Request for FSA Reimbursement

MALCOLM EATON ENTERPRISES

NAME:	Last	First	MI	☐	Please check if this is a new address
ADDRESS:	Street	City	State ZIP	PHONE :	( )

HEALTH CARE EXPENSE CLAIMS					
Date of Service	Patient Name	Relationship	Description of Service	* OTC? * Y / N	Claim Amount
					$
					$
					$
					$
					$
					$
					$
				Total:	$

***OTC**: You must submit a valid written Prescription for Over-the-Counter Expenses. OTC Expenses submitted without the Prescription will be denied.

DEPENDENT CARE CLAIMS					
Date of Service From	To	Dependent Name	Age	Dependent Care Provider Name	Claim Amount
					$
					$
					$
					$

EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, or files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee Signature:______________________________ **Date:** ______/______/______

PLEASE EMAIL, MAIL OR FAX THIS FORM AND YOUR RECEIPT(S) TO:

AVERILL ANDERSON, LLC

316 SOUTH MAIN STREET, WEST BEND, WI 53095-3342

FAX: 1-800-861-8741 PH: 1-800-388-0964

EMAIL: FSA@AVERILLANDERSON.COM

Request for FSA Reimbursement

MALCOLM EATON ENTERPRISES

HEALTH CARE FSA CLAIMS:

HRA Balances: If we process an EOB from your Health Insurance Carrier for reimbursement from the Health Reimbursement Account, we will automatically submit any remaining balance-due to your Health Care Flexible Spending Account, **unless otherwise specified by you**. Please submit a notification to Averill Anderson, LLC **in writing** if you do not want us to process HRA-to-FSA claims automatically.

Services Covered by Other Insurance: Be sure that expenses for medical services or items are submitted to your insurance company *before* submitting for reimbursement from your Flexible Spending Account. When you receive the **Explanation of Benefits Statement (EOB)** from the other insurance company, include a copy with this completed claim form. If you paid an office visit copay, attach the payment receipt that you received from the service provider, or send us a copy of the Explanation of Benefit (EOB).

Not Covered by Insurance: For services or items not covered by any other insurance, submit an itemized statement from the provider showing the provider's name and address, patient name, date the service was provided, a description of the service, and the amount charged along with this completed claim form. **We will not process reimbursements for items shown on balance forward statements, cancelled checks, credit card receipts or received-on-account statements.**

Prescription and Over-The-Counter: Prescriptions and OTC medicines must be listed individually on a print-out obtained from your pharmacy, or are clearly identifiable on an itemized receipt. **Beginning January 1, 2011, items purchased "over-the-counter" are not qualified expenses and are not eligible for reimbursement without a written prescription from a physician.** Requests for Reimbursements for these items must be accompanied by the written order from the physician.

Dependent Child or Adult Day Care Claims - Complete this form and attach an itemized statement from your day care provider or have your provider complete the information below. IRS regulations allow payment of services for dependents under age 13 or otherwise satisfying the "Qualifying Person Test" as described in IRS Publication 503. Reimbursements are only allowed for services that have already been provided, not for services to be provided in the future. You must report the provider's name, address and Tax Identification Number or Social Security Number on Form 2441 with your personal income tax return. If your day care provider completes and signs this form below, no other itemized statement is necessary.

Dependent Care Provider Information

Name ______________________________ Address ____

Provider tax ID # ______________________ Provider phone # (____) _____-________

I hereby certify that I provided the dependent care services indicated on this reimbursement form

⊗ ____ Date ______________

Provider Signature – **Required if you are not submitting a bill, receipt or invoice**

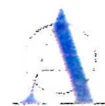
Dependent Care Claim Certification – Please read the following thoroughly before signing

- The expenses for reimbursement requested from my Dependent Care Reimbursement Plan were incurred by me (and/or my spouse), were not reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible for reimbursement under my Dependent Care Reimbursement Plan.
- These expenses were necessary to allow me to work, and if married, to allow my spouse to work or be a full-time student.
- My provider is not a dependent of mine, and if my provider is a child of mine, that child will be at least 19 years of age as of the close of the current year.
- I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.
- I hereby authorize Averill Anderson, LLC or its representatives to contact all dependent care providers and other agencies or organizations as needed to consider claim for reimbursement under my Dependent Care Reimbursement Plan

