

USE THIS FSA FORM TO: 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 2**

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>
<input type="checkbox"/> Paid with Debit Card <input type="checkbox"/> NOT Paid with Card		<input type="checkbox"/> Medical <input type="checkbox"/> Day Care	\$
<input type="checkbox"/> Paid with Debit Card <input type="checkbox"/> NOT Paid with Card		<input type="checkbox"/> Medical <input type="checkbox"/> Day Care	\$
<input type="checkbox"/> Paid with Debit Card <input type="checkbox"/> NOT Paid with Card		<input type="checkbox"/> Medical <input type="checkbox"/> Day Care	\$
<input type="checkbox"/> Paid with Debit Card <input type="checkbox"/> NOT Paid with Card		<input type="checkbox"/> Medical <input type="checkbox"/> Day Care	\$
<input type="checkbox"/> Paid with Debit Card <input type="checkbox"/> NOT Paid with Card		<input type="checkbox"/> Medical <input type="checkbox"/> 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.


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 received at least two business days before your scheduled processing date. You may contact Admin America or your HR staff to get your processing 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 IRS requires 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.**
- **Unacceptable 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.

PORTAL & APP LOGIN DIRECTIONS

Open your browser and go to
<https://adminamerica.lh1ondemand.com>

OR



- 1 Open your Smart Phone
- 2 Go to the iPhone or Android App Store
- 3 Search for Benefits by Admin America

Username
First Initial, Last Name, Last 4 Digits of SSN

Password
benefitDDMMYY

Example

Joe Smith SSN 123456789 Birthdate: 03/29/1954	Username: JSmith6789 Password: benefit290354
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PORTAL

I Want To...

- File A Claim
- Manage My Expenses
- Enroll in HSA

Message Center **4**

- 1 repayment(s) totaling \$1.40 due for paid claims that were later denied
- 1 receipt(s) needed to approve your claims

Next projected payment: \$200.00 on 7/8/2016 [View More](#)

To get your money faster, set up a bank account for direct deposit

1 receipt(s) needed

Submit documentation for when you DO use your Benny Card

File A Claim

For when you DON'T use your Benny Card

IPHONE & ANDROID APP

FILE A CLAIM

EXPENSES

QUICK VIEW

ALL ACCOUNTS

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