

Fidelity Reimbursement Submission Steps:

1. Click on "Reimbursement Accounts".

The screenshot shows the Fidelity website interface. At the top left is the SMP logo (Standard Motor Products, Inc.). At the top right is the Fidelity logo with the text "Powered by Fidelity". Below the logos is a navigation bar with "MENU", "STANDARD MOTOR PRODUCTS, INC.", "Planning", "Learn", "Profile", a search bar, and "Log Out". The main content area features a banner with the text "Tax form questions? Meet your virtual assistant" and a "Get Assistance" button. Below the banner is a "YOUR PORTFOLIO" section with a "Display Preferences" dropdown. Two cards are visible: "Health Savings Account View Details" and "REIMBURSEMENT ACCOUNTS View Details".

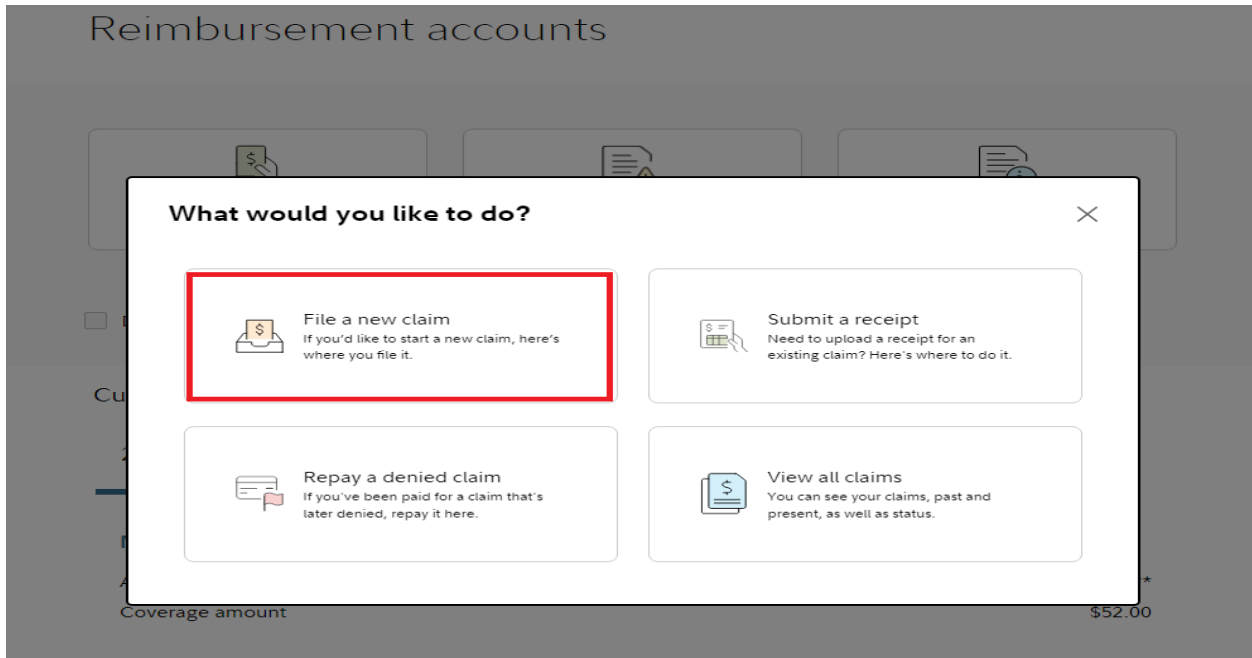
2. Select "Claims and Expenses"

The screenshot shows the "Reimbursement accounts" section. It features three main buttons: "Claims and expenses" (highlighted with a red border), "Notifications and alerts", and "Forms and information". Below these buttons is a checkbox labeled "Display health account balances and transactions" with an information icon. The "Current benefits" section is visible, showing the year "2022" and a table for the "Medical Flexible Spending Account".

