

In 2010, You Decide What You Spend* (AND Save)!



State of Indiana

Section 125

Limited Purpose Flexible Spending Account (FSA)

Employee Enrollment Information Packet

**Only For Participants with a Consumer Driven Health Plan (CDHP)
and a Health Savings Account (HSA)**

* - Restricted to Approved FSA-Eligible Expenses



P.O. Box 55210 Indianapolis, IN 46205
800-558-5553 * 317-284-7150
Fax: 866-241-1488 * 317-284-7269

Table of Contents

Description

● Limited Medical Care FSA Introduction Letter	Page 3
● Plan Definitions	Page 5
● Plan Specifics Page	Page 6
● What Type of Expenses Are Eligible?	Page 7
● Flex Benefits Card Claims Procedures	Page 8
● Limited Medical Care FSA Frequently Asked Questions	Page 10
● How much can I save participating in an FSA?	Page 11
● Claim Form	Page 12



P.O. Box 55210
Indianapolis, IN 46205
800-558-5553 * 317-284-7150
Fax: 866-241-1488 * 317-284-7269
Email: FlexPro@keybenefit.com
www.keyfamily.com/kba/flexhome.asp

Dear State of Indiana Employee:

The state has notified us that you have enrolled in a Medical Care Flexible Spending Account (FSA) and a Health Savings Account (HSA). The information in this letter is designed to help you understand some key elements of participating in both plans.

If you currently have a Medical Care FSA, or if you will have a Medical Care FSA beginning January 1, carefully review the information below for details. FSA participation may delay or prevent you from contributing to a HSA.

The Medical Care FSA is from January 1 to December 31 with a 2½-month grace period. The grace period extends the current plan year period to incur and submit medical care FSA claims for participants who still have balances in their FSA on December 31. As you know, IRS rules require that you forfeit (lose) the money in the FSA account if you do not use it by the end of the grace period.

If you have funds available to use in your Medical Care FSA on December 31, you may consider the following options to begin contributions to your HSA:

- If no election change is made to retain the balance in your prior year Medical Care FSA, the Medical Care FSA is automatically converted to a Limited Purpose Medical Care FSA during the Grace Period. This allows you to continue incurring and submitting eligible expenses only under the Limited Purpose Medical Care FSA rules. Eligible FSA expenses would then be limited under this provision. See the definition of the Limited Purpose Medical Care FSA on page 5.
- Delay contributions to your HSA until April 1 and elect to remain in the Medical Care FSA through the Grace Period. This will allow additional time to incur expenses from the prior plan year through the end of the grace period. See the definition of the Medical Care FSA on page 5 and eligible expenses under this provision. HSA participation may then begin April 1.
- If you have not already done so, elect a one-time roll-over of your unused/unclaimed Medical Care FSA balance to your HSA at the end of the current FSA Plan Year (December 31), with the following stipulations:

- You must roll-over the lesser of your balance in your Medical Care FSA as of December 31 of the current year, OR the balance that was in your account as of September 21, 2006 (The person must have participated in a FSA on September 21, 2006 to qualify.).
- To roll-over funds from your current Medical Care FSA you will need to complete the Medical Care FSA Roll-Over Election form before December 31. Your HSA must already be established at the time of the transfer.
- The rollover must be a direct trustee-to-trustee transfer and can only be made once in your life time.
- The rollover will result in a zero balance available in your Medical Care FSA.

You may participate in the Dependent Care program without any HSA restrictions.

We appreciate your participation in the Flexible Spending Account offered by Key Benefit Administrators – FlexPro.

Sincerely,

Key Benefit Administrators
FlexPro™ Customer Care

Plan Definitions

Flexible Benefit Plans under Section 125 of the Internal Revenue Code, enables you to pay for certain expenses with pre-tax dollars. Benefits offered by the State include:

A. Limited Purpose Medical Care Flexible Spending Account (FSA) – “Limited Purpose Medical Care FSA” coverage is *qualified coverage* for those also participating in a Health Savings Account (HSA).

