



HEALTH CARE FLEXIBLE SPENDING ACCOUNT REQUEST FOR REIMBURSEMENT

Participant Name (Please print: First, MI, Last): _____

Participant ID # (use Employee ID # or 8-digit University ID #): _____

Instructions for completing the form:

(Further detailed instructions are on the reverse side of this form)

Attach all supporting documentation with a single staple in the top left hand corner.

Receipts smaller than 8 1/2 x 11 should be taped (not stapled) to a plain sheet of paper with all information visible.

Submit forms by campus mail, US mail or by dropping it off personally to University Benefits at 120 USB, Iowa City, IA 52242.

Claim forms that are not complete will be returned to the participant for correction.

IMPORTANT: Be sure to keep copies for your records.

DID YOU KNOW?

You can submit your request for reimbursement online in your [Employee Self Service](#) site. Online submissions are generally processed 2-3 days faster than a paper claim.

Please PRINT all requested information:

One date of service, one patient, one provider per entry line.

#	Date of Service mm/dd/yy	Patient Name (must be participant or IRS eligible dependent)	Name of Provider of Service or Vendor of Purchase	Amount Requested
1				\$
2				\$
3				\$
4				\$
5				\$

Total Amount of Reimbursement Requested:

\$

By submitting this claim, I request payment from my Flexible Spending Account for the listed expense(s). I attest that the expense(s) were incurred only for myself, my spouse, or my IRS-eligible dependents during the timeframe in which I participated in the plan. I further attest that I have not received, nor will I receive, reimbursement for these expenses through my health insurance policy or my spouse's health insurance policy, if applicable. I understand that any expense for which I am reimbursed may not be used to claim any federal income tax deduction or credit. I also understand that I am responsible for ensuring the expenses are acceptable per the IRS guidelines, and appropriate supporting documentation is provided.

Participant Signature:

Date:

To begin reimbursement processing, this form MUST be filled out completely, signed and dated by the participant and submitted with your supporting documentation.

For Office Use Only	The expenses above have been audited, approved for reimbursement in the amount of:	For calendar year:	The approved amount has been entered for reimbursement:

Eligible expense information is available on our website.

- Any expense covered by insurance must be processed through said insurance plan before consideration can be given for reimbursement from a Flexible Spending Account.
- Any expense not covered by insurance must include a signed statement from the participant that patient does not have insurance or the expense is not covered by the insurance plan.

Instructions for completing this form

Please print the required information.

One date of service, one patient, one provider per entry line.

Information entered must match supporting documentation.

1. **Participant Name and ID#:** PRINT your name and use your University or Employee ID number. Please do not use your Social Security number.
2. **Date of Service:** This is the date the services were provided, not the billing date. Only expenses incurred while you were an active participant in the plan are eligible for reimbursement.
3. **Patient Name:** Name of eligible family member receiving the service. Eligible dependents usually include the plan participant, his/her spouse, and his/her dependents, as defined by the IRS.
4. **Name of Provider of Service:** Provide the name of the company or individual providing the service. The provider information must match the supporting documentation.
5. **Amount Requested:** Indicate the amount of expenses eligible for reimbursement. Proper documentation must be provided for reimbursement.
6. **Attach Documentation:** After completing the reverse side of this form, attach documentation described under a. or b. below.
 - a. **Expenses covered by insurance:** Attach the Explanation of Benefits (EOB) from the Insurance plan. You receive this statement from an insurance provider after a claim has been submitted. The EOB indicates expenses paid by the plan and the amount you must pay.
 - b. **Expenses not covered by insurance:** Include a signed statement from the participant that patient does not have insurance or the expense is not covered by the insurance plan. Please also include an itemized statement indicating:
 - 1) Type of service or product provided;
 - 2) Date expense was incurred;
 - 3) Name of employee or dependent for whom the service/product was provided;
 - 4) Person or organization providing the service/product;
 - 5) Amount of expense;
 - 6) For over-the-counter products, the receipt must indicate the name of the product and date purchased. If the receipt does not clearly identify the product, attach a photocopy of the box or bottle.

NOTE: For expenses with documentation smaller than 8 ½ x 11, receipts must be taped to a blank sheet of paper with all information visible. This includes, but is not limited to, retail receipts and Rx tags.
7. **Signature:** Sign and date your form. Unsigned forms will be returned to the plan participant for correction.
8. **Submit claim:** By campus mail, U.S. mail or by dropping it off personally to the University Benefits Office, 120 University Services Building, Iowa City, IA 52242.

Processing, Reimbursements, and Returns

- Paper claims are generally processed by University Benefits within ten days of receipt. Online claims are generally processed 2-3 days faster. During peak times, processing can take longer due to the volume of claims submitted.
- Reimbursements for claims are made by direct deposit each business day. Typically, funds are available from financial institutions 2-3 business days following the reimbursement process. If the University or banking system is closed for holidays, the payment will be delayed until the next business day.
- Reimbursements are made to the account designated in Employee Self Service. You can set up or view the account on file in your [Employee Self Service](#) site under the Payroll Direct Deposit section.

- Use of Flexible Spending Accounts Funds and Returns:

Caution – Product Returns and Cancellations: According to the Internal Revenue Code, money received by an employee for claims filed under the Flexible Spending Account Program must be used for the purposes authorized.

If money is requested for the purchase of a product which is subsequently returned, or the order for the product is cancelled, then the money received by the employee must be returned to the University to be credited to the employee's Flexible Spending Account. The funds may be used for other appropriate purposes for that year. Failure to return funds to the University in these situations is a violation of University policies and IRS regulations. ***Abuse of the Flexible Spending Account program will result in disciplinary action against the employee including possible termination, reporting of taxable income to the IRS and/or criminal charges for theft.***

For more information and other printable forms, visit the [University Benefits website.](#)

Personal account information as well as online FSA submission is available on your [Employee Self Service site.](#)