

FLEXIBLE BENEFIT PLAN

EMPLOYEE GUIDE

Garrett County Public Schools

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INTRODUCTION

FLEXIBLE BENEFIT PLAN: THE BETTER YOU PLAN, THE MORE YOU SAVE!

It's more than a slogan. The Flexible Benefit Plan is a real solution to issues facing all of us. Simply stated, by taking advantage of tax laws, the Flexible Benefit Plan works with your benefits to save you money.

Your insurance programs are designed to help you and your family become financially secure as well as to protect you against the high cost of medical care including catastrophic events. However, almost everyone has a number of necessary, predictable expenses that are not covered by your insurance programs. The Flexible Benefit Plan will help you pay for these predictable expenses.

The Flexible Benefit Plan offers a unique way to help pay for some of your health care expenses.

The key to the Flexible Benefit Plan is that your eligible expenses are paid for with **Tax Free Dollars**. You will not pay any federal, state or social security taxes on funds placed in the Plan. You will save between, approximately, \$27.65 and \$37.65 on every \$100 you place in the Plan. The amount of your savings will depend on your federal tax bracket.

Using the Flexible Benefit Plan can save you a significant amount of money each year, however, it is important that you understand how the Plan works and how you can make the most of the advantages the Flexible Benefit Plan offers.

This handbook will help you understand the Flexible Benefit Plan. The handbook covers how the Plan works, describes the categories of the Plan, explains the rules governing the Plan, the reimbursement process and how you can elect to participate in the Flexible Benefit Plan. Prior to electing to participate in the Flexible Benefit Plan, it is important that you read and understand the **Rules and Regulations** section of this handbook.

After you read this material, if you have any questions please feel free to contact Flexible Benefit Administrators, Inc. at (757) 340-4567 or (800) 437-FLEX.

FLEX NOTE:

FLEX is authorized by Section 125 of the Internal Revenue Code.

IMPORTANT INFORMATION

PLAN YEAR: JULY 1, 2017 – JUNE 30, 2018

ENROLLMENT PROCESS

You must enroll online to participate in the Flexible Spending Account each year during the open enrollment period. If you do not enroll online during the open enrollment, your enrollment will be canceled and you will not be able to join until the next anniversary date of the Plan.

ELIGIBILITY REQUIREMENTS

Full-time employees working at least 30 hours or more a week are eligible to participate in the Plan on the first day of the month following their date of hire.

Your Employer has elected to adopt the IRS's modified "use-it-or-lose-it" rule. This rule will allow you to rollover up to \$500 of your remaining funds in your Medical Flexible Spending Account. Please see "Rules and Regulations: Forfeiting Funds" for additional information.

IMPORTANT NOTE: If you have a benefits card, the card will not work for the rollover account. Any claims to be applied to the rollover account must be submitted manually.

HEALTH CARE REIMBURSEMENT ACCOUNT

The Health Care Reimbursement Account allows you to pay for your uninsured medical expenses with pre-tax dollars. With this account, you can pay for your out of pocket medical expenses for yourself, your spouse and all of your dependents for medical services that are incurred during your Plan Year. The maximum you may place in this account for the Plan Year is \$2,600.

EXAMPLES OF ELIGIBLE HEALTH CARE EXPENSES

FEES/CO-PAYS/DEDUCTIBLES:

Acupuncture	Prescription Eye glasses/Contact lenses	Physician
Ambulance hire	Psychiatrist	Psychologist
Anesthetist	Hospital	Erectile dysfunction medication
Chiropractor	Laboratory	Sterilization Fee
Dental Fees	Nursing	Surgery
Diagnostic	Obstetrician	X-Rays
Eye Exams	Laser Eye Surgery	Wheel Chair

OTHER ELIGIBLE EXPENSES:

