A Guide to Your Flexible Spending Account

Florida Education Association

MERITAIN™ HEALTH

An Aetna Company

Flexible Spending Accounts

Making the most of your money

What if you could make your earnings stretch further? A **Flexible Spending Account (FSA)** can help you to do just that. Florida Education Association offers you an opportunity to participate in two FSA programs: A Healthcare FSA and a Dependent Care FSA. An FSA is a tax-effective, money-saving option that will help you pay for qualified healthcare expenses that aren't covered by your medical plan, and for dependent care services necessary to enable you to work.

Here's how an FSA works:

- **Eligible medical expenses.** Use pre-tax dollars to pay for eligible medical care expenses not reimbursed by a medical plan. All IRS code 213(d) expenses are eligible, including your deductible, coinsurance and copays, and expenses above usual and customary limits, as well as out-of-pocket expenses on prescription drugs, dental, vision, hearing and orthodontic care. Certain over-the-counter items may qualify, too.
- **Dependent care costs.** Pre-tax dollars can be set aside for day care type expenses for eligible children or adults. Expenses are eligible if they're for the care of a person under age 13, or an older dependent who is unable to care for themselves. They must regularly spend at least eight hours a day in your home.

Maximize your savings potential

You will gain the most savings from your FSA if you plan carefully. When you enroll in an FSA, you designate in advance the amount of money you wish to have deducted from your salary and deposited into your FSA over the length of a year. To do this, you must estimate in advance the annual costs you want your FSA to cover.

If you underestimate, you will deplete your FSA before the end of the year, losing some of your tax-savings potential. If you overestimate and there is money left in your FSA at the end of the year, you will unfortunately forfeit this money. The IRS's rule of thumb is *use or lose*.

Important note! While it probably is not possible to precisely anticipate your eligible FSA costs, Meritain Health provides two calculation worksheets to help you: *FSA Worksheet and Eligible Expenses Guide* and *Dependent Care FSA Determination*. These worksheets are located in this kit, and include examples of eligible and ineligible expenses that can be applied towards your Healthcare and Dependent Care FSAs.

The bottom line

An FSA saves you money. Pre-tax deductions mean that your payroll taxes (federal, state and Social Security) are decreased and your take-home pay is increased. Your gross earnings are adjusted to account for the amounts withheld, and your tax percentage is applied to a lower amount of income. You maximize your spendable income. And that's a goal we all share.

These materials were created to help you understand the benefits available to you. This is not a Summary Plan Description and is not intended to replace the benefit summary or schedule of benefits contained within the Plan. If any provision of these materials is inconsistent with the language of the Plan, the language of the Plan will govern. Meritain Health is not an insurer or guarantor of benefits under the Plan.

Frequently Asked Questions About FSAs

If I have a question about my FSA, whom should I call?

You can contact your dedicated service team for help with claims questions, or for more information about your benefits. The phone number for customer service is **1.800.566.9305**.

What is the maximum amount of money I can contribute each year?

You may contribute up to **$2,550** towards the healthcare portion of your FSA. For dependent care, the IRS allows a contribution of up to $5,000 per calendar year, or $2,500 if you are married and filing separate tax returns.

What if I want to change my election mid-year?

IRS regulations do not allow you to stop, start or change your contributions at any time during the plan year UNLESS you experience a qualified change in status, such as a change in marital status, number of dependents or employment status. Keep in mind that the election change must be consistent with the event.

How do I file a claim?

Fill out a claim form and attach your healthcare and/or dependent care receipts. Claim forms are available inside this packet. If you need additional forms, contact your benefits department, or access forms online at **www.meritain.com**. If you have access to your FSA using a benefits debit card, please refer to the information on the next page of this packet.

How often can I submit reimbursement requests?

Claims can be submitted at any time; however, your employer has chosen to issue checks weekly on Mondays. Claims need to be received by Meritain Health at least five business days prior to this date.

What if I have more expenses during the plan year than I have contributed at that time?

The annual amount you have elected for healthcare costs is available to you at the beginning of the plan year. The amount available for reimbursement for dependent care is limited to the balance in your account.

What if I still have money in my FSA at year's end?

Legislation governing FSAs includes a *use or lose* feature, so unused funds are lost at the end of the plan year. Please review the ***FSA Reminders*** page within this kit, for the FSA claim filing deadline.

If you don't have medical benefits with Meritain Health

If you have opted to enroll in an FSA but do not have medical benefits with Meritain Health, you can access your FSA balance online at **www.meritain.com**.

What if I terminate employment?

