

FLEXIBLE SPENDING ACCOUNT INFORMATION

TIPS FOR SUBMITTING REIMBURSEMENT REQUESTS

HOW DO I FILE A CLAIM FOR REIMBURSEMENT?

After you incur eligible expenses, simply submit a completed Flexible Spending Account (FSA) Reimbursement Request Form to Fringe Benefits Management Company (FBMC), along with legible documentation to support your claim. You do not have to pay for the services before submitting a request for reimbursement, but you must actually receive the service before you can be reimbursed. Both medical and dependent care expenses can be requested on the same form. However, if the dates of provided services begin in one plan year and end in the next plan year, you must submit a separate reimbursement request for each plan year in which the services were provided. You may submit claims as often as you wish. Mail or FAX completed request form and the required documentation to the address on the back of this brochure.

WHY DO I NEED TO SUBMIT THIS INFORMATION?

The documentation submitted with a claim helps FBMC to determine if the expense meets the IRS regulations governing eligible expenses. For a medical expense to be eligible for reimbursement, it must meet the requirements of IRS Code 213(d), which defines medical care as the "diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body." Expenses for items or services that are used only to maintain general good health do not qualify for reimbursement. Dependent care expenses must meet the requirements outlined in IRS Code 129 to be eligible for reimbursement.

HOW MUCH WILL I BE REIMBURSED?

Medical expenses will be paid up to the annual amount you've elected to contribute to your account, even though the total amount has not yet been contributed. Dependent care reimbursement requests will be paid to the limit of the amount currently in your account. If you file a claim for more than your current dependent care balance, it will be held until additional contributions have been added to your account.

WHAT IS THE DEADLINE FOR SUBMITTING REIMBURSEMENT REQUESTS?

You have 90 days after the end of the calendar year or from your termination date, if earlier, to submit claims.

WHAT SHOULD I DO IF MY REIMBURSEMENT REQUEST IS REJECTED?

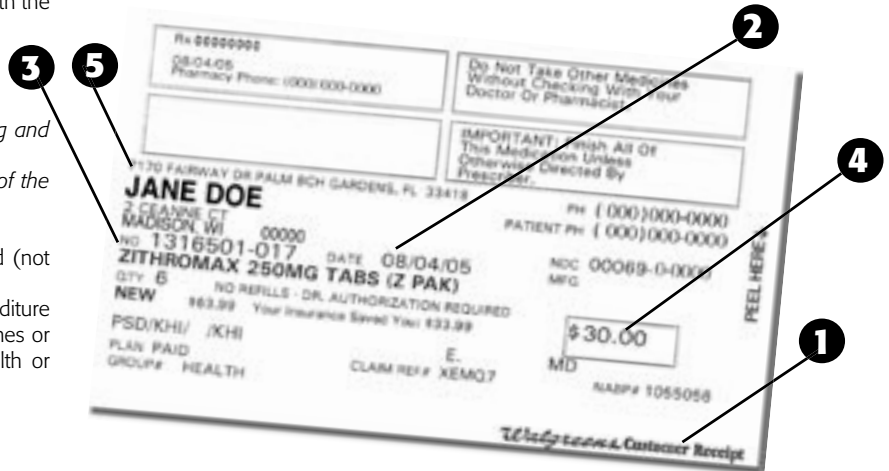
The most common reasons that claims are rejected are due to lack of supporting documentation, incomplete request forms, or requests for an ineligible expense. If a request is rejected, you will receive a statement listing the reason or reasons the request was rejected.

WHAT INFORMATION SHOULD I SEND WITH MY MEDICAL SPENDING REIMBURSEMENT REQUEST?

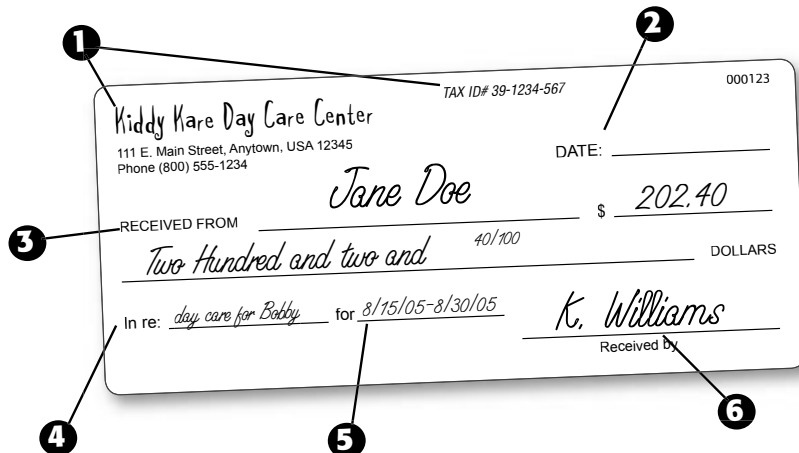
▶ A **legible** copy of a statement, bill or invoice, or Explanation of Benefits (EOB) from your insurance company must be included with your claim form with the following information:

- 1 the name and address of the provider,
- 2 the date service(s) were received
- 3 the type of service(s) incurred.
If a prescription drug, the receipt must show the name of the drug and prescription number;
If an over-the-counter (OTC) drug or supply, make sure the name of the item is clearly identified.
- 4 the cost of the service(s),
- 5 the name of the person(s) for whom the service(s) were provided (not necessary to over-the-counter drug receipts)

A Letter of Medical Need, Personal Use Statement, or Capital Expenditure Worksheet may be necessary if the medical services, procedures, medicines or other items may be used for either medical purpose or a general health or cosmetic purpose.



