

FLEXIBLE BENEFITS PLAN CLAIM FOR REIMBURSEMENT

Your Employer's Name: _____

Your Full Name: _____

Your Social Security Number: _____

LIMITED PURPOSE MEDICAL CARE FSA EXPENSE CLAIMS

Only Use This Form If You Also Participate In A Health Savings Account (HSA)

PLEASE LIST EACH 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.

Mark the Box Describing How You Paid for Each Medical Expense	Date Medical Expense Incurred	<u>DENTAL & VISION CARE EXPENSES ONLY</u> Expense Description & Merchant or Provider's Name <small>(i.e., Glasses – LensCrafters; Braces – Dr. Jones, etc.)</small>	<u>AMOUNT</u> <small>The dollar amount entered needs to match a debit card purchase or another receipt to be reimbursed.</small>	
<input type="checkbox"/> Paid with Debit Card <input type="checkbox"/> NOT Paid with Card			\$	<input type="checkbox"/>
<input type="checkbox"/> Paid with Debit Card <input type="checkbox"/> NOT Paid with Card			\$	<input type="checkbox"/>
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<input type="checkbox"/> Paid with Debit Card <input type="checkbox"/> NOT Paid with Card			\$	<input type="checkbox"/>

Put below if this is Recurring **

** An expense is considered recurring if you will use your card to pay the identical expense to the same provider on a regular basis throughout the year.

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

I certify that: 1) each of the above medical care expenses are for services provided while I was covered under the Medical Care Flexible Spending Account, 2) all medical expenses listed above have not been reimbursed or are not reimbursable from any other source, and 3) all expenses were incurred for the medical care of me, my spouse or qualified 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

YOU SHOULD KEEP A COPY OF ALL DOCUMENTATION SENT TO ADMIN AMERICA

NOTE: Claims often take several days to be processed. Therefore, claims must be received at least two business days before your scheduled processing date. You may contact Admin America or your HR staff to get your processing date.



Fax Claims: 770-992-0723

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

Mail Claims:

Email: claims@adminamerica.com

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



24 Hour Account Information Via The Internet: www.adminamerica.com
(click on Flex Plan Participant)

IMPORTANT INFORMATION ABOUT FILING CLAIMS

ELIGIBLE MEDICAL EXPENSES

In order for any expense to be eligible for reimbursement under this Limited Purpose Medical Care FSA, the expense must both: 1) meet the normal eligibility rules for reimbursement under a traditional unrestricted Health FSA (see below), **and additionally 2) must be limited to expenses for services related to vision or dental care.** This typically means that deductibles, co-insurance amounts, co-pays for office visits and prescription drugs are not reimbursable by this Limited Purpose Health FSA.

In order for an expense to be eligible under a traditional unrestricted Health FSA, the expense must pass several tests:

1. PRIMARY PURPOSE TEST

Was the primary purpose for incurring the medical expense for the prevention or alleviation of a health or body condition? Was the treatment specific to the medical condition rather than for general physical improvement or general well being? A response of **"no"** to any one question would render the expense **ineligible**.

2. "BUT FOR" TEST

Would the medical expense have been incurred "but for" the disease or illness? Would you have done it (incurred the expense) anyway? In other words, would you have been treated even if you did not have the specific medical condition, disease or illness? A response of **"yes"** to any one of these questions would render the expense **ineligible**.

3. REASONABLENESS TEST

Is the medical expense reasonable? Is the entire expenditure for the treatment of a medical condition and not partially or totally for personal, living, or family expenses? A response of **"no"** to either of these questions would render the expense **ineligible**.

Whether or not an expense is eligible will not always be clearly defined in the regulations. That determination will occasionally be very complex. You are always welcome to call Admin America to get a specific determination over the telephone before you submit your claim.

CLAIM DOCUMENTATION

The IRS requires that all expenses be substantiated. That is, you must provide documentation that proves you or one of your dependents incurred the expense during the respective plan year. If you do not attach acceptable documentation, your claim will be returned to you. Below are some of the ways to document your expenses according to IRS rules.

- **In general, for documentation of medical expenses to be acceptable, health services must be described or identified, the date the expense was incurred (i.e., goods or services were received) must be evident and the out-of-pocket expense you are responsible for must be stated clearly.**
- Good documentation for most expenses is an Explanation of Benefits (EOB) from your insurance company.
- **Unacceptable forms of documentation for medical expenses include copies of checks, credit card receipts (unless also accompanied by additional documentation) and billing statements showing only a prior balance.**

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, fax or email. We will include an explanation of what modifications (if any) you must make before your claim can be accepted. If the claim is denied for insufficient documentation, we will include an explanation of what documentation you must provide before your claim can be processed. When we receive your corrected claim with proper documentation, it will be adjudicated within 2-3 business days. If you are due a reimbursement, it will be issued on the next date we normally process reimbursements for your group.

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 medical care expenses to be reimbursable from a specific Plan Year's account, you must incur the expense within the defined Plan Year period or during the Grace Extension (if any) established by your Plan. **An expense is considered "incurred" when goods or services are received, not when you pay for the expense.**

Most, but not all, flexible benefit plans allow you up to 90 days after the end of the plan year to submit claim paper work for the prior year. Remember that your expense must have been incurred (i.e., services received) during the prior plan year in order to be eligible for reimbursement from the prior year's account.

Be sure to consult your summary of the plan to clarify the grace extension (if any), the period of time you have to file claims and to determine the beginning and ending dates for your plan year.

Please feel free to contact Admin America with any questions you may have regarding IRS regulations or how your plan operates.