



"The Professional Approach to Insurance"

Flexible Spending Account (FSA) Request For Reimbursement

PICK UP CHECK [ ] (Non-Direct Deposit Only)

List below if Person other than self is to pick up check

(ID Required)

Unless the PICK UP CHECK box is marked all checks are MAILED.

ADDRESS CHANGE [ ]

(If you have had a change of address and do not notify us, and it is necessary to put stop payment on a check that is not received, you will be charged \$15.00)

Employer \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Employee Name \_\_\_\_\_ Last 4 of SS # XXX-XX- \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Per IRS Regulations, please attach appropriate documentation that is explained on the reverse of this form. Please retain copies of the information submitted for your personal tax records. Originals and/or copies of submitted claims will not be returned to you after processing. You may use one form for multiple expenses.

Table with 4 columns: Expense Amounts, Service Date(s), Brief Description of Services. Rows include Health FSA Expenses, Dependent Day Care Expenses, and Total Reimbursement Requested.

EMPLOYEE AUTHORIZATION

To the best of my knowledge and belief, my statements in this Request For Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable FSA and/or Dependent Care Plan Year and for eligible participants. I certify that these expenses have not been and are not expected to be reimbursed under any other benefit plan and will not be claimed as an income tax deduction. I have read and understand the information provided on the reverse of this form. I authorize my Account to be reduced by the amount requested.

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



## Request for Reimbursement Instructions for FSA and Dependent Day Care Accounts

### How to File a Request for Reimbursement

The "Request for Reimbursement" form must be completed and signed for all reimbursements submitted. The completed form, along with proper documentation, needs to be faxed, mailed, emailed or dropped off to our office for processing. You can download the "Request for Reimbursement" form from our website: [www.hp-benefits.com](http://www.hp-benefits.com).

(See address & fax number below)

*Please obtain copies of the information submitted for your personal tax records. Originals and/or copies of submitted claims will not be returned to you after processing.*

### Required Documentation for Medical FSA

We must have the following in order to process a request:

- Supporting documentation, which can include, insurance Explanation of Benefits (EOB) or itemized bills/account statements for services you have received.

Documentation must show the following:

- Date of Service(s) (NOT the date paid)
- Provider's Name
- Description of Service Provided
- Patient's Name
- Amount responsible by the patient (Funds cannot be reimbursed for expenses that insurance may cover)

Supporting documents must come from a third party:

**Copies of cancelled checks and credit card statements or receipts are not acceptable, per IRS Guidelines.**

### Required Documentation for OTC Medicines

We must have the following in order to process a request:

- Letter of Medical Necessity Completed by a licensed Provider or,
- Supporting documentation from a third party that must include all of the following:
  - Date of Service(s)
  - Provider's Name
  - Description of OTC Medicine
  - Amount responsible by the patient
  - Documentation from a licensed Provider that must include:
    - **Specific medical condition present** in which item is solely used to treat, dosage/quantity, frequency and duration.

### Required Documentation for Dependent Care

We must have the following in order to process a request:

- Period of Service
- Provider's Name
- Amount responsible for Period of Service
- If your daycare provider does not provide documentation, we will need all the information above, as well as, the Provider's Social Security number or Tax Identification number and their signature verifying documentation is correct.
- Childcare expenses may be submitted for children up to the age of 13 and only for care provided while you the employee and your spouse are actively at work.

Supporting documents must come from a third party; **copies of cancelled checks and credit card statements or receipts are not acceptable, per IRS Guidelines.**

### Processing & Payment of Your Request

Humphrey & Pace Benefit Planning, Inc. will process your "Request for Reimbursement" and determine expense, eligibility and fund availability based on your account balances. All eligible expenses must be incurred (i.e. service dates) in your plan year. If you are unsure what your plan year is, see your employer's Summary Plan Description.

- **For Medical FSA** - The maximum reimbursement available to you at any time during your plan year will not be greater than the annual benefit you elected on your enrollment form, less any reimbursements paid to date during the plan year.
- **For Dependent Daycare** - The maximum reimbursement available to you at any time during the plan year will not be more than what has been withheld from your paychecks **AND** sent to the plan administrator, Humphrey & Pace Benefit Planning, Inc.

After reviewing the request, Humphrey & Pace Benefit Planning, Inc. will issue a reimbursement to the member. Your request will be processed, approved or denied, and the reimbursement issued within 2 business days of receipt of the "Request for Reimbursement."

**Delays may occur if proper documentation is not provided. If we cannot process your request as submitted, your claim will be sent back to you with an explanation of what is needed in order to process the reimbursement, without exception.**

If you have a question or need any assistance, please call our office at (541) 779-5881 or (800) 866-9493