Reimbursement under the Limited Purpose Medical Care FSA will be limited to:

- a. Services or treatments for dental care (excluding premiums)
- b. Services or treatments for vision care (excluding premiums)
- c. Services for preventive care. Preventive care limited to diagnostic procedures and services or treatments taken to prevent the onset of a disease or condition that is imminently possible. Preventive care does not include services or treatments that treat an existing condition. A diagnosis or letter of medical necessity may be required to consider claim reimbursement.
- d. **Post-Deductible Medical Care Flexible Spending Account (FSA)** - The deductible under this plan is conditioned on the Participant’s family status and in which of the State of Indiana’s CDHP plans the participant is enrolled (single coverage deductible, CDHP1 @ \$2,500 or CDHP2 @ \$1,500; or family CDHP1 @ \$5,000 or CDHP2 @ \$3,000). The employee needs to satisfy the annual deductible under the State’s CDHP’s before the post-deductible health FSA can begin paying additional qualified medical expenses.

B. Medical Care Flexible Spending Account (FSA) – Participation in a Medical Care (FSA) disqualifies you from contributing to a HSA. This is a plan designed to allow employee pre-tax dollars to cover health care costs include medical, dental, vision and hearing expenses that are not paid by insurance and other “out-of-pocket” expenses. *These expenses must be incurred within the plan year plus the grace period.* These expenses may include, but are not limited to: expenses for medical plan co-payments, deductibles, prescriptions, physician visits, chiropractic care, vision, dental/orthodontia care, and eligible over-the-counter items. Expenses must be incurred within the Plan Year and must be “medically necessary” to qualify. Expenses are considered “incurred” when the service is performed not when it is billed or paid. Expenses solely for cosmetic reasons or merely beneficial to one’s general health are not eligible expenses. The expenses that qualify are those permitted by Section 213 of the Internal Revenue Code, but only to the extent that the expense is not prohibited by any other code or regulation. The Grace Period for this plan will extend the time that you can incur expense 2 ½ months after the end of the plan year. *If you are enrolled in a HSA you are not eligible to participate in a Medical Care FSA. Your participation in a Medical Care FSA prior plan year during the Grace Period disqualifies you from contributing to a HSA until the end of the grace period.*

C. Dependent Care Flexible Spending Account (FSA) — You may participate in the Dependent Care FSA without any HSA restrictions. Dependent Care costs include most dependent care expenses for eligible children and adults. Qualified expenses include fees for adult and childcare centers, pre-school, and before and after school care. To be eligible you and your spouse (if married) must be employed or attend school. Your dependent must be under age 13 or physically and/or mentally incapable of caring for him or herself if older than age 13. At each payroll period, the Employer will credit the Participant’s Dependent Care account the amount of the deduction. Reimbursement is limited to the account balance.

Dependent Care expenses for the care of a qualifying individual that are for the purpose of enabling the employee to be gainfully employed are eligible. Dependent Care may not be reimbursed while on Leave of Absence (LOA). *Exception for short, temporary absences.* An absence of no more than 2 consecutive calendar weeks is considered a short, temporary absence. See Dependent Care Flexible Spending Account (FSA) Employee Information Packet for more details.

D. Health Savings Account

Health Savings Account (HSA) is a special type of individual account that “eligible individuals’ covered by consumer-driven health plans (CDHP) can establish with a qualified HSA trustee or custodian. It allows eligible individuals to pay for certain eligible medical, dental and vision expenses on a tax-free basis for eligible individuals, their spouses, and/or any eligible tax dependents on a tax-free basis.

E. Grace Period

The Grace Period will extend the time that you can incur expenses up to 2 ½ months. Incurring expenses in a Medical Care FSA during the Grace Period would disqualify HSA contributions until the end of the Grace Period. Incurring expenses in a Limited Purpose Medical Care FSA does not disqualify HSA contributions.