Reimbursement can only be requested on healthcare expenses incurred before the date of your termination, unless you qualify and elect continuation of coverage under COBRA. You will have **90 days** following the date of termination to submit your FSA claims.

Your Benefits Debit Card

What is a benefits debit card?

Your benefits debit card is a special-purpose **MasterCard®** that gives you an easy, automatic way to pay for qualified healthcare expenses. You can electronically access the pre-tax dollars set aside in your FSA.

How does my debit card work?

It works like a MasterCard®, with the value of your FSA contribution stored on it. When you have a qualified, eligible expense at a business that accepts MasterCard debit cards, you can simply use your benefits debit card. The amount of the qualified purchases will be deducted—automatically—from your account, and the pre-tax dollars will be electronically transferred to the provider/merchant for payment.

Is this just like other MasterCards®?

No. Your benefits debit card is a special-purpose MasterCard that can be used only for qualified healthcare/benefits expenses. It cannot be used, for instance, at gas stations or restaurants. There are no monthly bills and no interest.

Where can I use my debit card?

Your card can be used to pay for eligible goods and services at providers/merchants that offer these goods or services and accept MasterCard. IRS regulations allow benefits debit card holders to use their cards in discount stores and supermarkets that are able to identify FSA-eligible items at checkout. If a card holder tries to use his or her card in a discount store or supermarket that does not offer this feature, the card may be declined.

ACA note: You will need to obtain a prescription for any OTC medications or drugs in order to receive reimbursement from your FSA. You may use your debit card to purchase OTC items that contain a medicine or drug as long as you present your prescription to the pharmacist at the time of purchase.

Please visit **www.IRS.gov** for further details regarding stipulations put in place by the IRS. As a result of the ACA, the list of participating discount stores and supermarkets may have changed. Be sure to visit **www.sig-is.org** for a current list of participating stores.

Do I need a new card each year?

No. As long as an FSA remains part of your benefits plan and you elect to participate each year, your card will be loaded with your new annual election amount at the beginning of each plan year. The debit card is valid for five years; but, if you skip a year, your original card will be reactivated.

Please note: If you did not keep your original card, you will need to request a new card. If you need a new debit card, please call Meritain Health at **1.800.566.9305**.

Why do I need to save all of my itemized bills or EOBs?

You should always save itemized bills or EOBs for FSA purchases made with your benefits debit card. You may be asked to submit those documents to verify that your expenses comply with IRS guidelines. You must show the merchant or provider name, the service received or the item purchased, the date and the amount of the purchase. You will be notified if there is a need to submit a receipt.

What if I fail to submit receipts to verify a charge?

If receipts are not submitted as requested to verify a charge made with your benefits debit card, the card may be suspended until receipts are received. You may be required to re-pay the amount charged. Meritain Health will notify you if your card has been suspended because we have not received a receipt. Submitting a receipt or repaying the amount in question will allow the card to become active again.

Remember to always save your receipts!

This is important to confirm that your expenses are eligible. Valid receipts display:

- Merchant or provider name.
- Service rendered or item purchased.
- Date and amount of purchase.

FSA Reminders

Group number

15093

Plan year

1/1/2016–12/31/2016

FSA Reimbursement checks

Claims are processed weekly on Mondays.

Healthcare FSA maximum

$2,550

Dependent Care FSA maximum

$5,000 per household or $2,500 per spouse if filing separate tax returns.

Claim forms

A completed claim form must accompany every claim. Claim forms can be obtained from your employer or downloaded at **www.meritain.com**.

Claim submission

Mail FSA claim forms and attachments to:

Meritain Health
P.O. Box 27847
Minneapolis, MN 55427-0847

Or fax to: **1.763.852.5004**

End of the year run-out

- **Healthcare FSA.** Your employer has opted for the grace period extension offered by the IRS, which allows an additional **2 ½ months (3/15/17)** to incur expenses toward your healthcare FSA after the plan year has ended.
- **Dependent care FSA.** You may incur dependent care claims up until the end of the plan year **(12/31/16)**.

Healthcare and dependent care FSA claims can be submitted up until **3/31/17**.

Terminated employee filing deadline

You will have **90** days following the date of termination to submit healthcare FSA claims incurred while employed at Florida Education Association. You will have **90** days following the date of termination to submit dependent care FSA claims.

Election changes

The IRS does not allow changes in your annual election unless you have a qualified change in status. You need to notify your employer within **30** days of any qualified status change.

Viewing claims with myMERITAIN

For online claim status inquiry, log on to **www.meritain.com** by following the steps below.

