

Submitting Your Healthcare Flexible Spending Account Reimbursement Request Form

It's the tax break you can't afford to ignore—review the instructions to submit your claim!

Receiving reimbursement is easy!

1. Complete a Flexible Spending Account Reimbursement Request form.
2. Attach itemized and *complete* documentation and, if required, your physician's statement of medical necessity.
3. Please attach one receipt per "documentation page."
4. Fax the form and supporting documentation to Benesyst.



What are the options for submitting my claim?

Online: www.benesyst.net

Fax: (800) 310-8279

Mail: Benesyst Claims
800 Washington Avenue N. 8th Floor
Minneapolis, MN 55401

Our online claims wizard is the easiest way to claim! How?

- Click *View My Personal Flexible Spending Account Information*.
- Scroll down and click on the *Healthcare FSA Online Claims Wizard*.
- Follow the easy instructions! You can upload or fax the resulting form and your documentation.

Helpful tips for faxing your claim:

1. Do not use a highlighter on receipts to be faxed.
2. Always keep a complete copy of your entire claim.
3. Attach **one** receipt per "documentation page."
4. Use a separate page for additional receipts.
5. Be sure to sign and date your claim form.

Tip: Please pay attention to the order in which you fax your form and documentation. First, fax the FSA Reimbursement Request form, *followed* by your supporting documentation. No need to fax the instructional pages. Also, check your fax machine for special sending or receiving instructions.

Make sure to place your claim face up or face down, depending on your fax machine's requirements. If the form is transmitted upside-down, the fax will be received as a blank page and this will prevent processing or acknowledgement of your claim.

Each time you receive a reimbursement check, your balance will be updated and, if applicable, printed on your check stub or direct deposit voucher. Turn around time for a Healthcare Reimbursement is **five** business days.

Please note: Over-the-counter (OTC) items must be clearly listed on the receipt. Abbreviations or non-descriptive listings will not be accepted. **Please note that OTC Medicines, in general are no longer eligible for reimbursement effective 1/1/2011 due to healthcare reform. Please see the Benesyst website for more information.**

Why is providing documentation important?

The IRS strictly requires that expenses reimbursed through an FSA be accompanied by complete documentation showing the participants responsibility for payment to the provider. Claims submitted without correct documentation cannot be approved, will be declined for improper documentation, and you will receive a denial letter from Benesyst. We need a date of service or purchase to prove that it was incurred during the plan year, regardless of the date you paid for it. We will also need a description of service to prove that the expense is eligible.

Expenses covered by insurance are best documented with a copy of the **Explanation of Benefits (EOB)** from the plan or carrier and reimbursement is limited to the patient responsibility amount.

Cancelled checks, credit card receipts, balance forward, and financial account statements cannot be used to document a claim. Previously denied claims must be completely resubmitted for processing.

Flexible Spending Account Health Care Easy Reimbursement Request Form



Account Holder Information

(Please print in ALL CAPITAL letters) (i.e. ABCDE)

Participant's Daytime Phone (with Area Code first)

____-____-____

Participant's Social Security Number *Failure to provide your SSN may delay processing

____-____-____

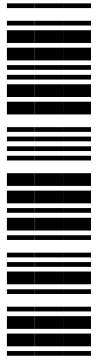
Participant's First Name

Participant's Last Name

Participant's Employer Name

Participant's Email Address *Automatic Opt in to receive information via email from Benesyst. Your address is kept 100% confidential.

FSAHC01



Participant's Statement and Signature PLEASE READ CAREFULLY:

I, the undersigned participant in the Plan, certify that all expenses for which reimbursement or payment is requested by submission of this form were incurred/rendered during a period while I was covered under the Company's Flexible Spending Account Plan with respect to such expenses and that the health care expenses are for medical care and, if applicable, have not been reimbursed or are not reimbursable under any other health plan coverage. I, the undersigned, certify that these expenses were incurred by me, or a federally eligible dependent, and are expenses permitted under federal law. I fully understand that I alone am responsible for the sufficiency, accuracy and truthfulness of all information relating to this request and that unless an expense for which payment or reimbursement is requested is an eligible expense under the plan and IRS law, I may be liable for payment of all related taxes including federal, state and/or city income tax and penalties on amounts paid from the plan which relate to the taxation of ineligible expenses. A copy or electronic facsimile of this form and all supporting documentation shall be deemed as valid as the original.

X _____

Participant's Signature

_____ Date

Expense Information

Start Date of Service (Month-Day-Year) (i.e. 01-23-09)	NOTE: Please report <u>only one</u> expense per block. Combining multiple expenses in one block may result in a delayed reimbursement.	Amount (i.e. 24.99, do NOT include the \$)
____-____-____	Name of Provider _____ Service Type: Health <input type="radio"/> RX <input type="radio"/> Dental <input type="radio"/> Vision <input type="radio"/> OTC <input type="radio"/> Incurred for: Self <input type="radio"/> Spouse <input type="radio"/> Child <input type="radio"/> Covered by Insurance: Yes <input type="radio"/> No <input type="radio"/>	____.____
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Please Fax Your Claim To (800) 310-8279 Or Mail to: Benesyst Claims, 800 Washington Ave. N. 8th floor, Minneapolis, MN 55401		Total Expenses → _____.____

Documentation Page

Place Reimbursement Form on Top and Fax to (800) 310-8279.

Please tape smaller items in the center of this page. Use a new page for each item. If your item is the size of this page, please fax as an individual page.
