

Flexible Spending Reimbursement Rules and Claim Filing Instructions

Medical Reimbursement

- *The IRS requires that a fully-completed claim form be submitted with every claim. When submitting the claim form, please make sure the form is signed, dated and the amount being requested is entered on the claim form. Please keep a copy of the completed claim form for your records.
- *The IRS also requires that the supporting documentation include the following information: the date service was incurred, the type of service, the provider's name, the patient's name, and the amount of the service less any insurance payments. The most common source of this information is the Explanation of Benefits (EOB's) from the insurance carrier or the prescription receipt from your pharmacist.
- *Please note that the IRS guidelines do not accept statements that indicate a "Balance Forward" or "Previous Balance", cancelled check copies, cash register receipts (excluding Over the Counter Drugs), or credit card receipts as proof of service. Most of those statements do not include the required information.
- *You may be reimbursed for eligible expenses occurred during the coverage period in which your contributions are made. The date of service **must be during the current plan year.**
- *If you terminate employment, you can submit a claim for a specific period after the date of termination if so stated in the Summary Plan Document as long as the service **occurred before** your date of termination.
- *IRS rules stipulate that any money left in your account after all reimbursements for the plan year have been processed will be forfeited. Money cannot transfer between accounts nor can any reimbursement expense be claimed for income tax purposes.
- *Submit this form with attached supporting documentation to Custom Benefit Administrators according to the procedures provided. Additional Request for Reimbursement Forms are available from your employer or Custom Benefit Administrators.

Dependent Care Reimbursement

- *You can use a Dependent Care Spending Account only if you pay dependent day care expenses to be able to work. Your day care services can take place either inside or outside of your home. If you are married, your spouse must also work, go to school full-time, or be incapable of self-care for you to be eligible.
- *Only a dependent under the age of 13 or dependent adults 13 or older who are mentally or physically incapable of self-care are covered.
- *Your maximum contribution amount cannot be more than the smaller of:
 - (a) your income or your spouse's income, whichever is smaller. If your spouse is a full-time student or incapable of self-care, your spouse is considered to earn \$2,400 per year with one dependent or \$4,800 with two or more dependents.
 - (b) \$5,000 per year if your tax filing status is "married filing jointly" or "single head of household" or \$2,500 per year if your tax filing status is "married filing separately."
- *You cannot claim expenses if the service provider is your child or stepchild and are under age 19 or if you claim the service provider as a dependent for Federal income tax purposes.
- *To be reimbursed, you must include the facility's name, address, and tax identification number or social security number of the individual providing the dependent day care service.
- *You will only be reimbursed the amount that you have contributed to your account. Claims filed that are over the amount you have contributed will be pended and paid during the next contribution time.

Please allow at least 2 business days for processing claims in which you will receive your check in the mail afterwards. You may mail your claims to Custom Benefit Administrators, P.O. Box 1385, La Crosse, WI 54602-1385 or you can fax them to 608-785-0063. Please call 1-800-944-2188 with any questions.