- Click on the link for *First Time Users*.
- Enter your member ID, date of birth and group number.
- Your password will then be emailed to you.

For additional plan information

For additional plan information, refer to your Summary Plan Description (SPD), contact your employee benefits department, or contact our FSA team at **1.800.566.9305**.

The Right Balance: Look Over The Counter!

Guidelines for Over-The-Counter (OTC) medications and supplies for FSAs

The Internal Revenue Service (IRS) allows FSA reimbursement for certain OTC items. To confirm whether or not an item is allowable before it's purchased, you may contact Meritain Health toll-free at **1.800.566.9305** or visit **www.irs.gov**.

Important note: OTC items that contain a medication or drug are not eligible for reimbursement through your FSA without a doctor's prescription. In other words, you must first obtain a prescription for any OTC medications or drugs in order to obtain reimbursement from your FSA, regardless of when the plan year ends. OTCs that do not contain medications or drugs will not require a prescription.

In order for the OTC medicine and/or drug to qualify as a prescription, there must be a written or electronic order that meets the legal requirements of a prescription in the state in which the medical expense is incurred. Also, that the prescription must be issued by an individual who is legally authorized to issue a prescription in that state.

How do I know which OTCs will require a prescription?

OTCs that will require a doctor's prescription include, but are not limited to the following:

- Acid controllers
- Allergy and sinus
- Antibiotic products
- Anti-diarrheals
- Anti-gas
- Anti-itch and insect bite
- Antiparasitic treatments
- Aspirin, ibuprofen, pain relief
- Baby rash ointments/creams
- Bandages that contain antibiotic ointment
- Cold sore remedies
- Cough, cold and flu
- Digestive aids
- Hemorrhoidal preps
- Laxatives
- Motion sickness
- Respiratory treatments
- Sleep aids and sedatives
- Stomach remedies

Can I use my benefits debit card for OTC purchases?

Yes, you may purchase OTC medications and drugs with your debit card as long as you present your prescription to the pharmacist at the time of purchase. The pharmacist will need to run it through their system as they would any other prescription, assign an Rx number and otherwise meet all IRS guidelines required for debit card use. If you are unable to use your debit card at a particular pharmacy, you must pay out of pocket at the point of sale and then submit a manual claim requesting reimbursement. Please visit **www.IRS.gov** for further details regarding IRS stipulations.

Here are some helpful tips

- You can continue to use your FSA funds to purchase OTC items that do not contain a medicine or drug (for example: bandages without antibiotic ointments, splints, cold/hot packs, rubbing alcohol, thermometers, etc.).
- Insulin may continue to be reimbursed with or without a prescription.
- FSA balances are *use or lose*, when estimating the dollar amount you put in your FSA for the next plan year.

Direct Deposit For FSA Reimbursements

How the program works

When you submit a claim for reimbursement for an eligible medical or dependent care expense, the Meritain Health claims office will process it and, instead of sending you a check in the mail, Meritain Health will deposit the funds into your checking account. Later, you will receive an Explanation of Payment (EOP), giving you the full details of the reimbursement.

A $10 minimum reimbursement applies to all FSA claims, whether they are dispensed by check or direct deposit.

How to sign up for this program

As soon as possible, complete and return the setup form included in this mailing to your human resources department. Along with the setup form, you will need to provide a copy of a voided check listing your account and bank routing (transit) numbers. There is no set up fee, and this is a one-time set up process. You will only need to repeat this process if your bank account information changes.

Tired of waiting to receive your FSA Explanation of Payment (EOP) in the mail?

Members with direct deposit* can view FSA EOPs online. When your FSA claim is processed, you will receive an email notification that your FSA EOP is available to view when you log on to **www.meritain.com**.

You have the option to provide your email address to Meritain Health if you wish to begin receiving FSA EOP notices by email. If you already have your email address loaded into the Meritain Health system, you will begin receiving FSA EOP notices automatically.

Want to receive your EOP via email?

Simply provide your email address to Meritain Health, and you're on your way!

- When you elect direct deposit, simply note your email address on the direct deposit form.
- You can also contact Meritain Health and provide your email address that way. Call customer service at **1.800.566.9305**.

If you have any questions regarding the direct deposit program, please contact our FSA department at 1.800.566.9305.

FSA Reimbursement Made Easy!

The IRS requires proof that you received medical services before claims can be reimbursed by your Flexible Spending Account (FSA). Follow the guidelines below to receive prompt payment.

