

FLEXIBLE SPENDING ACCOUNT REIMBURSEMENT REQUEST FORM

**SEE REVERSE SIDE FOR INSTRUCTIONS
(PLEASE PRINT LEGIBLY)**

A. EMPLOYEE INFORMATION			
Name	Social Security Number	Telephone Number ()	
Address	City	State	Zip

B. EMPLOYER INFORMATION	
Employer	

C. REIMBURSEMENT EXPENSES (Attach documentation) <i>MINIMUM REIMBURSEMENT - \$10.00</i>				
Date Incurred	Provider of Service (Must include ID#) (Dependent Care Claims Only)	Person for Whom Provided	Expense Type *	Reimbursement Amount Requested
* Expense Type Code M = Medical				

D. CERTIFICATION	
I certify that the following is true:	
<ol style="list-style-type: none"> 1. The expenses listed above were incurred by me and/or my eligible dependents and qualify for reimbursement. (See reverse side for a description of eligible expenses.) 2. The expenses listed above are not eligible for reimbursement by any insurance plan. 3. I have not and will not deduct the above listed expenses on my Federal Income Tax returns. 4. The appropriate bills, receipts, Explanation of Benefit Statements or documentation for day care expenses are attached. Please keep copies of supporting documentation for your records. We will not return what has been submitted. 	
Employee Signature	Date

Any person who knowingly and with intent to defraud or deceive any insurance company, files a state-ment of claim containing any materially false, incomplete or misleading information is guilty of a crime.
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Please return this form to:

CBA Benefit Services
73 East Wilson Bridge Road, Suite B-6 - Worthington, Ohio 43085
(614) 880-0068 - Toll free (866) 880-0068 - Fax (614) 880-0092

FLEXIBLE SPENDING ACCOUNT CLAIM FILING INSTRUCTIONS

1. Please complete the claim form in full and attach copies of all receipts, invoices, or Explanation of Benefit (EOB) statements. Documentation must clearly indicate:
 - Date services incurred or supplies purchased
 - Name and address of the provider of services or supplies
 - Name of the person receiving the service or supply
 - Type of expense
 - Amount of expense
 - Total amount paid by any insurance company
2. If any insurance company did not or will not reimburse you for ANY portion of an expense that you are submitting, please mark across the top of the invoice or receipt "NOT PAID BY INSURANCE" an initial it. If it is an expense which is part of your deductible, a copy of the EOB which indicates that, must be attached.
3. **DO NOT SEND CANCELED CHECKS OR STATEMENTS THAT ONLY INDICATE BALANCE DUE. THESE DO NOT SUPPLY THE REQUIRED INFORMATION.**
4. Claims submitted without the necessary information will be returned to the claimant and will cause significant delay in processing reimbursement checks.
5. Keep copies of supporting documentation for your records. We will not return what has been submitted.

ELIGIBLE EXPENSES - Expenses which can be legally reimbursed through the Health Care Spending Account are those expenses allowed by the IRS as tax deductible medical expenses and are not reimbursed or paid for by a health care plan. These expenses must be incurred during the plan year. Such expenses include, but are not limited to the following:

Medical plan deductibles and co-pays	Psychologists' fees
Medical expenses not reimbursed by a medical insurance plan	Orthodontia expenses (braces)
Eye glasses and contact lenses	Travel for essential medical care
Artificial limbs	Crutches, wheelchairs
Routine medical exams (physicals) and doctors' fees	Prescribed medications including birth control pills
False teeth	Insulin
Special equipment (e.g. telephone equipment for the deaf)	Medical supplies
Chiropractors' fees and podiatrists' fees	Legal sterilizations
Contact lens solution and heating units	Dental expenses not reimbursed by a dental plan

INELIGIBLE EXPENSES - Expenses not eligible for reimbursement through the Health Care Spending Account include, but are not limited to, the following:

Diaper services	Donations to volunteer ambulance companies
Funeral and burial expenses	Expense for trips even if for general health improvement
Illegal operations and treatments	Anti-baldness drugs
Health club dues (unless prescribed by physician)	Cost of dancing or swimming lessons even if recommended
Cosmetic surgery	Housekeeping services
Electrolysis	Programs to stop smoking (unless prescribed for a specific illness)
Non-prescription drugs	Premiums paid for health care coverage
Weight loss programs	
Dental procedures to whiten teeth	
Maternity clothes	