

FSA Reimbursement Documentation Form

<u>USE THIS FSA FORM TO</u>: Document an Expense Paid with your Benefits Debit Card OR Request Payment for an Expense Not Paid with your Benefits Debit Card

Don't want to fill out this form? See Page 3

Use the Portal for Faster & Easier Payment of Your Claim

What Type of Documentation do I Need to Submit?

CLICK HERE

Employer Name	Employee Email (For Account Correspondence)
Employee First & Last Name	Employee Social Security Number
Patient/Dependent First & Last Name (s)	

PLEASE LIST EACH EXPENSE ON A SEPARATE LINE IN THE TABLE BELOW. SIGN THE FORM AND ATTACH APPROPRIATE ITEMIZED RECEIPT DOCUMENTATION. USE MULTIPLE FORMS AS NEEDED TO RECORD ADDITIONAL EXPENSE ITEMS.

Benny Card Use	Date Incurred**	Provider's Name	<u>AMOUNT</u>
☐ Paid with Debit Card ☐ NOT Paid with Card		☐ Medical☐ Day Care	\$
☐ Paid with Debit Card☐ NOT Paid with Card		☐ Medical☐ Day Care	\$
☐ Paid with Debit Card☐ NOT Paid with Card		☐ Medical ☐ Day Care	\$
☐ Paid with Debit Card☐ NOT Paid with Card		☐ Medical ☐ Day Care	\$
☐ Paid with Debit Card☐ NOT Paid with Card		☐ Medical ☐ Day Care	\$

I certify that: 1) each of the above expenses are for services provided while I was covered under the Flexible Spending Account, 2) all expenses listed above have not been reimbursed or are not reimbursable from any other source, and 3) all expenses were incurred for the care of me, my spouse or qualified dependent. I acknowledge that I am fully responsible for the accuracy and veracity of all information relating to this claim. If an expense for which I am reimbursed is later disallowed by the Internal Revenue Service, I understand that I will be liable for payment of any related income or payroll taxes relating to such improper expense reimbursement.

B

Employee's Signature

Date

YOU SHOULD KEEP A COPY OF ALL DOCUMENTATION SENT TO ADMIN AMERICA

NOTE: Claims often take several days to be processed. Therefore, claims must be <u>received</u> at least <u>two business days</u> before your scheduled processing date. You may contact Admin America or your HR staff to get your processing date.



Dependent Care Blank Receipt Form

First & Last	DEPENDENT CARE SERVICES PROVIDED BY First & Last Name Address Tax ID or Social Security Number				
Address					
Tax ID or So					
Start Date of Service	End Date of Service	Parent(s) Name(s)			
		Dependent(s) Name(s)			
	TO BE SIGNED BY DEP	ENDENT CARE SERVICE PROVIDER			
	have provided the depend	dent care services listed above. I have received			
\$	in payment for	r the services I have provided.			
Signature		Date			

IMPORTANT INFORMATION ABOUT FILING CLAIMS

ELIGIBLE EXPENSES

The types of medical and dependent day care expenses which the IRS allows this plan to reimburse varies. Please refer to your plan's Summary Plan Description (SPD) for specific rules regarding eligible and ineligible expenses. If you need a copy of your SPD, please contact your Human Resources Department.

DOCUMENTATION REQUIREMENTS

The <u>IRS requires</u> that all expenses be substantiated. That is, you must provide documentation that proves you or one of your dependents incurred the expense during the respective plan year. If you do not attach acceptable documentation, your claim will be denied. Below are some of the ways to document your expenses according to IRS rules.

- Acceptable documentation of expenses must describe the service or product, the date the expense was incurred (i.e., goods or services were received; this may or may not be the date paid), and the amount of the out-of-pocket expense.
- <u>Unacceptable</u> forms of documentation for medical expenses include copies of checks, credit card receipts (unless also accompanied by acceptable documentation) and billing statements showing only a prior balance.

CLAIM RETURN POLICY

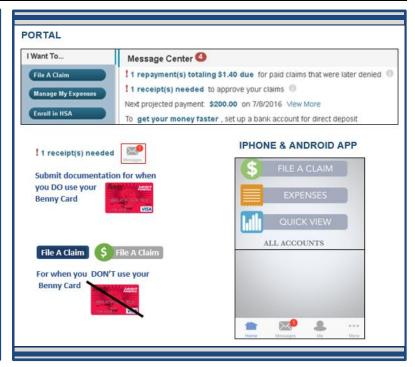
If you submit a claim for an ineligible expense, for a time when you were not enrolled in the plan, with insufficient documentation, etc., Admin America will return the claim to you by email. We will include an explanation of what modifications (if any) you must make before your claim can be accepted. If we indicate that an adjustment is necessary to make the claim acceptable then make the modification and send the claim back to Admin America. When we receive your corrected claim, we will include it with the next scheduled processing (if applicable). Reimbursements (if applicable) for corrected claims cannot be processed separately from the regular processing date for your company.

FILING DEADLINE

Each Plan has a specific deadline for documenting expenses incurred during a Plan Year. Claims submitted after your Plan's deadline will be rejected. Consult your Plan's SPD for the deadline applicable to your Plan.

Please feel free to contact Admin America with any questions you may have regarding IRS regulations or how your plan operates.





Address Admin America 1720 Windward Concourse Suite 290 Alpharetta, GA 30005 Drag & Drop Link
Secure File Upload for Claim
Form & Documentation

http://bit.ly/2yFL1VJ

Email Claims@adminamerica.com

> Claim Only Fax 770-670-6967