

# LIMITED FSA Plan Reimbursement Claim Form

Vision, Dental, Mileage, & Post-deductible Expenses ONLY



## EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Last four digits of your Social Security #: \_\_\_\_\_  
Address: \_\_\_\_\_ Company Name: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_

## Limited Flexible Medical Benefits

Date of Service	Name of Service Provider	Expense Description	Person for whom the expense was incurred	Amount of Charge
<b>Total <u>Medical</u> Amount Requested:</b> _____ →				

**Please arrange documentation in order listed above.**

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed were incurred during the current period under the company's Cafeteria Plan. The undersigned fully understands that he or she is alone fully responsible for the sufficiency, accuracy, and veracity of all the information relating to this claim and unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including Federal, State, or City income tax on amounts paid from the Plan which relate to such expense.

\_\_\_\_\_  
Employee's Signature (must be signed for proper processing)

\_\_\_\_\_  
Date

### To Submit a Claim:

- Visit us at: [www.beneflexhr.com](http://www.beneflexhr.com) and submit your claim electronically through the Employee Portal, (*click on Employee, Employee Login*)
- Submit your medical claim via our new mobile app, **BeneFlexHR Mobile**. (*available on iTunes or Google Play*), or
- Send your claim form along with all supporting documentation directly to BeneFLEX via email: [info@beneflexhr.com](mailto:info@beneflexhr.com), fax: 314.909.6983 or mail: 10805 Sunset Office Drive., Ste. 401, St. Louis, MO 63127.  
*\*Please do not submit a claim for reimbursement if you used your Benny Card.\**

### Claims Processing Deadline:

- **Tuesday at 3:00 p.m. CST; 1:00 p.m. PST. BeneFLEX issues checks on Thursday.**  
*\*Mileage to and from provider to your home. \*\*If rate has changed, amount will be adjusted at processing.*

BeneFLEX HR Resources, Inc.

10805 Sunset Office Drive, Suite 401 St. Louis, MO 63127 | Email: [info@beneflexhr.com](mailto:info@beneflexhr.com) | Website: [www.beneflexhr.com](http://www.beneflexhr.com)

## PLEASE READ THIS BEFORE SUBMITTING YOUR CLAIM FORM

**GUIDELINES FOR CLAIMS SUBMISSION:** *The Internal Revenue Code provides the following guidance:*

### Medical Reimbursement

- The best receipt is an ***Explanation of Benefits*** from your insurance company.
  - If other receipts are submitted, they must show the following information:
    1. Who rendered the service (name and address)?
    2. What type of service was rendered?
    3. Date service was provided, *not a billing or due date.*
    4. Amount of charge.
    5. Any insurance payment, if applicable.
- \*\*Cancelled checks and credit card slips are not allowable receipts.\*\*

### **NOTE: In order to process your claim all 5 pieces of information must be on each receipt.**

(This includes receipts for orthodontic services)

- Any amount claimed which is a 'Previous Balance' or 'Balance Forward', etc. cannot be paid unless the information stated in items 1-5 above is shown on the receipt.
- Receipts must show all expenses incurred. Any over-payment, pre-payment, etc., for which no services are listed, cannot be reimbursed.

### Mileage Reimbursement

Mileage incurred to and from your home or office to receive medical care is reimbursable through the FSA at the rate of \$0.19 per mile. If rate has changed, amount will be adjusted at processing.

Mileage claim must include substantiation (i.e. provider invoice, receipt, etc.).

### For Your Reference

- Scheduled processing date(s): Weekly or Daily (company specific)
- To ensure you are reimbursed, all claims must be received by BeneFLEX HR Resources, Inc. no later than 3:00 p.m. (central) 1:00 p.m. (pacific) Tuesday for weekly processing.
- BeneFLEX phone numbers - (314) 909-6979 and (800) 631-3539 (outside St. Louis) or fax number (314) 909-6983.
- If you terminate employment, any expenses incurred after your termination date are not eligible for reimbursement. Medical Expenses can still be claimed if you continue your participation under COBRA.
- If you fax your claim, keep a copy of the confirmation statement in case BeneFLEX does not receive your paperwork.
- Please itemize the expenses on your claim form.
- You can contact BeneFLEX HR Resources, Inc. by e-mail at [info@beneflexhr.com](mailto:info@beneflexhr.com) or visit us online for up-to-date information such as Frequently Asked Questions, download forms, e-mail questions to our team members, articles on changes in the Cafeteria Plan regulations.

### Check Your Account Balance

- Visit us online at [www.beneflexhr.com](http://www.beneflexhr.com), click on "Employee" and then select "Employee Login"
- Download our new mobile app, ***BeneFlexHR Mobile***, (available on iTunes or Google Play)
- Call our Interactive Voice Response System (IVR) at (855) 210-9527

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