- Prescription drugs
- Artificial limbs & breasts (only if reconstructive)
- Birth control pills, patches (e.g. Norplant)
- Orthopedic shoes/inserts
- Carpal tunnel wrist supports
- Incontinence supplies
- Vaccinations & Immunizations
- Elastic hose (medically prescribed)
- Contact lens supplies
- Therapeutic care for drug and alcohol addiction
- Take-home screening kits (HIV, colon cancer)
- At home pregnancy test kits
- Mileage, parking and tolls (you may be reimbursed \$.17* a mile plus parking and tolls when medical reasons make it necessary to travel)
- Tuition fees for medical care (if the college furnishes a breakdown of medical charges)
- Orthodontic expenses (not for cosmetic purposes)
- Diabetic supplies
- Routine Physicals
- Condoms
- Dentures
- Oxygen
- Physical Therapy
- Fertility Treatments
- Hearing aids and batteries
- Reading glasses
- Medical equipment
- Pedialyte for dehydration

NOTE: ORTHODONTIC TREATMENT IS REIMBURSED ACCORDING TO YOUR PAYMENT PLAN WITH THE ORTHODONTIST. FOR EXAMPLE: If your payment plan is set up to pay \$100 a month for the orthodontic treatment, you can be reimbursed \$100 a month for the payments that become due during the Plan Year.

This above list is compiled from IRS publication 502. If you are unsure that your expected medical expense will be eligible under tax code regulations, please call Flexible Benefit Administrators at (757) 340-4567 or (800) 437-FLEX before making your election for the Plan Year. IRS publication 502 can be ordered by calling the IRS at (800) 829-3676.

* Mileage reimbursement rate is based on IRS regulation and subject to change.

FLEX NOTE:

You can save between 28% and 38% in taxes on every \$100 you place in the Plan.

Health Care Reimbursement Account (continued)

OVER-THE-COUNTER DRUGS

Please be advised that Senate legislation has stated that effective January 1, 2011, participants are required to have a prescription for Over-the-Counter (“OTC”) products to be eligible under their FSA plan. Therefore, a prescription or letter of medical necessity would be required after January 1, 2011 for OTC items.

OVER-THE-COUNTER EXPENSES

- Examples of medications and drugs that may be purchased in reasonable quantities **with a prescription or letter of medical necessity:**

Antacids	Allergy & sinus medication
Pain relievers/aspirin	Cough & cold medications
Ointments & creams for joint pain	Laxatives
Anti-diarrhea medicine	Bug-bite medication
First aid creams (Bactine, diaper rash)	

OVER-THE-COUNTER EXPENSES THAT ARE NOT ELIGIBLE

- The following examples are OTC items that are **not eligible** and will not be reimbursed under any circumstances because the items are considered dietary supplements, toiletries, cosmetic or personal use items:

Multi/Daily Vitamins	Herbal/natural supplements
Weight loss products/foods	Acne creams/face cleanser
Face cream/moisteners	Medicated shampoo/soaps
Mouthwash/toothpaste	Toothbrushes (even if dentist recommends a special one)
Feminine hygiene products	Deodorant
Eye/facial makeup/preparations	Chapstick
Suntan lotion	Rogaine

DUAL PURPOSE DRUGS & ITEMS

EXPENSES THAT NEED DOCUMENTATION FROM YOUR PHYSICIAN TO BE ELIGIBLE THROUGH THE HEALTH CARE ACCOUNT

- The following items are examples of products that are considered as having both a medical purpose and a general health, personal/cosmetic purpose and require a medical practitioner’s note stating the name of the patient, the specific medical condition for which the OTC is recommended, the time frame of the treatment and that the treatment is not cosmetic:

- Weight-loss drugs (to treat obesity)
- Pills for lactose intolerance
- Fiber supplements (to treat a medical condition for a limited time)
- OTC Hormone therapy (to treat menopausal symptoms)
- St. John’s Wort (for depression)
- Nasal sprays for snoring

Health Care Reimbursement Account (continued)

EXPENSES FOR IMPROVEMENT OF GENERAL HEALTH are not eligible for reimbursement even if a doctor prescribes the program. However, if the program is prescribed for a specific medical condition (e.g. Obesity, Emphysema), then the expense would be eligible. We must have a letter from your doctor on file for each Plan Year stating specifically what illness or disease is being treated or prevented and the length of time you will be required to use this treatment in order to reimburse for any of these types of expenses.