I hereby certify that all of the information I have entered on this form is true and complete:

⊗ ____ Date ______________

Employee Signature



Eligible/Non-Eligible Expenses

FSA/HSA Eligible Health Care Expenses

Please note that we do not intend this list to be comprehensive tax advice. For more detailed information, please consult IRS Publication 502 or see your tax advisor. ***If prescribed for a particular ailment or medical condition; provider letter required.***

- Acupuncture
- Alcoholism treatment
- Allergy shots and testing
- Ambulance *(ground or air)*
- Artificial limbs
- Blind services and equipment
- Car controls for handicapped*
- Chiropractor services
- Coinsurance and deductibles
- Contact lenses
- Crutches, wheelchairs, walkers
- Dental treatment
- Dentures
- Diagnostic tests
- Doctor's fees
- Drug addiction treatment & facilities
- Drugs *(prescription)*
- Eye examinations and eyeglasses
- Home health and/or hospice care
- Hospital services
- Insulin
- Laboratory fees
- LASIK eye surgery
- Medical alert *(bracelet, necklace)*
- Medical monitoring and testing devices*
- Nursing services
- Obstetrical expenses
- Occlusal guards
- Operations and surgeries *(legal)*
- Optometrists
- Orthodontia
- Orthopedic services
- Osteopaths
- Oxygen/oxygen equipment
- Physical exams
- Physical therapy
- Psychiatric care *(psychologists, psychotherapists)*
- Radial keratotomy
- Schools *(special, relief, or handicapped)*
- Sexual dysfunction treatment
- Smoking cessation programs
- Surgical fees
- Television or telephone for the hearing impaired
- Therapy treatments*
- Transportation *(essentially and primarily for medical care; limits apply)*
- Vaccinations
- Vitamins*
- Weight loss programs*
- X-rays

Important Notice About Over-the-Counter (OTC) Medications

With passage of the Coronavirus Aid, Relief and Economic Security Act (CARES Act) in March 2020, OTC medications are once again eligible for purchase with FSA/HSA funds without the need for a prescription. In addition, menstrual care products are now also eligible for purchase with FSA/HSA funds without the need for a prescription. You can use either your debit card to purchase these items or submit the purchase receipt for reimbursement.

FSA/HSA Eligible OTC Medications and Products

- Acne medications & treatments
- Allergy & sinus, cold, flu & cough remedies
- Antacids & acid controllers
- Antibiotic & antiseptic sprays, creams & ointments
- Anti-diarrheals
- Anti-fungals
- Anti-gas & stomach remedies
- Anti-itch & insect bite remedies
- Anti-parasitics
- Digestive aids
- Baby care *(diaper rash ointments, teething gel, rehydration fluids, etc.)*
- Bandages and bandaids
- Breast pumps for nursing mothers
- Braces & supports
- Contact lens solution
- Contraceptives *(condoms, gels, foams, suppositories, etc.)*
- CPAP equipment & supplies
- Diabetic testing supplies/equipment
- Durable medical equipment *(power chairs, walkers, wheelchairs, etc.)*
- Eczema & psoriasis remedies
- Eye drops, ear drops, nasal sprays
- First aid kits
- Hemorrhoidal preparations
- Home diagnostic (pregnancy tests, ovulation kits, thermometers, blood pressure monitors, etc.)
- Hydrogen peroxide, rubbing alcohol
- Laxatives
- Medicated bandaids & dressings
- Menstrual care products
- Motion sickness remedies
- Smoking cessation aids
- Nicotine patches and medications smoking cessation aids
- OTC varieties of Insulin
- Pain relievers *(aspirin, ibuprofen, acetaminophen, naproxen, etc.)*
- Reading glasses
- Sleep aids & sedatives
- Wart removal remedies, corn patches

All OTC items listed are examples.