Limited Purpose Medical Care FSA

Section 125 State of Indiana Plan Specifics

PLAN YEAR:	01/01/2010 - 12/31/2010
Plan Options:	Plan Maximums
Limited Purpose Medical Care FSA	\$ 5,000.00
Participation in the Limited Purpose Medical Care FSA Plan Option by New Hires:	The first day of the month following the date of the election.
Participation After Termination in the Limited Purpose Medical Care FSA Plan Option:	Terminated employees will be allowed 0 days past termination of employment to incur expenses and an additional 30 days to submit expenses.
Claims Submission:	Claims may be submitted as needed because daily payouts occur for State participants.
Orthodontia Services:	At the time services begin, the initial down payment may be reimbursed. The remaining balance may only be reimbursed according to the monthly payment structure outlined in the Orthodontia contract. A copy of the Orthodontic contract needs to be provided to KBA at time of reimbursement
Participation in the Limited Purpose Medical Care FSA by HSA Participant:	Participants in a Consumer-Driven Health Plan enrolling in a Health Savings Account can only participate in the Limited Purpose Medical Care FSA. Medical Care FSA's automatically convert to a Limited Purpose Medical Care FSA unless otherwise elected.
Grace Period:	The Grace Period will allow expenses incurred within the first 74 days of this Plan Year to be reimbursed from your previous Plan Year if a balance remains in that account. Claims may be incurred through the end of the Grace Period, March 15 th , each plan year and submitted via the claim form no later than 90 days after the end of the Grace Period, June 15 th , each plan year.
Claims Submitted After the End Of the Plan Year:	Claims incurred prior to the end of the plan year and subsequent grace period must be submitted no later than 90 days after the expiration of the grace period on June 15 th .
Status Change Notification Time Frame:	Status changes must be submitted within 30 days of the Qualifying Event

What Type of Expenses Are Eligible?

Limited Purpose Medical Care FSA Expenses

The following list, while **not intended to be complete**, illustrates expenses that **may** be reimbursed. (Restrictions apply to the Limited Purpose Medical Care FSA coverage. Most Dental and Vision expense are eligible. Most eligible medical expenses require the deductible must be satisfied.

I. ELIGIBLE LIMITED PURPOSE EXPENSES

DENTAL EXPENSES

- Routine & Preventive Services
- X-rays
- Orthodontia (*a treatment plan may be required*) (see Plan Specifics page for your Plan's orthodontia guidelines)
- Restorative services, fillings, extractions, dentures

VISION CARE EXPENSES

- Eye exams
- Prescription eyeglasses & sunglasses
- Contact lenses & supplies
- Corrective surgery (*RK & LASIK*)

PREVENTIVE CARE

II. ELIGIBLE POST DEDUCTIBLE

EXPENSES (Only reimbursed after the deductible is met.)

MEDICALLY NECESSARY EQUIPMENT

- Wheelchair, crutches & lifts
- Oxygen equipment & supplies
- Blood pressure monitor

DIABETIC SUPPLIES

- Insulin
- Test strips, lancets, etc.
- Glucose monitor

PHYSICAL EXAMINATIONS

- Annual physical exam (*including prostate screening, pap smears & mammograms*)
- School & work physicals

COUNSELING & PSYCHIATRIC TREATMENT

(Prescribed by a doctor to treat a medical condition.)

Statement required from the doctor. See Marriage/Family Counseling

- Psychologists
- Psychotherapists
- Psychiatrists

FEES & SERVICES

- Physicians, surgeons, anesthesiologists, OB/GYN
- Ambulance
- Nursing (*including room & board*)
- Chiropractic service

- Fertility treatment
- Sterilization & reversals
- Medically necessary reconstructive services (*i.e. mastectomy or following an accident*)
- Hospital expenses

HEARING EXPENSES

- Testing
- Hearing aids
- Batteries & repairs

OTHER EXPENSES

- Prosthesis & artificial limbs
- Organ tissue donation expenses
- Tuition at special school for handicapped
- Travel necessary to seek medical treatment (*limitations apply*)
- Orthotics & orthopedic shoes (*medically necessary*)
- Laboratory fees
- Acupuncture
- Alcohol & drug rehabilitation expenses
- Special equipment for those who are deaf and/or blind (*i.e. Braille books, hearing devices, guide dogs*)
- Weight loss programs and drugs (*when prescribed by a doctor to treat obesity and/or a specific medical condition – statement required from the doctor*)
- Medical supplies
- Therapy treatments (*when prescribed by a doctor*)