Health Club Dues
Weight Loss Programs
Exercise equipment

Exercise classes
Wigs

NOTE: For Weight Loss Programs, only the cost of the program is an eligible expense. Any cost for food or food supplements is not an eligible expense.

COSMETIC expenses, prescriptions and treatments are not eligible. This applies to any procedure that is directed at improving the patient's appearance and does not meaningfully promote the proper function of the body or prevent or treat an illness or disease. If cosmetic treatment is necessary to correct a deformity or abnormality, a personal injury or a disfiguring disease, it must meet IRS eligibility guidelines outlined in IRS publication 502 and will require a physician's letter of medical necessity.

OTHER EXPENSES THAT ARE NOT ELIGIBLE FOR REIMBURSEMENT THROUGH THE HEALTH CARE ACCOUNT

- ⊖ **ESTIMATES** for medical expenses that have not been rendered cannot be reimbursed. Medical services do not have to be paid for, however, the services must have been rendered during the Plan Year, to be eligible for reimbursement.
- ⊖ **PREMIUM EXPENSES** for any insurance policies are not eligible for reimbursement through the Health Care Account. This includes contact lens insurance.
- ⊖ **EXPENSES PAID BY AN INSURANCE COMPANY** are not eligible for reimbursement through the Health Care Account. Only the portion you have to pay out of your pocket for your medical expenses is eligible for reimbursement.

FLEX NOTE:

The maximum you can place in your Health Care Account is \$2,600.

Health Care Reimbursement Account (continued)

CLAIMS SUBMISSION

OBTAINING A REIMBURSEMENT FROM YOUR HEALTH CARE ACCOUNT

To obtain a reimbursement from your Health Care Account, you must complete a Claim Form. This form is available from your employer (See sample Claim Form in back of handbook). You must attach a receipt or bill **from the service provider** which includes all the pertinent information regarding the expense:

- Date of service
- Patient's name
- Amount charged
- Provider's name
- Nature of the expense
- Amount covered by insurance (if applicable)

Cash register receipts, credit card receipts and canceled checks alone are not eligible forms of documentation for medical expenses. These items are not considered third party receipts because they only reflect that payment has been made and do not provide the required information listed above. Prescription documentation must include the **name** of the prescribed medication.

OBTAINING A REIMBURSEMENT FOR OVER-THE-COUNTER ITEMS

For the purchase of over-the-counter medications, with a prescription or a letter of medical necessity, cash register receipts will be accepted as documentation **if the receipt is detailed and indicates the name of the service provider, the date of the purchase, the amount of the purchase and the name of the product purchased. You must also send in a copy of the prescription or letter of medical necessity signed by a physician, along with your claim form.**

If the receipt does not specifically reflect the name of the product we cannot accept the claim for reimbursement of that item. The name of the patient does not have to be on the receipt, however, the name of the patient must be listed on the claim form.

NOTE: In order to be eligible for reimbursement through the Health Care Account, the medical expense must be incurred during the Plan Year. IRS defines "incurred" as when the medical care is provided (or date of service), not when you are formally billed, charged for, or pay for the care.

FOR EXAMPLE: If you go to the doctor on December 26th and your Plan Year begins on January 1st, this expense is not eligible in the new Plan Year. Even if you pay for this expense after January 1st, the "date of service" was before the Plan Year began and therefore is not eligible.

THE HEALTH CARE ACCOUNT IS A PRE-FUNDED ACCOUNT

This means that you can submit a claim for medical expenses in excess of your account balance. You will be reimbursed your total eligible expense up to your annual election. The funds that you are pre-funded will be recovered as deductions continue to be deposited into your account throughout the Plan Year.

