



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

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Log Out

VIEW AVAILABLE ACCOUNTS



HAT



LSA-GYM



LSA-Equip

PARTICIPANT SERVICES



File an FSA/HRA/DCAP Claim



File an LSA Claim



Schedule a Recurring Direct Payment



View Recurring Direct Payments



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Before You File a Claim Online

If you have more than fifteen (15) minutes of inactivity while filing your claim, the system will time out. For this reason, you should have your supporting documentation ready before you proceed with this process.

Supporting Documentation Requirements

- Each file must not exceed 10 Megabytes in size.
- Files must be either a PDF or one of the following image types:
 - .jpeg or .jpg
 - bitmap or .bmp
 - tiff or .tif

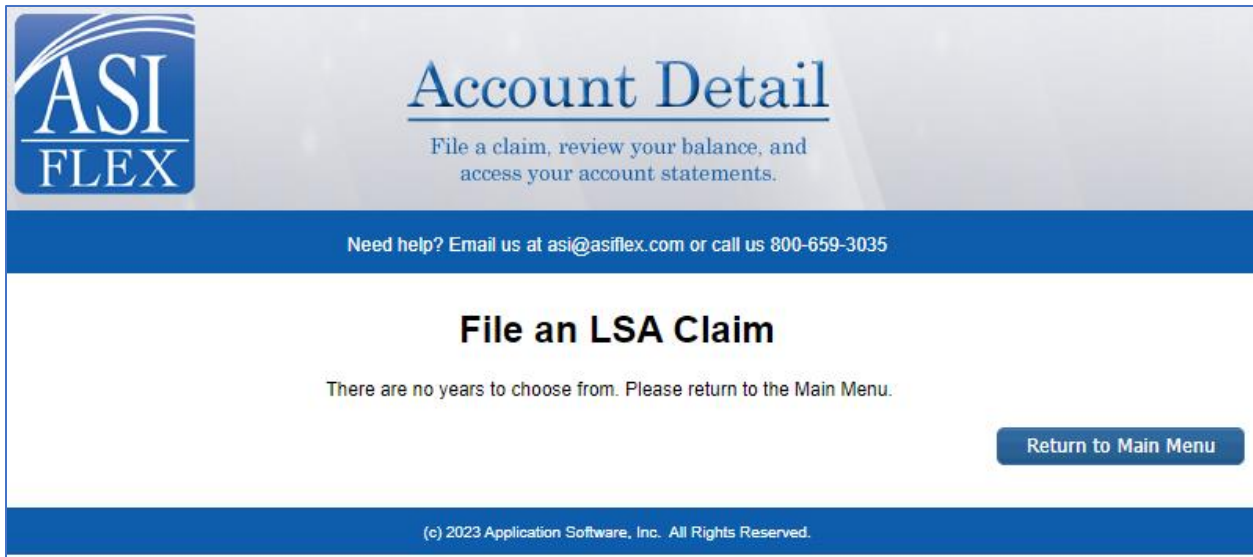
Return to Main Menu

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If you are unable to generate the proper file(s) or upload files via the web, please stop now and submit a paper claim form by clicking the link below:

- [Paper Claim Form](#)

This is what it will look like if no funds are available.



ASI FLEX

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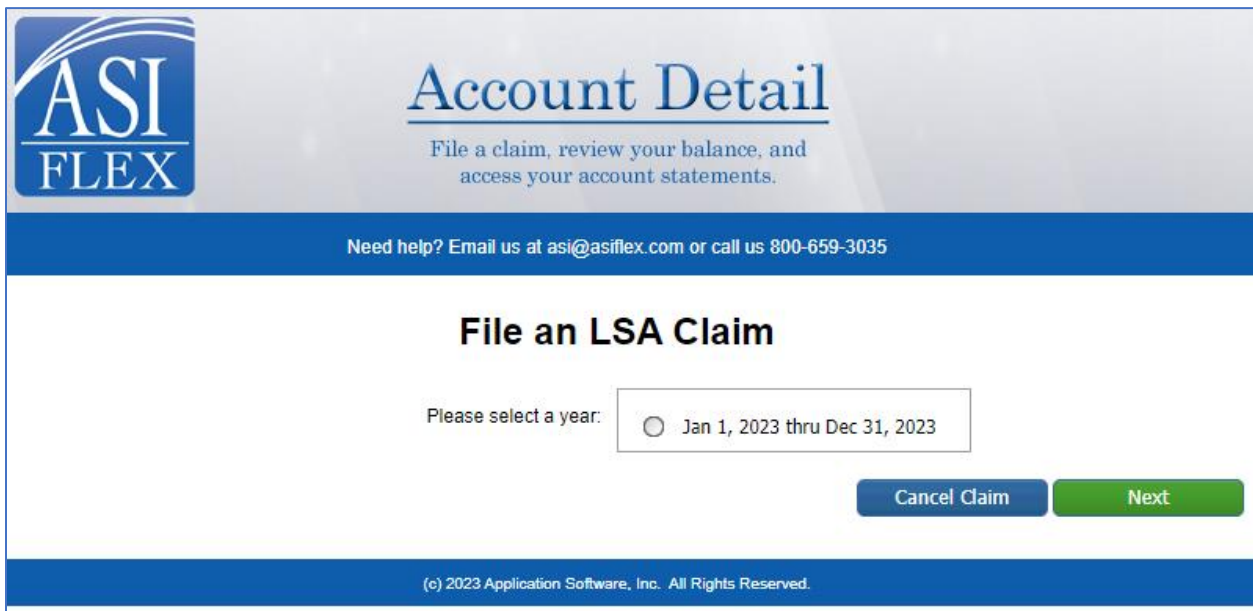
File an LSA Claim

