

# **FLEXIBLE BENEFITS PLAN CLAIM FOR REIMBURSEMENT**

Your Employer's Name: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_

## **INDIVIDUAL INSURANCE PREMIUM CLAIMS**

*PLEASE LIST EACH PREMIUM EXPENSE ON A SEPARATE LINE IN THE TABLE BELOW. SIGN THE FORM AND ATTACH APPROPRIATE DOCUMENTATION. USE MULTIPLE FORMS AS NEEDED TO RECORD ADDITIONAL EXPENSE ITEMS.*

Dates of Policy Coverage <small>BEGIN DATE to END DATE</small>	Name of the Insurance Company	Person Covered by the Policy	Net Insurance Premium Incurred
			\$
			\$
			\$
			\$

Attach Documentation For Every Expense – Incomplete Forms Will Be Rejected – See Back Of Form

***I certify that: 1) each of the expenses listed above are for insurance coverage provided while I was enrolled in the Individual Insurance Reimbursement Account, 2) all premium expenses listed have not been reimbursed or are not reimbursable from any other source, and 3) the insurance policy is not provided through my employer or the employer of my spouse or dependent. I acknowledge that I am fully responsible for the accuracy and veracity of all information relating to this claim. If an expense for which I am reimbursed is later disallowed by the Internal Revenue Service, I understand that I will be liable for payment of any related income or payroll taxes relating to such improper expense reimbursement.***

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE MAKE A COPY OF ALL DOCUMENTATION PRIOR TO SENDING TO ADMIN AMERICA



**Fax Claims:** 770-992-0723

**Email:** [claims@adminamerica.com](mailto:claims@adminamerica.com)

**NEW - Mail Claims:**

**Phone:** 770-992-5959 or 1-800-366-2961

Admin America  
P.O. Box 1209  
Alpharetta, GA 30009

**24 Hour Account Information Via The Internet:** [www.adminamerica.com](http://www.adminamerica.com) *(click on Flex Plan Participants)*

# IMPORTANT INFORMATION ABOUT FILING CLAIMS

## **ELIGIBLE INDIVIDUAL INSURANCE EXPENSES**

**In general, individual insurance expenses are eligible if all of the following conditions are met.**

1. Your employer or the employer of your spouse or dependent does not provide the insurance coverage.
2. The insurance is for accident or health coverage only and may include medical, dental, long-term disability or AD&D.
3. The insurance policy does not permit deferred compensation or accumulation of cash value.
4. You are not paying for the individual insurance coverage through payroll deductions.

## **CLAIM DOCUMENTATION**

The IRS requires that all expenses be substantiated. That is, you must provide documentation that proves the individual insurance expenses were incurred during the respective plan year. If you do not attach acceptable documentation, your claim will be returned to you unpaid. Below are some of the ways to document your expenses according to IRS rules. If you have questions regarding documentation requirements, please contact Admin America.

### **Individual Insurance Expenses:**

- Documentation requires a receipt from your insurance provider that includes: 1) the provider's name, 2) address, 3) dates of coverage, 4) name of the insured, and 5) amount you paid for insurance coverage.
- Cancelled checks are not sufficient documentation for an individual insurance expense.

## **CLAIM RETURN POLICY**

If you submit a claim for an ineligible expense, for a time when you were not enrolled in the plan, with insufficient documentation, etc., Admin America will return the claim to you by mail. We will include an explanation of what corrective measures (if any) you must take before your claim can be processed. If we have indicated something you need to do to make the claim reimbursable then make the correction and mail the claim back to Admin America. When we receive your corrected claim it will be included with the next scheduled processing. Your claim cannot be processed separately in advance of the regular processing for your company.

## **END OF THE YEAR REIMBURSEMENT AND GRACE PERIOD**

The timing of your expenses is very important and determines the Plan Year period from which your expense is reimbursable. For individual insurance premiums to be reimbursed from a specific Plan Year's account, you must incur the expense within the defined Plan Year period or during the Grace Period (if any) established for your Plan. An expense is considered "incurred" when services are received, not when you pay for the services.

Your flexible benefits plan may allow up to 90 days after the end of the Plan Year to submit claim documentation for a respective Plan Year's Flexible Spending Account.

Please refer to your Summary Plan Description for the specific plan year, grace period (if any) and other important information regarding your plan.

**Admin America is here to help you get the most out of your Flexible Benefits Plan by helping you understand how the plan works. Please feel free to contact Admin America with any questions you may have regarding IRS regulations or how your plan operates.**