BENEFITS CARD

The Benefits Card system allows you to pay for eligible pre-tax account expenses electronically at approved service providers and merchants. The Benefits Card provides you with instant access to your pre-funded Health Care Reimbursement Account for many common regular eligible expenses. You may also enjoy the convenience of paying for your childcare expenses (up to your account balance at the time of the “swipe”) with the Benefits Card.

In order for you to get the most benefit from your Plan, we want to remind you of a few things concerning the Benefits Card.

- The Benefits Card works just like a debit card, only your “bank account” consists of the funds you elected to set aside in your pre-tax account(s). The card is not eligible for use at ATMs or other unqualified merchant locations. The card will be denied at the point of sale when a transaction at an ineligible location is attempted. If an eligible provider does not accept MasterCard®, you must file a paper claim. When using the card at a self-service merchant terminal, you may select the credit or debit option (with your PIN).
- **How to Receive Your PIN:**
The most cost effective way to provide a cardholder their PIN is to use the e-PIN delivery functionality. e-PIN delivery provides a simple and secure way for participants to view their PIN on the FBA WealthCare Portal. The FBA WealthCare Portal “Debit Card” page provides a “View PIN” button next to each card number. Upon clicking “View PIN”, FBA WealthCare Portal pops-up a new window containing the card’s four-digit PIN.

Detailed information is also available on our website at www.mywealthcareonline.com/fba.

- Your card will be mailed to your home address via first class mail. Please allow up to two weeks for delivery of your card. If you do not receive your card two weeks after the start of your Plan Year, contact Flexible Benefit Administrators, Inc. so that a replacement card may be ordered. Any eligible expense incurred during that time may be reimbursed by mailing, faxing or emailing a claim form and proper documentation to Flexible Benefit Administrators, Inc., following the customary claims filing procedure and cutoff times.
- When you receive your card, sign the back of the card prior to using it. Your card is activated upon the first swipe of your card.
- Continue to save all receipts. Flexible Benefit Administrators, Inc. may request them to verify expense eligibility.
- Flexible Benefit Administrators, Inc. will notify you by mail or e-mail if you incur an expense with the card that is or appears to be ineligible. Upon this notice you must send Flexible Benefit Administrators, Inc. a Transaction Substantiation Form with the corresponding itemized documentation within 40 days of the transaction; you may download and print a Transaction Substantiation Form from our website. If you do not send in those required items, your card will be deactivated until the documentation is received.
- Your transaction will be denied for any amount greater than your health care reimbursement account annual election or your dependent care reimbursement account posted balance at the time of the “swipe”.
- You should notify Flexible Benefit Administrators, Inc. immediately if your card is lost or stolen to deactivate the card. If your employment is terminated, your card will be permanently deactivated.
- You may monitor your account balance, transaction history or print a statement at any time, night or day on the Benefits Card website: www.mywealthcareonline.com/fba.
- You may also elect to have an additional Benefits Card for your dependent(s) over the age of 18.
- Additional information regarding the Benefits Card is available on our website: www.flex-admin.com. You may also download the Transaction Substantiation Form from our website under Participants; Forms.

THE BENEFITS CARD

Attention: Benefits Card Participant

Subject: Benefits Card Use

In light of IRS Rulings on Benefits Card use, it is important that you make yourself familiar with the cardholder agreement that accompanies your Benefits Card. Flexible Benefit Administrators, Inc. strongly suggests reviewing this document and making yourself and any dependent cardholders in your household aware of the terms.

Please be aware that upon receipt and signing of your Benefits Card, you as the cardholder and employee participant of the Plan are ultimately responsible for using the card for eligible expenses. This also applies to any dependent that has use of the Benefits Card. By signing the back of the card, the employee/dependent is agreeing to the terms and conditions of this agreement.