There are no years to choose from. Please return to the Main Menu.

[Return to Main Menu](#)

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This is what it will look like when there are funds available.



ASI FLEX

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File an LSA Claim

Please select a year: Jan 1, 2023 thru Dec 31, 2023

[Cancel Claim](#) [Next](#)

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File an LSA Claim

Please select a year:

Jan 1, 2023 thru Dec 31, 2023

Please select the type of expense:

LSA-GYM

LSA-Equip

Cancel Claim

Next

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File an LSA Claim

First date of service:

Last date of service*:

Merchant or Service Provider:

Expense Description:

Name of person for whom expense was incurred:

Relationship of this person to you:

Amount

* If there was only one date of service, you may leave this box blank.

You can add up to 99 entries per claim here. [Add to Claim](#)

[Clear Form](#)

Claim Entries

There are no entries on this claim form yet.

When this claim is completed, you can [print this page](#) for your records. Then click the **Next** button to proceed.

Claim Total: **\$0.00**

[Next](#)

[Delete this claim without filing and Return to Main Menu](#)



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[Next](#)

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You can add up to 99 entries per claim here. [Add to Claim](#)

[Clear Form](#)

Claim Entries

Start Date	End Date	Provider	Service	Recipient	Relationship	Amount	
1/6/2023	1/6/2023	Academy Sports	Weights	Ted	Self	\$100.00	Delete

When this claim is completed, you can [print this page](#) for your records. Then click the **Next** button to proceed.

Claim Total: **\$100.00**

[Next](#)

[Delete this claim without filing and Return to Main Menu](#)



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LSA Claim Supporting Documentation

Please follow the instructions below to upload your documentation:

- Click the 'Choose File' button.
- Browse to the directory where your file is located (if you are not already there).
- Highlight the file you want to upload.
- Click the 'Open' button. The file name will appear in the field next to the 'Choose File' button.
- Click the 'Upload' button. The file will appear in the list to the right when it is complete.
- You may upload multiple files by choosing and uploading them one at a time.
- When you have uploaded all of your files select the 'Submit' button to send them to ASI.

Choose File

Upload

No files uploaded yet

Next

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- When you have uploaded all of your files select the 'Submit' button to send them to ASI.

Choose File

Upload Additional Documentation

Attachment #	Attachment File Name
1	Receipt.pdf

Next

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Review Your LSA Claim

Plan year: Jan 1, 2023 thru Dec 31, 2023

Type of claim: LSA-Equip

Total amount: \$100.00

Service Entries

From	To	Recipient	Relationship	Provider	Service	Amount
1/6/2023	1/6/2023	Ted	Self	Academy Sports	Weights	\$100.00

Supporting Documentation

Attachment #	Attachment File Name
1	Receipt.pdf

I hereby certify that I am a participant in the plan and that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while I was covered under my employer's Lifestyle Spending Account with respect to such expenses and that the expenses have not been reimbursed and are not reimbursable from any other source. I fully understand that I alone am fully responsible for the sufficiency, accuracy and veracity of all information relating to this claim which is provided by me, and that unless an expense for which payment or reimbursement is claimed is a proper and legally obtained expense under the Plan, I may be liable for payment of all related taxes including federal, state or local income tax on amounts paid from the Plan which relate to such expense.

By selecting this box, I certify that I am the participant who owns this account and that I acknowledge and affirm all of the above certifications regarding the expenses claimed via this entry.

Submit Claim

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LSA Claim Submitted

Thank you for submitting your claim.

Your Claim ID is **2023-88882**

Service Entries

From	To	Recipient	Relationship	Provider	Service	Amount
1/6/2023	1/6/2023	Ted	Self	Academy Sports	Weights	\$100.00

Supporting Documentation

Attachment #	Attachment File Name
1	Receipt.pdf

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Please note, it can take up to 30 minutes from the time you receive your confirmation number until our Customer Service Representatives are able to see that you have submitted this claim, and it could take up to 24 hours before you are able to see the claim in queue using this web site. Claims are processed in the order they are received, regardless of whether or not you're able to see the claim in queue online. Please be mindful of this when making inquiries concerning your claim.