

Flexible Spending Account (FSA)

Claim Appeal Request



Overview:

Benefit Strategies is required to administer your FSA plan as described in the Participant Handbook and all Internal Revenue Service (IRS) regulations governing pretax benefit programs. If you disagree with a claim denial decision regarding your Health Care Spending Account (HCSA) or Dependent Care Assistant Program (DCAP), you have the right to file a formal appeal. It is your responsibility to make sure the appeal form is completed properly and accurately, that your appeal includes all required documents, and that you include any other necessary information.

Resources:

- Please see the attached information sheet regarding documentation
- Read IRS Publications 969 and 502
- Please see your Participant Handbook which can be found at benstrat.com/gic-fsa

Time Frame for Appeals:

Appeals must be received by Benefit Strategies within 60 days of the claim denial date for which you are appealing.

Steps to Appeal:

1. Complete and sign the Benefit Strategies FSA Appeal Form, including an explanation of why you disagree with the denial and your desired outcome. You must include all documents to support your appeal, including copies of your original claim submissions, any denial notices, and any new information you would like Benefit Strategies to consider.
2. Submit the completed form to Benefit Strategies via email, mail, or fax, using the contact information provided on the form.
3. Retain a copy of all submitted documents. It is also advisable to save proof of submission (e.g. screenshot of successful submission, certified mail receipt, etc.).

Appeal Review Process:

Your appeal will be reviewed by an appeal specialist who was not involved in the original denial and will take into consideration all the additional information you provide.

A decision notice will be emailed to you within 7-14 days of Benefit Strategies receiving the written appeal.

Flexible Spending Account (FSA)

Appeal Form



Live Chat: benstrat.com/gic-fsa

Phone: 877-353-9442

Email: commonwealth@benstrat.com

Fax: 603-232-8079

Address: P.O. Box 1300, Manchester, NH 03105

Employee Information

Employee Name:

First/Last

Last 4 Digits of SSN:

Or Employee ID

Primary Phone: ()

Email:

Agency Name:

Agency Number:

If Known

Appeal Information

HCSA

Date of Denial:

MM/DD/YYYY

Claim Number:

DCAP

Provide detailed information and pertinent facts to support the reason for appeal:

Important: In addition to your written information and reasons below, you must also attach your original claim documents and any new documentation you wish to support your appeal.

State the outcome you are seeking from your appeal:

Authorization:

Employee Signature:

Required

Date:

Submit all appeals by email, mail, or fax to Benefit Strategies, LLC

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Appeal Request Documentation



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Documentation for Health Care Spending Account (HCSA) and Dependent Care Assistance Program (DCAP)

Documentation Must Include:

- The date the expense was incurred (not the date paid)
- The name of provider of services
- A description of the service and/or expense
- The amount of the expense for which you are responsible
- **HCSA:** A detailed receipt OR the insurance carrier's Explanation of Benefits Statement for the claim
- **DCAP:** A detailed receipt OR a DCAP claim form with the Provider Signature Box completed

Cancelled checks, credit card receipts, bank statements and balance forward statements are **NOT** acceptable documentation for either a HCSA or DCAP claim.

Expenses must be eligible based on IRS regulations and Plan Rules. Please see the appropriate GIC Plan Handbook for more information.

Retain a copy of all submitted documents. It is also advisable to have proof of submission (e.g. screenshot of successful submission, certified mail receipt, etc.).