

my  
health  
benefits

intel.

# How to submit a request for reimbursement

Consumer Accounts

MyChoice Accounts Manage Activity

Retiree Medical Account

|                   |           |
|-------------------|-----------|
| Election Amount   | 10,000.00 |
| Contributions YTD | 10,000.00 |
| Total Claims Paid | 0.00      |
| Balance           | 10,000.00 |

Account Activity

| Trans ID       | Transaction Date | Type     | Provider | Status | Amount   | Actions |
|----------------|------------------|----------|----------|--------|----------|---------|
| #ACCO006211690 | 07/28/2021       | Employer |          | Posted | 10000.00 |         |

## Step 1: Login to My Health Benefits

Login to the new My Health Benefits platform at [www.intel.com/go/myben](http://www.intel.com/go/myben).

From homepage, click “Consumer Accounts” under Manage Your SERMA on the top-left of the page. Then, click on MyChoice Accounts and select SERMA from the dropdown.

Next, on the account detail screen, select the ‘Pay Provider’ button.

## Step 2: Select the appropriate category

Use the ‘Category’ dropdown menu to select the appropriate option that you are submitting a reimbursement for.

## Step 3: Complete the other required information

Select the appropriate payment type, provider and amount in the applicable files. Finally, upload any supporting documentation by clicking the ‘Upload File’ button or drag and dropping the file onto the screen.

## Step 4: Click ‘Submit’

Don’t forget to click the ‘Submit’ button to complete your reimbursement request.

Pay Provider

\* Indicates Required Field

Start Date \* 07/01/2021 (MM/DD/YYYY)

End Date \* 07/01/2021 (MM/DD/YYYY)

Category \*  
Please Select One  
Please Select One  
Vision  
Retiree Medical  
Medical  
Dental

Payment Amount \* \$

Upload File Or Drop

Pay Provider

\* Indicates Required Field

Start Date \* 07/01/2021 (MM/DD/YYYY)

End Date \* 07/01/2021 (MM/DD/YYYY)

Category \* Vision

Payment Type \* Vision Premiums

Payment Provider \* Please Select One

Payment Amount \* \$

Upload File Or Drop File Here To Upload

Cancel Submit

## Resources

Visit My Health Benefits at [www.intel.com/go/myben](http://www.intel.com/go/myben) at any time via your computer or on your mobile device via the MyChoice® Mobile App to view the status of submitted requests for reimbursements, Catastrophic RX HRA claims or any other account activity. Please review the important dates section for more information and details regarding deadlines and resources.

## Questions?

Call the Intel Health Benefits Center at 1-877-GoMyBen (466-9236)

mychoice®  
Accounts