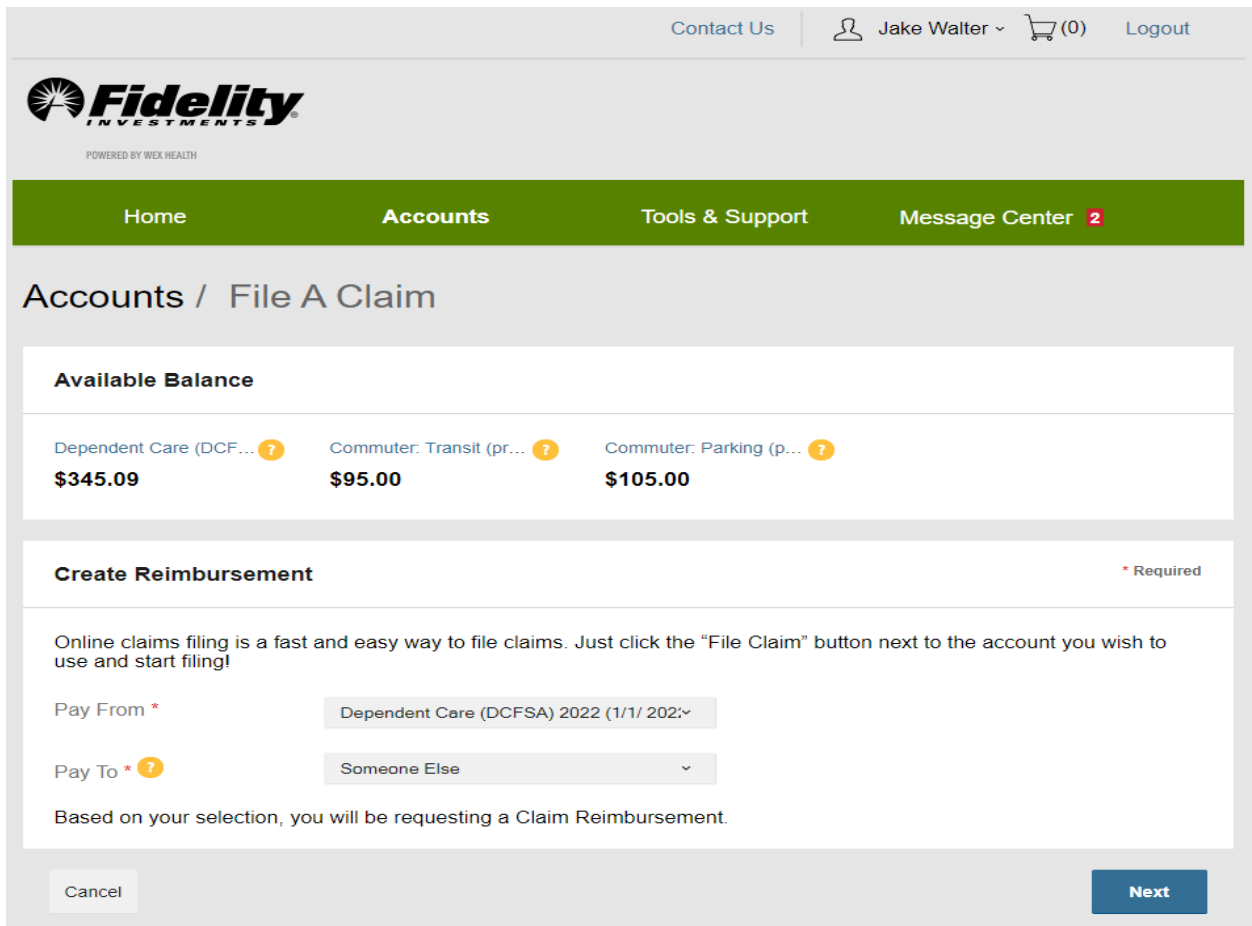
Medical Flexible Spending Account	
Account balance	\$***
Coverage amount	\$52.00

Need more help?

3. Next, click on "File a New Claim" to begin the reimbursement process



4. Select the accounts you wish to use and click on "Next" to continue



5. Complete all information under Claim Details with an **asterisk** (*) to move forward.

Accounts / File A Claim

Available Balance

Dependent Care (DCF... ?
\$345.09

Commuter: Transit (pr... ?
\$95.00

Commuter: Parking (p... ?
\$105.00

Payee Details

* Required

Payee *
 Add a New Payee
 Select a Saved Payee

Payee Name *
KinderCare
Select a payee. The system will automatically populate the payee information and address.

