

**IMPORTANT NOTES**

Please allow 4-5 business days for processing and payment of your claim.

To avoid a delay in processing, please use this form when filing a claim for reimbursement only. **Do not** use this form when submitting receipts for debit card transactions.

Employer: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Participant ID Number: \_\_\_\_\_  
(Employee ID or Social Security Number)

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Please complete this claim form. Incomplete forms will be returned to you. To expedite your claim, please provide all appropriate information and review the Total Health Care Expense amount.

Date Expense Incurred	Name of Service Provider	Expense Description (Rx, co-pay, etc.)	Person for Whom Expense Incurred	Net Amount
<i>Please include copies of your receipt(s) with this claim form</i>			<b>Total Health Care Expense Claim(s) \$</b>	

**Read Carefully:** By signing below, I certify the following: 1) The expense(s) for which reimbursement is requested were provided while I was covered under the Plan. 2) The health care expenses have not been reimbursed from any other source, nor will reimbursement be sought from any other source. 3) All information provided above is complete and accurate. 4) Unless an expense is a qualifying expense under the Plan, I will be required to repay an amount equal to such erroneous reimbursements. 5) Failure to provide complete and accurate information regarding qualifying expenses only may result in adverse tax consequences.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail the claim form and copies of your receipts to: Benefit Strategies, LLC, PO Box 3910  
Manchester, NH 03105-3910, or fax to: 401-457-7266 for toll free fax: 800-796-4971.



## Flexible Spending Account Health Care Claim Filing Instructions

### Who is eligible

Only an employee who is enrolled in the Plan can submit expenses for reimbursement. However, you, your spouse and any dependents - as defined in Internal Revenue Code Section 105(b) - may incur the expenses.

If there is a question as to the eligibility of a particular expense or the dependency status of a particular individual, you will be contacted for more information.

### What expenses qualify

1. You can submit copies of receipts for health, dental, vision or hearing expenses, over-the-counter items (e.g. aspirin, ear drops, etc.) or prescriptions which are allowed by the Internal Revenue Service (IRS).
2. Expenses must be incurred on or after your effective date for the plan year and before the end of the plan year (or grace period, if adopted by your employer). In accordance with IRS rules, reimbursements will not be made until the services have been provided.

**Important note:** *The above eligibility and expense guidelines are intended for informational purposes only. For a description of how your plan works, please refer to the Summary Plan Description (SPD). The information contained in the SPD takes precedent over the guidelines in this form.*

### Examples of Receipts

- Receipts for office co-payments
- Invoices for your medical and/or dental expenses, which your insurance company does not cover
- Receipts for prescriptions
- Explanation of Benefit (EOB) statements from your insurance company, which show the amount or percentage of a medical or dental charge your insurance company paid and how much you must pay

*Some items may require further documentation from your physician or healthcare provider. We will contact you if further documentation is required.*

### How to file a claim

- Complete the top portion of the claim form by filling in the employee's name and participant ID number (employee ID or Social Security number).
- In the claims section, complete all information for each amount requested for reimbursement.
- Sign and date the claim form.
- Attach a copy of your receipts, itemized bills and any Explanation of Benefits (EOB) forms from the insurance company. Keep the original receipts for your records.
- Cancelled checks, credit card slips or statements showing only a balance due are **not** accepted as valid receipts.
- Mail or fax the claim form and copies of your receipts to:

**Benefit Strategies, LLC**  
**PO Box 3910**  
**Manchester, NH 031 05-3910**  
**Fax: (401) 457-7266**  
**Toll Free Fax: 800-796-4971**