III. INELIGIBLE EXPENSES

- Cosmetic treatments or surgery (*unless necessary to alleviate a deformity related to a congenital abnormality, trauma, or disfiguring disease*)
- Expenses (*treatments and drugs*) only to improve your general health or well being
- Hair replacement treatments and drugs
- Health club dues
- Long Term Care Insurance

- Marriage & family counseling
- Nutritional supplements/vitamins
- Over the Counter (*i.e. aspirin, cold medicine, not inclusive*)
- Teeth whitening, toothbrush
- Vacations
- Vitamins to improve or to preserve general health (*even when prescribed by a doctor*)
- Weight loss programs and drugs to improve or to preserve general health (*even when prescribed by a doctor*)

Flex Benefits Card Claims Procedures: Limited Purpose Medical Care FSA

You may use your Flex Benefits Card for eligible Limited Purpose Medical Care FSA restricted to dental and vision provider/merchants. (Card limitations will apply to Limited Purpose Medical Care FSA's. Reminder: Over the counter items are not eligible.)

1. What is the Flex Benefits Card?

The Flex Benefits Card is a MasterCard offered to enhance your Limited Purpose Medical Care FSA by providing instant access to your FSA account. The card is designed for use only at qualified providers or merchants that accept MasterCard and offer eligible goods or services for reimbursement under your Limited Purpose Medical Care FSA. Rather than paying out-of-pocket money for qualified expenses and waiting for reimbursement, your Flex Benefits Card transfers funds for qualified expenses directly from your available funds in your Limited Purpose Medical Care FSA to the provider. As a Limited Purpose Medical Care FSA participant, a Flex Benefits Card will be mailed to your home address.



2. How does the Flex Benefits Card work?

The Flex Benefits Card is a debit card that allows you to pay for your eligible Limited Purpose Medical Care FSA expenses directly at the point-of-service. The Flex Benefits Card is treated like a credit card at a merchant or provider terminal because it does not require a P.I.N. number before processing a transaction. There is no additional line of credit associated with the card, and no credit check will be performed.

3. Over the Counter (OTC) Items.

While in a Limited Purpose Medical Care FSA, the Flex Benefits Card is ineligible at Pharmacies, Grocery Stores and retail Discount Stores. For preventive care over the counter items, a signed claim form along with receipts and medical documentation from a physician stating that the item is for preventive care items may be required. Exception: Over the counter vision care items may be submitted for reimbursement without satisfying the deductible.

Once the annual Consumer Driven Health Plan (CDHP) deductible has been satisfied and EOBs submitted to Key Benefit Administrators, the participant will be in a "Post-Deductible Medical Care Flexible Spending Account (FSA)". At which time, the participant will be able to use the Flex Benefits Card at IIAS Certified Pharmacies, Grocery Stores and retail Discount Stores. Please see Page 5 for details of the deductible to be satisfied under the State of Indiana's Limited Purpose Medical Care FSA.

4. Health Care Related Providers

While in a Limited Purpose Medical Care FSA, Debit Card usage is restricted to dental and vision merchants/providers. All other eligible claims must be submitted with a signed claim form and fulfill substantiation requirements including evidence the Consumer Driven Health Plan (CDHP) deductible has been met (when applicable) or supporting preventive diagnosis provided (when applicable.)

Once the annual Consumer Driven Health Plan (CDHP) deductible has been satisfied and EOBs submitted to Key Benefit Administrators, the participant will be in a "Post-Deductible Medical Care Flexible Spending Account (FSA)". At which time, the participant will be able to use the Flex Benefits Card at Health Care Related Providers.

5. Substantiation Requirements.

a. Substantiation Request – In order to confirm the eligibility of all expenses charged to your Flex Benefits Card, you may be asked to provide supporting information about your purchase. Key Benefits Administrators – FlexPro follows the IRS-defined Limited Purpose Medical Care Flexible Spending Account Flex Benefits Card audit guidelines.

Although the Flex Benefits Card provides direct access to your FSA dollars, it does not eliminate the need for your Key Benefit Administrators-FlexPro™ Administrator to verify the eligibility of the item(s) purchased as requested by the IRS.

The following substantiation criteria is required.