As in the past, your responsibility as a participant in a tax-free plan is to use the card for eligible expenses ONLY (such as prescriptions, eyeglasses and medical co-pays, etc.) As with paper claim submission, cosmetic prescriptions and procedures as well as over the counter medications and products are not eligible for reimbursement. Please remember that each time you use your card you are certifying that the expense is eligible. If you have any doubt as to whether an expense is eligible, you should refer to your employee handbook, IRS Publication 502 or call our office to speak with one of our administrators. It is also your responsibility to acquire all documentation such as receipts, EOBs, etc. for the Plan Year's expenses and to retain the documentation for the entire Plan Year. If you are aware that you have paid for an expense with the card that is ineligible it is your responsibility to notify Flexible Benefit Administrators, Inc. immediately. You will need to submit a paper claim form with substantiating documentation along with repayment for the amount of the ineligible expense.

Flexible Benefit Administrators, Inc. may request documentation to substantiate your Benefits Card transactions to determine eligibility of the expense. In the event that your documentation shows ineligible expenses were paid with your Benefits Card, Flexible Benefit Administrators, Inc. will request that you re-pay the amount of the ineligible expense. If the payment is not received in the allotted time frame your card will be deactivated. Also, Flexible Benefit Administrators, Inc. may offset future claims and notify your employer. IRS rulings allow your employer to withhold this amount from your wages if necessary.

The Benefits Card is NOT PAPERLESS, just less paper and is a great convenience for the participants in the Plan, if used properly.

PLEASE NOTE: Eligible items purchased at participating Inventory Information Approval System (IIAS) merchants will be automatically approved! When purchasing prescriptions and/or over-the-counter FSA-eligible items, the merchant's IIAS will verify the items and automatically approve the transaction with no follow-up request. The Benefits Card is not accepted at merchants who have not implemented IIAS. Please visit www.sig-is.org and select "IIAS Merchants List" for the most recent list of IIAS merchants.

RULES AND REGULATIONS

CLAIM FILING DATES

All claims received in the office of Flexible Benefit Administrators, Inc. will be processed within one week via direct deposit or check.

COMMON ERRORS TO AVOID WHEN FILING CLAIMS

- The claim form is not signed
- Canceled checks, cash register receipts or credit card receipts are sent in place of receipts or bills from the provider of service
- Cash register receipts for OTC item(s) do not indicate the specific name of the product(s) purchased
- Claim form has not been completed
- Insufficient postage on envelope
- "Previous balance" statements or "payment on account" receipts submitted in place of actual date of service itemized bills or receipts

Your claim form may be returned to you or delayed in processing for improper or insufficient documentation. If you have questions about your claims, you may contact Flexible Benefit Administrators, Inc. at (757) 340-4567 or (800) 437-FLEX, from 8:30a.m. to 5:00p.m., Monday through Friday.

REIMBURSING THE PROVIDER OF SERVICE

All reimbursements will be sent to you directly. After receiving payment from your account, you are responsible for paying your providers.

ELIGIBLE DEPENDENTS

An individual is considered to be a dependent if he or she is a qualifying child or qualifying relative of the taxpayer. The following qualifying criteria now apply. To be a "**dependent child**": the individual is a child to the participant, and the individual doesn't turn 27, regardless of any other status by the end of the taxable year.

In addition, the following qualifying criteria apply to be a "**dependent relative**": the individual has a specific family type relationship to the taxpayer, the individual is not a qualifying child of any other taxpayer, the individual receives more than half of his or her support from the taxpayer, and the individual's annual gross income is less than the Section 151 limit (\$4,050 for 2017; this criteria does not apply to health plans).

