



Mass General Brigham Flexible Spending Account (FSA) Claim Appeal Request

Benefit Strategies is required to administer your plan as described in the Summary Plan Description (SPD) provided by your employer and all Internal Revenue Service (IRS) regulations governing pretax benefit programs. If you disagree with a claim denial decision regarding your Health or Dependent Care FSA, you have the right to file a formal appeal.

Resources:

- Please see the attached information sheet regarding eligibility, qualifying expenses, and documentation.
- Read IRS Publications 969 and 502.
- Refer to your SPD for plan information, including information on your appeal rights.

Time Frame For Appeals:

- Health FSA and Dependent Care FSA appeals must be sent to Benefit Strategies within 180 days of the denial date on the claim 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 may also include documents to support your appeal.
2. Submit the form to Benefit Strategies via mail, email or fax, using the contact information provided on the form.

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 with the appeal.

You will be notified in writing of the decision regarding your appeal within 90 business days of the receipt of the written appeal.



Appeal Form Flexible Spending Account

Employee Name:
(First, Last)

Last 4 digits of SSN:

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Primary Phone: ()

Employer:

E-mail:

DOB:

Appeal Information

Health FSA

Dependent Care FSA

Date of Denial:

Claim Number:

Provide detailed information and pertinent facts to support the reason for appeal (you may also submit documents to support your appeal):

State the outcome you are seeking from your appeal:

Authorization

Signature _____

Date _____

Submit all appeals by mail, email or fax to Benefit Strategies, LLC:
Mail: P.O. Box 1300, Manchester, NH 03105
Email: MGBinfo@benstrat.com (we strongly suggest you send via secure email)
Fax: 603-232-6275

Health Care FSA Information

Whose expenses are eligible under a Health FSA?

An employee who is enrolled in the plan, the employee's legal spouse, dependents up to age 26, tax dependents of any age.

What expenses are eligible?

Out-of-pocket medical, dental, vision, prescription and hearing expenses under Section 213(d) of the IRS Code, not reimbursed by any other plan.

Dependent Care FSA Information

Whose expenses are eligible under a Dependent Care FSA?

Your "qualifying child or dependent" under the age of 13 and your tax dependent of any age who lives with you at least half the year and is mentally or physically incapable of self care.

Refer to your SPD or your tax/legal advisor if you have questions regarding the definition of "dependent".

What dependent care providers/settings are eligible?

Eligible providers/settings include babysitters inside or outside the home, nannies, preschools/nursery schools, day care centers (including adult care centers), before and after school programs, day camps.

Additional Information

- The person providing the dependent care services must **not** be a parent of the child, a child of yours under the age of 19, or a dependent for whom you will be entitled to a personal exemption on your federal income tax return.
- The Dependent Care Account is **not** prefunded. Therefore, you must have sufficient funds in your Dependent Care account to cover the payment amount requested.
- Kindergarten and over night camps are not eligible settings.
- **In accordance with Internal Revenue Service (IRS) rules, reimbursements will not be made until the services have been provided.**

Documentation for Health and Dependent Care FSAs

- Documentation must include:
 - A. The date the expense was incurred (not the date paid).
 - B. The name of provider of services.
 - C. A description of the service and/or expense.
 - D. The amount of the expense for which you are responsible.
 - E. Health FSA: A detailed receipt **OR** the insurance carrier's Explanation of Benefits Statement for the claim..
Dependent Care FSA: A detailed receipt **OR** the provider signature in the Provider Signature box on the Dependent Care FSA claim form
- Cancelled checks, credit card receipts, bank statements and balance forward statements are NOT acceptable documentation for either a Health FSA or Dependent Care FSA claim.
- 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 the employer).

Keep original receipts for your tax records.

Questions? Customer Service: 844-777-7870 Online Chat: www.benstrat.com; Email: MGBinfo@benstrat.com