Substantiation Requirements

- 1. Name of Patient**
- 2. Date of Service or purchase**
- 3. Name of Provider or Merchant**
- 4. Type of Service or Supply including:**
 - a. Evidence the annual CDHP deductible from the CDHP has been met (when applicable)
 - b. Supporting preventive diagnosis provided (when applicable.)
- 5. Amount of Service or Supply**

NOTE: Credit card receipts without transaction details as noted in the substantiation requirements above are not eligible receipts.

b. Ineligible Expenses — Should your transaction detail reflect your Flex Benefits Card purchase was for ineligible expenses, or if the necessary documentation was not provided to the Plan Administrator in a timely manner, the transaction will be considered 'denied/ineligible' and you must reimburse Key Benefit Administrators - FlexPro for the amount charged to the Flex Benefits Card. Your Flex Benefits Card will be temporarily deactivated if reimbursement is not made immediately.

6. What happens if I try to charge \$50 but I only have \$30 left in my available account balance?

The \$30 remaining balance in your flex account will be used to pay for your purchase. An alternate method of payment will be required for the remaining \$20 purchase.

7. What if my provider doesn't have a charge card terminal?

You can still utilize funds from your account using the traditional method (you pay the provider, submit a claim form and detailed invoice/receipt, and receive reimbursement via check) by mailing or faxing your claim paperwork to Key Benefit Administrators - FlexPro.

8. What do I do if my card is lost or stolen?

You should immediately contact a Key Benefit Administrators - FlexPro Customer Care Representative at (800) 558-5553 and visit the web site www.benefitspaymentsystem.com to report your Flex Card lost or stolen. You will receive a replacement card within 7-10 days.

9. Where can I view my Flexible Spending Account history?

Go to www.benefitspaymentsystem.com. After following the instructions to 'Create Account,' you will be able to check on your current account balance, request statements on demand, and review your detailed transaction history.

10. Please visit our website for related forms and information on Flexible Benefit Plans.:

www.keyfamily.com/kba/flexhome.asp

11. When does the new plan year start on my debit card for State employees?

The new plan year begins on January 1st annually and your debit card will automatically be re-loaded with the new annual amount you have elected. Any money left over from the previous plan year can be accessed only with paper claims – the State provides a 74-day grace period in which you can continue to incur expenses to use up the money from the old plan year. Another 90-days is allowed by the State in which to submit those incurred charges from the previous year's plan and subsequent grace period extension. **Remember:** If you do not use the money you have contributed, you will lose it.



Key Benefit Administrators - FlexPro P.O. Box 55210 Indianapolis, IN 46205

800-558-5553 * 317-284-7150 *** Fax: 866-241-1488 * 317-284-7269

FlexPro@keybenefit.com

Limited Purpose Medical Care FSA Frequently Asked Questions

This packet is only a brief overview of benefits that may be eligible under your plan.

Who can participate in the Limited Purpose FSA Plan?

Full-Time employees participating in a Consumer Driven Health Plan (CDHP).

How do I sign up?

Enroll using People Soft self service by Monday following pay period in which you were hired or during open enrollment.

How do I determine how much money to allocate?

Be conservative! Only consider your known expenses. Do not allow for things that might happen. A list of eligible expenses and a worksheet are provided to help you calculate your expenses for the upcoming plan year.

Are there limits?

The maximum annual amount for the Limited Purpose Medical Care FSA is \$5,000 per family.

I went to the doctor before the plan year began, but I did not pay the expense until after the plan year started. May I include that expense?

No. Services must be incurred within the plan year. The date of payment does not matter.

Can I change my annual allocation anytime during the Plan Year?

You may change your annual allocation if you experience a qualifying event. Examples of qualifying events are marriage or divorce, death of a spouse or dependent, birth or adoption of a child, and change in your employment or in your spouse's employment. Status changes must be consistent with the status change event and submitted within 30 days of the qualifying event.

What happens if I do not use all of my annual allocation?

The IRS has established a "use it or lose it rule." If you do not use all of your annual allocation, you will forfeit any remaining amount. For example, if you allocate \$500 and only submit \$450 in expenses, you will lose the \$50 (not just the taxes.) So, please be conservative when you determine your annual allocation.