Rules and Regulations (continued)

RUNOUT PERIOD FOR FILING CLAIMS

You have the entire Plan Year plus 90 days to file all claims that were incurred during the Plan Year. All claims must be received in the office of Flexible Benefit Administrators, Inc. by 5:00 p.m. on the 90th day, following the end of your Plan Year. If claims are not received during this time frame for expenses incurred during the Plan Year, your remaining funds will be forfeited. (Remember “90 days” does not mean 3 months and “received in the office” does not mean the day it was postmarked). **Please, do not delay, complete your claims early.**

FORFEITING FUNDS

Any money you do not use from a reimbursement account for expenses incurred during a Plan Year will be subject to forfeiture. Your employer has elected to adopt the IRS’s modified “use-it-or-lose-it” rule. This rule will allow a participant to rollover the remaining funds in their Medical FSA, up to \$500, to the following plan year. The forfeited funds, over \$500, will be returned to your employer to offset the cost of the program. If you plan carefully, you can avoid being affected by this IRS restriction. The \$500 rollover amount does not impact the Medical FSA maximum election limit of \$2,600; it is in addition to the \$2,600 limit.

CHANGES IN YOUR ELECTION

No, generally you cannot change the elections you have made after the beginning of the **PLAN YEAR**. However, there are certain limited situations when you can change your elections. You are permitted to change elections if you have a “change in status” and you make an election change that is consistent with the “change in status.” Currently, Federal law considers the following events to be “changes in status”:

- Marriage, divorce, death of a spouse, legal separation or annulment;
- Change in the number of dependents, including birth, adoption, placement for adoption, or death of a dependent;
- Any of the following events for you, your spouse or dependent: Termination or commencement of employment, a strike or lockout, commencement or return from an unpaid leave of absence, a change in worksite, or any other change in employment status that affects eligibility for benefits;
- One of your dependents satisfies or ceases to satisfy the requirements for coverage due to change in age, student status, or any similar circumstance.

To make a change in your elections, a STATUS CHANGE FORM must be completed within 30 days of the event. Flexible Benefit Administrators, Inc. or your benefits contact person will determine if your requests for an election change meets IRS Regulations.

Rules and Regulations (continued)

TRANSFERRING FUNDS BETWEEN ACCOUNTS

IRS regulations do not allow money to be transferred between reimbursement accounts. If you elect funds to be placed in your Health Care Account, you must submit eligible medical expenses to be reimbursed from these funds.

TERMINATION OF EMPLOYMENT

If you have funds in your Health Care Account and you submit receipts for expenses incurred prior to your termination, you can be reimbursed for funds remaining in your account up to your annual election for 60 days from termination. However, if you have money left in your Health Care Account and do not have receipts for expenses incurred prior to your termination, you cannot be reimbursed for the money remaining in your account unless you elect to participate in the federal program, COBRA. If you elect to participate in COBRA, you will need to continue to set aside dollars on an after tax basis to be deposited into your Health Care account. You can receive information concerning this program from the contact person in your company.

EFFECT ON SOCIAL SECURITY BENEFITS

As you are not paying social security tax on the portion of your income that has been placed in the Plan, your social security benefits may be slightly reduced. We suggest putting part of your tax savings into your Employer's Retirement Program or some other savings vehicle.

ACCOUNT BALANCES

You may call Flexible Benefit Administrators, Inc. at (757) 340-4567 or (800) 437-FLEX from 8:30am to 5:00pm, Monday through Friday, to check your account balances. You may also access your personal account information at your convenience via our secure website: www.mywealthcareonline.com/fba. Each reimbursement check stub will show your contributions, request for reimbursements, and disbursements for each account. It will also show your annual election and the balance to request by the end of the Plan Year for each account. A reminder letter will be sent two months prior to the end of the Plan Year if you have funds left in your accounts.

FLEX NOTE:

You must enroll in the reimbursement accounts each year before the Plan effective date to participate during the Plan Year.