These items are commonly mistaken as eligible but do not meet the requirements:

- Cosmetic surgery and procedures
- Cosmetic Dental Procedures (incl. teeth whitening, vitamins and supplements
- Health programs, health clubs and gyms
- Insurance premiums (not reimbursable under FSA)
- Teeth whitening
- Vitamins & supplements without prescription

AVERILL ANDERSON, LLC
- employer benefit solutions -

316 S. Main Street, West Bend, WI 53095
Phone 800-388-0964 Fax 800-861-8741
fsa@averillanderson.com
www.averillanderson.com

Copyright © 2020 DataPath, Inc. All rights reserved.

Flexible Spending Account (FSA)

A Flexible Spending Account allows employees to set aside money from each paycheck, before payroll taxes are calculated, to help pay for eligible medical expenses for themselves and their dependents.

FSA Contribution Limits

Per year, participants may elect to set aside a maximum of **$2,750**

Tax Savings

The average FSA participant saves between 30-40% on the amount set aside pre-tax (including Federal, State, and Local income taxes, and Social Security/Medicare deductions).

FSA Plan Types

FSA rules vary by plan. Your employer may choose one of the following:

- **Use it or Lose it** – All FSA funds must be spent by the end of the plan year or they are lost
- **$550 Carryover** – Any unused funds, up to a maximum of $550, can be carried over from one plan year to the next
- **Grace Period** – Participants get up to an extra 2½ months after the end of the plan year to use any leftover funds

Uniform Coverage Rule

FSA participants can access the full amount of their annual contribution from the first day of the plan year. For example, if you elect $1,300, and soon after the plan year begins you incur a $1,300 medical bill, you can use all of your elected FSA funds to cover the expense, even though you haven't paid in all of the contributions yet. Throughout the rest of the plan year, deductions will still be taken at the same rate from each paycheck. However, your available FSA balance will be zero once all the funds are spent.

Eligible Expenses

Contact your Benefits Representative for a list of qualified medical expenses.

AVERILL ANDERSON, LLC

- employer benefit solutions -

316 S. Main Street, West Bend, WI 53095
Phone: 800-388-0964 Fax: 800-861-8741
fsa@averillanderson.com
www.averillanderson.com

DEPENDENT CARE ASSISTANCE PROGRAM (DCAP)

A DCAP PLAN IS AN EMPLOYER-SPONSORED BENEFIT THAT HELPS EMPLOYEES PAY FOR THE CARE OF A QUALIFIED DEPENDENT. EACH PAY PERIOD, THE EMPLOYEE MAKES A PRE-TAX CONTRIBUTION TO THE DCAP ACCOUNT. AFTER PAYING FOR CARE AND FILING A CLAIM, THE EMPLOYEE RECEIVES REIMBURSEMENT FROM THE DCAP.

QUALIFIED DEPENDENTS:

- A DEPENDENT WHO IS 12 YEARS OLD OR YOUNGER (& LIVES WITH THE EMPLOYEE)
- A SPOUSE OR OTHER IRS-RECOGNIZED DEPENDENT WHO IS PHYSICALLY OR MENTALLY UNABLE TO PROVIDE SELF-CARE

USE YOUR DCAP TO PAY FOR THE FOLLOWING:

(NOT ALL ELIGIBLE ITEMS ARE LISTED)

- DAYCARE
PRE-SCHOOL
PRE-KINDERGARTEN
- BEFORE AND AFTER SCHOOL CARE (EXTENDED DAY)
- SUMMER DAY CAMPS (OVERNIGHT CAMP DOES NOT QUALIFY)
- ADULT/ELDERLY CARE PROGRAMS
- BABYSITTING DURING WORK AND/OR COLLEGE HOURS
- SICK CHILD CARE
- DEPOSITS FOR CHILD CARE

ANNUAL CONTRIBUTION LIMITS:

$5,000 FOR EMPLOYEES FILING SINGLE/HEAD OF HOUSEHOLD OR MARRIED JOINT

$2,500 FOR EMPLOYEES FILING MARRIED SEPARATE

AVERILL ANDERSON, LLC
- employer benefit solutions -
316 S. Main Street, West Bend, WI 53095
Phone: 800-388-0964 Fax: 800-861-8741
fsa@averillanderson.com
www.averillanderson.com

© 2017, DataPath, Inc.