What expenses are eligible under the Flex Plan?

A list of eligible and ineligible expense listed previously. Please pay special attention to the orthodontia claims submission requirements for your Plan which are listed on the Plan Specifics page.

What happens if I terminate my employment?

Termination from employment ends eligibility. Terminated employees will be allowed 0 days past termination of employment to incur expenses and an additional 30 days to submit expenses and no later than June 15th. Also, you may be eligible to continue coverage under the Limited Purpose Medical Care FSA option through federal COBRA regulations.

How do I submit a claim for reimbursement?

Copies of receipts for Limited Purpose Medical Care FSA expenses must be submitted with a signed claim form. The receipts must be independent third party receipts showing the name of the provider, the date of service, the type of service, the amount of the service and the patient's name. If your insurance company covers the expense, please submit the receipt to the insurance company first. You may then forward a copy of the Explanation of Benefits from the insurance company along with the signed claim form to Key Benefit Administrators - FlexPro. Cancelled checks are not eligible as receipts for Limited Purpose Medical Care FSA expenses. The total amount of reimbursement you selected for the Plan Year will be available at all times during the Plan Year, so long as the payroll deductions are current.

Claim forms, including detailed receipts/invoices, may be sent for processing via:

Fax to: (317) 284-7269 or (866) 241-1488

Email to: FlexPro@keybenefit.com

Mail to: Key Benefit Administrators – FlexPro
PO Box 55210
Indianapolis, IN 46205

Will I receive information throughout the year telling me where I stand on my account?

Yes, you will receive periodic reports showing your account activity. You will also receive a reminder letter before your plan year ends, if you have a balance in your account.

Will my participation in the Flex Plan affect my Social Security?

You will not pay Social Security taxes on the money you contribute to the Flex Plan. Therefore, your future Social Security benefits may be slightly reduced. However, the tax savings you receive from this plan should be more than any reduction in your Social Security benefits.

How do I submit expenses, if I have money left from the previous year?

State employees will utilize a signed claim form and corresponding third-party substantiation, if necessary, to access the previous year's money. Debit Cards will be re-loaded with the new year plan dollars on January 1st, and previous year plan dollars will not be available except through the paper claims process.

How Much Can Be Saved By Participating?

Is a Limited Purpose Medical Care Flexible Spending Account Right For You?

	YES	NO
Do you have out-of-pocket costs associated with the State’s CDHP medical plan? Limited Purpose FSA expenses are beyond the deductible and include preventive care.	<input type="checkbox"/>	<input type="checkbox"/>
Do you have out-of-pocket dental expenses? (i.e., cleanings, fillings, orthodontia, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Do you have out-of-pocket vision expenses? (i.e., exams, glasses, contact lenses, LASIK, etc.)	<input type="checkbox"/>	<input type="checkbox"/>

If you answered **YES** to any of these questions, you can reduce the taxes that you pay by participating in your employer sponsored Flexible Benefits Plan and therefore **increase your take home pay!**

Set aside pre-tax dollars for eligible expenses you will incur during the plan year.

Remember reimbursement under the Limited Purpose Medical Care FSA will be limited to: a) Services or treatments for dental care (excluding premiums); b) Services or treatments for vision care (excluding premiums); c) Services for preventive care. Preventive care limited to diagnostic procedures and services or treatments taken to prevent the onset of a disease or condition that is imminently possible. Preventive care does not include services or treatments that treat an existing condition. A diagnosis or letter of medical necessity may be required to consider claim reimbursement; d.) Post-deductible expenses: eligible medical expense incurred after the “deductible” of the Consumer Driven Health Plan (CDHP) has been satisfied. The deductibles under this plan are conditioned on the Participant’s family status and are described on Page 5.

I. Dental and Vision Care Expenses:

Dental care	\$ _____
Orthodontia	\$ _____
Vision Exams	\$ _____
Eyeglasses, Contact lenses, solution	\$ _____

II. Medical Care Expenses: Post Deductible and Preventive Expense

Prescription drugs	\$ _____
Doctor office visits	\$ _____
Physical exams	\$ _____
Well-baby care	\$ _____
Chiropractic care	\$ _____
Insulin and related supplies	\$ _____
Hearing care	\$ _____
Other Medical Expenses	\$ _____

Total Annual Medical, Dental, Vision Expenses: \$ _____

Multiply by an estimated tax savings of 26%

x 26%

Your Estimated Annual Tax Savings: \$ _____

More take home money to pay for those eligible expenses.