Who is this for?
Reid Walter
When appropriate, provide the name of the person who received service.

Account Number *
9951159
Enter the account number that the payee uses to identify the service or recipient.

Payee Address *
One Main Street
Address Line 2
Address Line 3
Anywhere
Massachusetts 02472
Enter the address of physician, hospital, etc. who provided the service.
 Save updates to payee information

Summary

From Dependent Care (DCFSA) 2022 (1/1/2022 - 12/31/2022)

To Someone Else

Cancel

Previous

Next

6. Confirm the information displayed on the receipt is correct

[Contact Us](#) | Jake Walter (0) [Logout](#)

POWERED BY WELLS FARGO HEALTH

[Home](#) [Accounts](#) [Tools & Support](#) [Message Center](#) **2**

Accounts / File A Claim

Available Balance

Dependent Care (DCF... ?)	Commuter: Transit (pr... ?)	Commuter: Parking (p... ?)
\$345.09	\$95.00	\$105.00

Receipt / Documentation * Required

Receipt(s) ? [Upload Valid Documentation](#)

Summary

Pay From	Dependent Care (DCFSA) 2022 (1/1/2022 - 12/31/2022)
Pay To	Someone Else

[Cancel](#) [Previous](#) [Next](#)

7. Thoroughly review the “Claim Details” and click on “Next” to proceed

Accounts / File A Claim

Available Balance

Dependent Care (DCF... ?
\$345.09


Commuter: Transit (pr... ?
\$95.00


Commuter: Parking (p... ?
\$105.00

Claim Details

* Required

If all or part of your claim is unreimbursable due to auditing factors (i.e. claim exceeds available balance in your account), then you will only be reimbursed the approved amount. If this occurs, you will receive notification in the mail.

Start Date of Service* 

End Date of Service* 

Amount*

Provider*

Provider SSN or Tax ID Number

Category * ?

Type *

Dependent(s) * Reid Walter

[Add Dependent](#)

Summary

Pay From **Dependent Care (DCFSA) 2022 (1/1/2022 - 12/31/2022)**

Pay To **Someone Else**

Documentation Uploaded **No**


Cancel

Previous

Next

8. Once you have reviewed and submit your claim by checking the agreement box and clicking “Submit”.

Contact Us | Jake Walter (1) Logout



Home Accounts Tools & Support Message Center 2

Accounts / Transaction Summary

Available Balance

Dependent Care (DCF...)	Commuter: Transit (pr...)	Commuter: Parking (p...)
\$295.09	\$95.00	\$105.00

Transaction Summary(1)

FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT	
⊕ Dependent Care (DCFSA) 2022	KinderCare	Child Daycare	\$50.00	\$50.00	Remove Update
Total Amount			\$50.00	\$50.00	

Claims Terms and Conditions ✓ Agreed ^

I have read, understand, and agree to the Terms and Conditions.

Cancel Save for Later Add Another Submit

9. Review the Transaction Confirmation notice to ensure it was successfully submitted.

[Contact Us](#) | Jake Walter (0) [Logout](#)

POWERED BY WELLS FARGO

[Home](#) [Accounts](#) [Tools & Support](#) [Message Center](#) **2**

Accounts / Transaction Confirmation

Available Balance

Dependent Care (DCF...	Commuter: Transit (pr...	Commuter: Parking (p...
\$295.09	\$95.00	\$105.00

Confirmation [Print Confirmation](#)

Please click the "Receipts Needed" link below and upload your receipts(s).

Successfully Submitted

FROM	TO	AMOUNT	APPROVED AMOUNT	RECEIPT STATUS
Dependent Care (DCFSA) 2022	KinderCare	\$50.00	\$50.00	Required Upload Receipt
TOTAL APPROVED AMOUNT			\$50.00	

Additional Receipt Submission Options

Print the [Claim Confirmation Form](#) to submit with receipts if faxed or mailed.

Fax	(855) 810-8223
Mail	PO Box 2703 Fargo, ND 58108