Guidelines for FSA reimbursement

Submit a completed and signed FSA claim form with the following attachments:

A copy of your Explanation of Benefits (EOB)

- All claims must be submitted to your insurance company or healthcare plan before you request FSA reimbursement.
- Estimates for services that haven't been received can't be accepted.

Or a receipt for copays

- Your office visit copay receipt must show the amount paid and the date of service.
- Your prescription drug copay receipt must show the name of the drug, amount paid, the date of purchase and the name of the patient.
- Credit card receipts, cancelled checks or cash register receipts can't be accepted for copays.

Or for OTC items

- Itemized cash register receipts are acceptable for OTC items/supplies that do not contain a medicine or drug.
- If the OTC item contains a medicine or drug, you will need to submit a cash register receipt as well as a **doctor's prescription**.
- A customer receipt issued by a pharmacy that identifies the name of the purchaser (or the name of the person to whom the prescription applies), the date and amount of the purchase, and an Rx number.

Or when you don't have coverage

- An itemized statement from your healthcare provider if you don't have insurance coverage (e.g., for dental or vision services).

If you have any questions, please contact our FSA department at 1.800.566.9305.

Important notes

Claim submission

Mail FSA claim forms and attachments to:

Meritain Health
P.O. Box 27847
Minneapolis, MN 55427-0847

Or fax to: **1.763.852.5004**

Prescriptions for OTCs

In order to obtain FSA reimbursement for OTCs that contain a medicine or drug, you must first obtain a prescription from your doctor.

Make sure the OTC prescription includes the following:

- Patient name
- Name of the OTC item
- Date prescribed (the prescription will be valid for one year from this date)

Orthodontic care

With your first FSA claim, submit a copy of the following: the orthodontic contract or signed financial agreement; banding date; a signed FSA claim form; and proof of down payment. For future claims, you will only need to submit a signed FSA claim form along with proof of payment.

FSA Worksheet and Eligible Expenses Guide

Estimating your healthcare expenses

The planning worksheet below can help you estimate your eligible healthcare expenses that may not be covered under your company's group insurance plan. Remember, all eligible healthcare expenses for you, your spouse and your eligible dependents are reimbursable from your Healthcare FSA.

Medical expenses	**Estimated plan year expenses**	**Vision Expenses**	**Estimated plan year expenses**
Copays	$	Contact lens supplies	$
Deductibles	$	Copays	$
Lab fees	$	Deductibles	$
Physical exams	$	Eye examinations	$
Physician fees	$	Prescription contact lenses	$
Prescription drug	$	Prescription eyeglasses or sunglasses	$
		Other medical expenses	$
Dental Expenses			
Copays	$	**Other Expenses**	
Deductibles	$	Acupuncture or chiropractic	$
Dentures	$	Hearing aids	$
Examinations	$	Immunization fees	$
Orthodontia	$	Psychiatrist, psychologist, counseling*	$
Restorative work (crowns, caps, bridges)	$	Other eligible expenses	$
Teeth cleaning	$		
Other dental expenses	$		
Total column 1	$	**Total column 2**	$
Column 1 ($) + Column 2 ($) = Total estimated expense			$

** Allowed for treatment of physical or mental disorder (e.g., depression, alcohol or drug treatment). A diagnosis is necessary for reimbursement.*

Examples of costs your Healthcare FSA may cover

- Copays, deductibles, and out-of-pocket costs
- Acupuncture as a treatment
- Certain alcoholism and drug addiction treatment costs
- Artificial teeth or dentures
- Braille books for visually impaired
- Certain residential improvements to accommodate the disabled
- Eye examinations, contact lenses (including cleaning and maintenance supplies) and eyeglasses
- Guide dogs for sight or hearing impaired persons
- Car controls for disabled drivers
- Hypnosis to treat illness
- Lead-based paint removal
- Learning disability tuition/therapy
- Psychological or psychiatric care
- Nursing home expenses
- Certain medical transportation

Important note! Reimbursement for certain services listed above is subject to specific requirements. Call the IRS toll free at 1.800.829.3676, or visit www.irs.gov, to obtain a copy.

Dependent Care FSA Determination

Dependent care tax credit vs. dependent care flexible spending account

If you have qualifying dependent care expenses, you may be able to choose one or both of two ways to reduce your taxes. You may be able to obtain a tax credit (a direct reduction in the amount of taxes you otherwise would owe) or you may be able to reduce your taxable income. This worksheet will help you decide which is better for you.

If you qualify for the tax credit, you are allowed to deduct from the taxes you owe a percentage of the lesser of

(1) your actual qualifying dependent care expense or

(2) **$3,000 if you have one dependent *or* $6,000 if you have two or more dependents**. The percentage is based on your adjusted gross income for the year. The chart to the right will help you determine your percentage.

