



# Reimbursement Account Request INSTRUCTIONS

- Use this form as a request for disbursement of expenses incurred during the plan year.
- If you are submitting expenses for more than one plan year, you must submit a separate form for each year that you are an eligible participant. Complete all information, and be sure to sign the reimbursement request in Section 4.
- Each expense you submit must be properly documented.
- Attach all documentation securely to the form and retain copies for your records.
- Mail completed form and documentation to: **Account Service Center, P.O. Box 22128, Pittsburgh, PA 15222-0128;**  
Phone: 1-800-524-5503; Fax: 412-394-9669

## 1 Employee Information

Please print or type all information.

## 2 Health Expenses

Each expense that you submit for reimbursement must be properly documented. Acceptable forms of documentation include Explanation of Benefits Forms (EOB) from insurance companies, and bills from providers of services. A bill from a provider must be on the provider's letterhead or billing form, and must include the following information: name of patient, date of billing, date of service, description of service or item, and amount charged for service. Bills for prescription drugs and eligible equipment, appliances or supplies must include the above information.

Bills showing "Balance Forward", "Amount Due" or similar wording, are not acceptable. Cancelled checks, bank statements, credit card receipts, and credit card statements are not acceptable.

Cash register receipts are acceptable for over-the-counter drugs and medicines ONLY and must include the merchant name, date of purchase, and the name and amount of the expense. If the product name is not on the receipt, a portion of the actual merchandise package that includes the name and quantity of the medication (i.e., box top) may be submitted with the receipt of purchase.

## 3 Dependent Care FSA Expenses

*Eligibility Requirements. . .*

The expenses are either (1) for household services attributable to the care of a "qualifying individual"; or (2) for the care of a "qualifying individual" outside your home by an individual or at a facility. *(If care is provided outside your home for more than six individuals at a single location, that location is treated as a dependent care center and must comply with applicable state or local regulations.)* Transportation expenses are not reimbursable. Expenses for education, food, and lodging are reimbursable only if they are incidental to the care of a dependent. Educational expenses for a child in kindergarten or higher grades are not eligible for reimbursement.

*A Qualifying Individual Is. . .*

- A dependent of the Flexible Spending Account participant who is under age 13 and with respect to whom you are entitled to a deduction on your federal income tax return. *(If you are divorced or legally separated, the requirement that the child be an exemption deduction does not apply if you have custody of him or her for more time during the year than the other parent.)*
- An individual (e.g., a parent or child age 13 or older) who resides with you, who is physically or mentally incapable of self care, and who you claim *(or able to claim)* as a dependent on your federal income tax return.
- A spouse who is physically or mentally unable to care for himself or herself.

The expenses must be for the purpose of allowing you (and if married, your spouse) to be gainfully employed during the period when you are responsible for the qualifying individual.

If married, the amount of reimbursable expenses for a taxable year will not exceed the lesser of your earnings or your spouse's earnings for that taxable year. If your spouse is a full-time student, or physically or mentally unable to care for himself or herself, your spouse is deemed to have earnings of \$250 a month (\$500 a month if you have two or more qualifying individuals). If you are not married at the end of the year, the limitation on reimbursement will be based on your earned income for that year.

*Documentation Requirements. . .*

Each expense that you submit for reimbursement must be properly documented. Acceptable documentation for a dependent care claim is a bill from the provider of services.

A bill from a provider must be on the provider's letterhead or billing form and must include the following information:

- Name of dependent
- Date of billing
- Date of service
- Description of service or item
- Name of Provider
- Provider's EIN or SSN
- Provider's address
- Amount charged for service

## 4 Employee Signature

Please be sure to sign the form and provide a number where you can be reached during business hours.