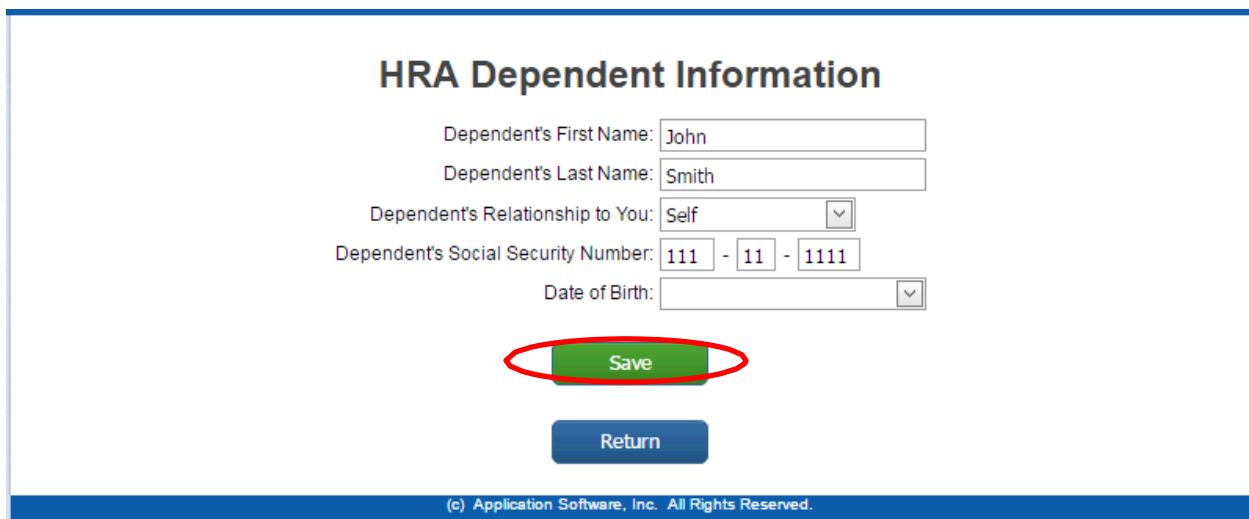

5. On the next screen, enter the first name, last name, relationship, SSN or ITIN and date of birth. Once you enter your dependent's information, please select the "Save" button.

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.

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 2024 plan year. If your dependent is covered as of 01/01/24, please enter 01/01/24 in the "Start Date" field.
   b. Enter 12/31/24 (or the last date of 2024 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.

8. 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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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.

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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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 2024 plan year. If your dependent is covered as of 01/01/24, please enter 01/01/24 in the "Start Date" field.
    b. Enter 12/31/24 (or the last date of 2024 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:

End Date:

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

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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