THIS SIGNED FORM MUST ACCOMPANY EACH GROUP OF RECEIPTS SUBMITTED

Employee Name: _____ ID or SSN Number: _____

Email address: _____

Home Address: _____
Number & Street City State Zip Code

Please check if new address

Daytime Phone Number: _____ Number of pages: _____

To the best of my knowledge and belief, my statement in this Request for Reimbursement is complete and true. I am claiming reimbursement only for eligible expenses with the date of service incurred by me, my spouse, or my qualified dependent(s) during the applicable plan year. I certify that these expenses have not been reimbursed by any other source, nor will any reimbursement be sought from any other source. By signing and submitting a Dependent Care Reimbursement Request, I am certifying that expenses for which I request reimbursement satisfy all dependent care guidelines. I and my spouse, where applicable, are gainfully employed or a full-time student and not on leave. In accordance with the Flex Benefit Plan, I authorize my Flexible Spending Account(s) to be reduced by the amount requested.

Employee Signature: _____ Date: _____
Signature Required

Medical Care Expenses:

Expenses that may be covered by your (or your spouse's) medical, dental or vision plan must first be submitted to the appropriate insurance carrier. The Explanation of Benefits (EOB) you receive from your insurance carrier may then be submitted to Key Benefit Administrators - FlexPro as a qualifying receipt towards your FSA Plan. Medical care receipts must be from an independent third party and must include the Name of the Patient, Name of the Provider, Type and date of Service or Supply provided (Names of Prescriptions are required), and the Amount of the Service or Supply. Receipts for eligible over-the-counter (OTC) drugs or medicines must include the same information but the type of Supply and the Patient's Name may be hand written on the receipt by the participant if necessary. If necessary please add additional pages.

NOTE: Eligible expenses may be restricted for employees in a Limited Medical Care FSA. Eligible OTC expenses are only eligible post-deductible. The deductible for the respective CDHP must be satisfied. Additional substantiation requirement will apply.

Table with 6 columns: Name of Patient or Dependent, Date(s) of Service, Name of Provider or Merchant, Type of Service or Supply, Medical Care Charge for each service/supply, Flex Card Purchase Substantiation. Includes a Total row.

As requested, a letter of medical necessity is included. A letter of medical necessity is on file.

Dependent Care: Dependent Care receipts must include the Name of the Provider, Dates of Service, Name of the Dependent(s), Fee for Service or you may have your Dependent Care Provider complete and sign below (Original Signature required).

Date(s) of Service: (to & from) _____ Amount to be reimbursed: _____

Dependent(s) Name: _____ Dependent(s) Date of Birth: _____

Dependent Care Provider Name and Tax ID #: _____

Dependent Care Provider Signature: _____ Date: _____

Dependent Care expenses for the care of a qualifying individual that are for the purpose of enabling the employee and the spouse, when applicable, to be gainfully employed or a full-time student are eligible. Dependent Care may not be reimbursed while on Leave of Absence (LOA). Exception for short, temporary absences. An absence of no more than 2 consecutive calendar weeks is considered a short, temporary absence. A taxpayer who is gainfully employed is not required to allocate expenses during a short, temporary absence from work, such as for vacation or minor illness, provided that the caregiving arrangement requires the taxpayer to pay for care during the absence.

The following reimbursement request rules apply: Medical Care and Dependent Care expenses must be incurred within the appropriate Plan Year. See Plan Specific page for eligibility requirements. Photocopies of receipts are acceptable. Please retain a copy of all receipts for your own records. Cancelled checks are not acceptable receipts. This form must be signed and submitted with applicable receipts.



Key Benefit Administrators - FlexPro P.O. Box 55210 Indianapolis, IN 46205
800-558-5553 * 317-284-7150 *** Fax: 866-241-1488 * 317-284-7269

FlexPro@Keybenefit.com