WHAT INFORMATION SHOULD I SEND WITH MY DEPENDENT CARE ASSISTANCE REQUEST?



▶ A **legible** copy of a receipt, invoice or bill from your dependent care provider should be included with your claim form. It should include:

- 1 the name, address, and Tax ID or Social Security number of the provider,
- 2 the date of receipt,
- 3 the cost of the service(s),
- 4 the name of the dependent(s) for whom the service(s) were provided,
- 5 the beginning and ending dates of the provided services, and
- 6 providers signature.

NOTE: If your provider signs your completed Reimbursement Request form which provides all of the information noted above, you do not need to submit a copy of a receipt from the dependent care provider.

IF THE CLAIM IS FOR ORTHODONTIA:

- 1) You may be reimbursed on a monthly basis by submitting a statement, bill or receipt that shows your monthly payment amount. If you paid an initial down payment at the start of treatment, that payment may be reimbursed at the time the orthodontic appliance is installed by submitting a receipt showing payment.
- 2) If you paid the full amount due up front when treatment began, submit a receipt showing the amount that was paid. Note that the reimbursement must be during the plan year in which the orthodontic appliance is first installed.

A **Letter of Medical Need** from your health care provider is required if the expense can be provided for either a medical or a general health or cosmetic purpose. The letter must confirm that the service is being provided to treat a disease or medical condition. It must be submitted annually along with your claim form and statement, bill or receipt. If the claim is for ongoing treatment that is continuing from the previous plan year, you may submit a copy of the LMN filed previously with a notation that the claim is for continuing treatment. You may use the form provided by FBMC, or you may submit a letter written and signed by your health care provider. The letter must include the patient's name, the diagnosed condition that's being treated, the prescribed treatment, and the duration of the treatment. Examples of expenses that require a letter of medical need include, but are not limited to: massage therapy, nutritional supplements, acupuncture, health club dues, OTC vitamins and minerals.

Avoid delays with your Medical Spending Account and Dependent Care Assistance Reimbursements

- All FSA Reimbursement Request Forms will be returned unprocessed if the instructions on the form are not followed. Carefully read over your FSA Reimbursement Request Form to ensure that you have signed, dated and completed it, and attached all required supporting documentation. If applicable, make sure you also have your dependent care provider's signature.
- The IRS requires that the complete name of all medicines and drugs be obtained and documented on pharmacy receipts.
- To request the reimbursement of medically-necessary transportation costs from your Medical Spending Account, you must attach the documentation for both the transportation costs and the medical care associated with the transportation to your FSA Reimbursement Request Form.
- The IRS does not allow a Medical Spending Account or a Dependent Care Assistance Program to accept cancelled checks or credit card receipts (or copies) to show the costs of eligible medical or dependent care.
- FBMC is unable to issue payment on approved Dependent Care Assistance Program reimbursement requests until after the last date of service for which you are requesting reimbursement.
- The amount of reimbursement requested on your FSA Reimbursement Request Form, added to the dependent care expenses reimbursed to date from any other source or plan, cannot exceed the statutory limits based upon your tax filing status, including separate Dependent Care Assistance Program in which you and your spouse may be participating.
- For timely processing of your Dependent Care reimbursement request, your payroll contributions must be current.
- If dates of provided dependent care services begin in one plan year and end in the next plan year, and you are enrolled in your employer's Dependent Care Assistance Program during both plan years, a separate FSA Reimbursement Request Form is required for each plan year in which the dependent care services were provided.

A **Personal Use Statement** must be submitted if the expense is for a special version of an item that is ordinarily used for general health, cosmetic, or family purposes. Only the additional amount of expense over the cost of the item in its normal form is eligible for reimbursement. For example, only the part of the cost of orthopedic shoes that is more than the cost of regular shoes may be reimbursed.

A **Capital Expenditure Worksheet** is required if the expense is for an item has a useful life that extends beyond the end of the taxable year, and its primary purpose is to provide medical care or accommodate an existing medical condition. You may also need to submit an independent third-party appraisal if the capital expenditure is permanently attached to your property. Examples of capital expenditures include an elevator, bathtub railings, etc.

More detailed information and copies of the Letter of Medical Need, Personal Use Statement, and Capital Expenditure Worksheet are available at the FBMC Web Site at the address listed below. More information is also available by contacting FBMC Customer Service.

ACCESSING ACCOUNT INFORMATION

To access your FSA information, obtain forms or get more information, contact FBMC at:

FBMC CUSTOMER SERVICE

800-342-8017

FBMC CUSTOMER SERVICE E-MAIL

webcustomerservice@fbmc-benefits.com

INTERACTIVE BENEFITS INFORMATION LINE

800-865-3262 (24 Hours)

FBMC WEB SITE

www.fbmc-benefits.com

FBMC FSA FAX

800-524-7751

MAIL TO:

Fringe Benefits Management Company (FBMC)
Post Office Box 1800, Tallahassee, FL 32302-1800

**IF YOU FAX YOUR REQUEST TO FBMC,
KEEP A COPY FOR YOUR RECORDS.**

FBMC will not discuss your account information with others without written authorization from you.



Contract Administrator
Fringe Benefits Management Company
Customer Service 1-800-342-8017 • 1-800-955-8771 (TDD)
www.fbmc-benefits.com