

# Substantiating and Submitting Flexible Spending Account Claims for Quick, Easy Reimbursement.

IRS regulations require that you substantiate, using four key details, every expense you submit for reimbursement from your BESTflex<sup>SM</sup> Plan Flexible Spending Accounts (FSAs).

## How Do I Properly Substantiate Flexible Spending Account (FSA) Expenses?

Both the Health Care FSA and Dependent Care FSA in accordance with IRS guidelines, require that certain information be included in the expense documentation.

For the Health Care FSA, receipts and expense documentation must include the following:

- A. Date(s) of service
- B. Type of expense (e.g., eye exam)
- C. Amount of the expense incurred
- D. Name of Service Provider

For the Dependent Care FSA, receipts and expense documentation must include:

- A. Date(s) of service
- B. Charges
- C. Name of Service Provider

## Substantiating Claims For Your Health Care FSA:

- Certain procedures and items need a Letter of Medical Necessity from a physician as part of your reimbursement documentation; they must contain a specific diagnosis, state that the procedure or item is used to treat or cure the diagnosis, and indicate the duration of the expense
- Cosmetic procedures are not covered under the BESTflex Plan
- Orthodontia contracts must contain the treatment start date, fee schedule and duration of payments

## Substantiating Claims For Your Dependent Care FSA:

- Services must be incurred BEFORE they can be reimbursed
- Separate documentation, which shows the name of the provider, dates of coverage and amounts, is required

## How Do I Submit A Claim Form?

When you incur a medical or dependent care expense during the plan year, you send a Claim Form and expense documentation to Employee Benefits Corporation.

1. Complete a Claim Form and attach documentation, supporting invoices, receipts, Explanation of Benefits (EOB), etc.
2. Sign the form
3. Photocopy the form and documentation for your records

## Submit The Form By U.S. Mail:

You may submit in one envelope as many forms with documentation as you like. Be sure the documentation is stapled to the Claim Form to which it applies or your claim may be excluded.

## Submit The Form By Fax:

Submit only one form with documentation per fax transmission. Be sure the documentation is faxed with the Claim Form to which it applies or your claim may be excluded. It usually takes two business days to process faxed claims. Once they are processed, you can quickly and easily review the status of your claim on our website at [www.ebcflex.com](http://www.ebcflex.com).

## Submit The Form Online:

Submit claims and documentation using our online claim-filing tool. It's smart, simple and secure.

## Do Not Submit A Form If Claims Are Submitted Electronically:

If your provider or carrier electronically submits claims to Employee Benefits Corporation, you should not submit a Claim Form for those expenses. Contact your Human Resources Department for more information.

The  
**BESTflex**<sup>SM</sup>  
Plan

**Employee Benefits Corporation**

**Claim Form**

Fax to: 608 831 4790  
Mail to: Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347  
Phone support: 800 346 2126, 608 831 8445, M - F 8:00 - 5:00 Central  
E-mail support: [participantservices@ebcflex.com](mailto:participantservices@ebcflex.com)

Last 4 Digits of Social Security or Identification Number (Required)

Account Holder Information  
To ensure timely and accurate claims processing, please complete the entire form.

First Name \_\_\_\_\_  
Last Name \_\_\_\_\_  
Employer \_\_\_\_\_

E-mail Address (we do not share your e-mail address) \_\_\_\_\_

Benefit Codes:  Health Care FSA  Limited Health Care FSA  Dependent Care FSA  Indv Billed Ins Premiums  HRA

Enter one Benefit Code per claim line below.

Benefit Code \_\_\_\_\_  
Service Start Date (mm-dd-yyyy) \_\_\_\_\_  
Service End Dates (mm-dd-yyyy) \_\_\_\_\_

Description of Service \_\_\_\_\_  
Provider \_\_\_\_\_

Person Receiving Service (Required for HRA)  
\$ Claim Amount \_\_\_\_\_

— FSA (Only)

## Read This Information BEFORE You File For Reimbursement!

- **We cannot reimburse your expenses without your signature;** you must completely fill out, sign and date the Claim Form
- **Employee Benefits Corporation cannot reimburse you until expenses are actually incurred;** we cannot use estimates or pre-payment billings
- **Employee Benefits Corporation cannot accept** balance forward or previous balance statements
- **Double check your attached documentation** and make sure the information, such as date(s) of services, type of expense, amount, etc., is provided
- **Cancelled checks or credit card statements are not valid** documentation and Employee Benefits Corporation cannot accept them
- **When photocopying your documentation,** make sure the copies are clear and complete
- **If you are unsure whether an expense is reimbursable,** contact us before you incur the expense at 800 346 2126 or by email at [participantservices@ebcflex.com](mailto:participantservices@ebcflex.com)

## How Do I Submit Year-End Claims?

You can incur expenses until the end of the current plan year. You have 90 days after the plan year ends to submit your claim (90-day runout).

**The expense must have been incurred during your plan year and you must submit your claim no later than 90 days after the plan year ends. Claim Forms submitted after this date will be denied.**

Also, in order to receive reimbursement, you must have **sufficient funds to cover your claim before you submit your Claim Form.**

If you are unsure whether the funds remaining in your account will cover your claims, you can find your account balance on our website or you can call us at **800 346 2126**. A Client Services Representative will look up your account balance and walk you through your claims submission process.

## Exclusions: What Do I Do When A Claim Is Excluded?

If a claim is deemed invalid (excluded), you will receive an Exclusion Letter identifying the expense and the reason it was excluded. If you resubmit the claim, include the Exclusion Letter and any additional documentation or requested information within 180 days of receiving the Exclusion Letter. Additional information on resolving claims is available in the Summary Plan Description.

**Old Plan Year**

**90-day Run-out**

**New Plan Year**

You can submit claims for expenses incurred during your previous plan year for **90 days** after it ends.

**Remember:** You can submit claims and documentation online. Log-in to My Account Assistant at [www.ebcflex.com](http://www.ebcflex.com).