Estimating Your Expenses

Medical FSA Worksheet

Annual Medical Expenses, such as:

Deductibles and copays \$ _____
Physical Exams \$ _____
Prescriptions \$ _____
Diabetic Supplies \$ _____
Chiropractic Care \$ _____
Hearing Exams/Aids \$ _____
Over-the-Counter Items* \$ _____

Annual Dental Expenses, such as:

Deductibles and copays \$ _____
Routine Check-ups \$ _____
Orthodontia \$ _____
Dental fillings/crowns/bridge \$ _____
Dentures \$ _____

Annual Vision Care Expenses, such as:

Exams \$ _____
Eyeglasses \$ _____
Contact Lenses /solution \$ _____
Corrective eye surgery \$ _____

Total Estimated Expenses \$ _____

Remember:

- ✓ You cannot change your election midyear unless you have an approved status change event
- ✓ Expenses cannot be reimbursed by insurance or any other source
- ✓ *IRS will require a prescription for OTC medication to be eligible for reimbursement



Ph: 800-437-FLEX or 757-340-4567
 P.O.Box 8188 • Virginia Beach, VA 23450
 www.flex-admin.com

FSA Medical Reimbursement Claim Form

How to File

Check box if this is to offset previously submitted ineligible expense(s).

Form can be submitted by (1) e-mail, (2) fax or (3) mail.

To submit by e-mail, Print Form and sign. E-mail form along with documentation to flexdivision@flex-admin.com

To submit by fax, Print Form and fax to: 757-431-1155

To submit by mail, Print Form and mail to: Flexible Benefit Administrators, Inc.
 P.O.Box. 8188, Virginia Beach, VA 23450

Account Holder Information

Employee Name (Print name)

Social Security Number or Employee ID #

E-Mail address
 (For Notification of Processed Claims, Reimbursement & Account Status)

Employer

Claims For Out-Of-Pocket Expense

INCOMPLETE FIELDS MAY RESULT IN YOUR CLAIM BEING DENIED

-Please indicate your qualifying expenses below. DO NOT include expenses reimbursed by any other source.

-Attach copies of bills, receipts, Explanation of Benefits (EOBs) or other claim documentation. Documentation below must include dates of service, description of service and the expense amount. Cancelled checks and/or credit card statements/receipts are NOT sufficient proof of your claim.

-Be sure to keep your original receipts, bills, etc. for your records.

1	<input type="text"/> Person treated and Relationship	<input type="text"/> Type of Eligible Expense	<input type="text"/> Date of Treatment	\$	<input type="text"/> Amount of Expense
2	<input type="text"/> Person treated and Relationship	<input type="text"/> Type of Eligible Expense	<input type="text"/> Date of Treatment	\$	<input type="text"/> Amount of Expense
3	<input type="text"/> Person treated and Relationship	<input type="text"/> Type of Eligible Expense	<input type="text"/> Date of Treatment	\$	<input type="text"/> Amount of Expense
4	<input type="text"/> Person treated and Relationship	<input type="text"/> Type of Eligible Expense	<input type="text"/> Date of Treatment	\$	<input type="text"/> Amount of Expense
5	<input type="text"/> Person treated and Relationship	<input type="text"/> Type of Eligible Expense	<input type="text"/> Date of Treatment	\$	<input type="text"/> Amount of Expense
6	<input type="text"/> Person treated and Relationship	<input type="text"/> Type of Eligible Expense	<input type="text"/> Date of Treatment	\$	<input type="text"/> Amount of Expense

Note: Orthodontia expenses are reimbursed as designated by the provider. We must have a copy of your orthodontic contract on file.

Total \$

YOU MUST ATTACH APPROPRIATE PROOF OF SERVICE FOR EACH AMOUNT ABOVE.

I request reimbursement from my Health Flexible Spending Account (Health FSA) for the amounts listed above. To the best of my knowledge, my statements are complete and true. I certify these expenses are not covered or reimbursable from any other source, nor will I seek reimbursement for these expenses from any other source and that the expense is not for cosmetic purposes. I understand that I cannot use expenses reimbursed through the Health FSA account as tax deductions when filing income tax returns. I further certify that the expenses submitted on this claim are for myself and/or my qualified tax dependents for health coverage purposes as defined under the Internal Revenue Code 125.

I, the participant, further certify that the expense(s) noted above have not been previously paid for by use of my Benefits Card.

Employee's Signature:

Date

ADMINISTERED BY

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