



How to File a REQUEST FOR REIMBURSEMENT Flexible Spending Account

- ❑ Please print or type all requested information to insure the information on the form is legible.
- ❑ Please be sure to note if there has been a recent address change by marking the address change indicator box on the reimbursement form.
- ❑ Include the appropriate documentation for all eligible expenses with your Request for Reimbursement form.
Health Care expenses: Send the Explanation of Benefits (EOB) from your insurance company (if you have partial coverage for the expense) or an itemized bill. The EOB or bill must contain:
 - Name of the patient
 - Date the service was provided
 - Service Provider's name
 - Description of the service
 - Prescription drug name RX item number (if applicable)
 - Total charges for the service or item.
 - IRS Guidelines do not consider canceled checks, bank statements, cash register receipts or credit card receipts as valid documentation for reimbursement.Dependent Care expenses: Send in your request for reimbursement form; include all information requested in the Dependent Care Account section. You may also submit a copy of your cancelled check, (which must indicate in the memo section that the payment is for dependent care), the dates of service, the provider tax identification number or SS Number and signature on the back of the check.
- ❑ Double-check all calculations on the reimbursement form.
- ❑ Make sure to send the completed form and appropriate receipts in at least 5 business days in advance of your next pay period to be sure the reimbursement is included in the next processing period.
- ❑ Requests for reimbursement can be submitted in any amount and throughout the plan year. Our reimbursement system accumulates your reimbursable expenses until they reach the minimum check amount usually \$10.00.
- ❑ Retain a copy for your personal files.
- ❑ Health Care Flexible Spending Accounts will be reimbursed up to the full amount of your annual contribution, regardless of the amount of money that has been deposited into your account by that specific date.
For example, assume you are paid bi-monthly (24 pay periods) and deposit \$25 per pay period into your account. At the end of three months your health care flexible spending account will show a balance of \$150 (\$25 x 6). If you submit a claim for \$250 at the end of the third month, the claim will be paid in full. You will continue to make contributions of \$25 per pay period and will have an available balance for future claims of \$350 (\$600 - \$250)
- ❑ Dependent Care Flexible Spending Accounts operate under a slightly different set of rules. Requests for Reimbursement are only paid up to the maximum amount of the balance that is in your dependent care flexible spending account. If the claim exceeds the available balance then the claim will be reimbursed up to the amount that is currently in the account. Once additional balances are added to the account, the remainder of the request will be reimbursed.
- ❑ If, for any reason, your request for reimbursement cannot be processed, you will be notified by mail that we are unable to process your claim, the reason we cannot process your claim and the steps you must complete in order for us to process your claim. We will also provide information concerning your appeal rights associated with the declined request for reimbursement.
- ❑ If you have additional questions that need answering, please call us at 877-819-9413.