In lieu of the Dependent Care Tax Credit, each year you may elect to have an amount deducted from your paycheck before taxes and put into your Dependent Care FSA. This amount must be used during the year for qualifying dependent care expenses. In other words, you will not have to pay taxes on the amount you contribute to the Dependent Care FSA that is used to pay your qualifying dependent care expenses. If, however, either you or your spouse has Earned Income (as defined in the plan) of less than $5,000, your income exclusion will be limited to the amount of that Earned Income.

Use the following worksheet to determine whether you should use the Dependent Care Tax Credit or the Dependent Care Flexible Spending Account. Remember to compare your actual dependent care expenses to $3,000 (for one dependent) or $6,000 (for two or more dependents). Take the lesser amount from this comparison and multiply it by your adjusted gross income percentage from the chart. This will be your tax credit.

Worksheet

	Using the tax credit	Using the dependent care FSA
Adjusted yearly gross income (subtract dependent care account)	$	$ - $
Taxable yearly income	$	$
Taxes		
Federal* (%)	$	$
State* (%)	+ $	+ $
Social Security (generally 7.65%)	+ $	+ $
Total (subtract tax credit)	= $ - $	= $ $ Total taxes

** The actual tax rate will vary depending upon your annual income. Estimate your own tax liability or check with your tax consultant.*

If your adjusted gross income is		Percentage of dependent care you can deduct from your taxes
Over	To	
$0	$15,000	**35%**
$15,000	$17,000	**34%**
$17,000	$19,000	**33%**
$19,000	$21,000	**32%**
$21,000	$23,000	**31%**
$23,000	$25,000	**30%**
$25,000	$27,000	**29%**
$27,000	$29,000	**28%**
$29,000	$31,000	**27%**
$31,000	$33,000	**26%**
$33,000	$35,000	**25%**
$35,000	$37,000	**24%**
$37,000	$39,000	**23%**
$39,000	$41,000	**22%**
$41,000	$43,000	**21%**
$43,000		**20%**

Eligible expenses

- Fees paid to a childcare center or to a day care camp that, if providing care for more than six children, complies with all state and local regulations
- Fees paid to a babysitter inside or outside the home
- Fees paid to a relative who provides dependent care services, other than your spouse, to your child (on the last day of the calendar year) or to a dependent you claim for federal income tax purposes
- Legally mandated taxes paid on behalf of the provider

Ineligible expenses

- Transportation to and from the place where dependent care services are provided
- Food, clothing and education
- Expenses for which federal child care tax credits are taken, or are claimed under your Healthcare FSA
- Overnight camps
- Tuition

See www.irs.gov for a complete listing.

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FSA Enrollment Form

EMPLOYEE INFORMATION			BENEFIT ADMINISTRATOR SECTION	
LAST NAME	FIRST NAME	MI	PLAN YEAR **1/1/2016–12/31/2016**	GROUP # **15093**
MERITAIN HEALTH ID NUMBER/SSN	GENDER ❑ M ❑ F	DATE OF BIRTH	EFFECTIVE DATE	DIVISION #
HOME ADDRESS	EMAIL ADDRESS		DATE OF HIRE	
CITY	STATE	ZIP CODE	PAY CYCLE ❑ WEEKLY ❑ MONTHLY ❑ BI-WEEKLY ❑ SEMI-MONTHLY ❑ OTHER: _____	
HOME TELEPHONE	WORK TELEPHONE			

Please check all that apply:

❑ HEALTH FSA ❑ WAIVED

I would like to contribute $_____ per pay period ($_____ annually) to my Healthcare Flexible Spending Account for the upcoming calendar year or the remainder of the current year.

PLEASE NOTE: The maximum annual election allowed by your employer is $2,550 per calendar year.

❑ DCAP ❑ WAIVED

I would like to contribute $_____ per pay period ($_____ annually) to my Dependent Care Flexible Spending Account for the upcoming calendar year or the remainder of the current year.

PLEASE NOTE: The maximum annual election allowed by the IRS is $5,000 per family or $2,500 per individual (or spouse when married and filing separate tax returns)

ELIGIBLE DEPENDENTS:

Dependent's Name (Last, First, MI)	Gender	Relationship	Birth Date
	❑ M ❑ F	Spouse	
	❑ M ❑ F	Child	
	❑ M ❑ F	Child	
	❑ M ❑ F	Child	

❑ DEBIT CARD

EMPLOYEE SIGNATURE REQUIRED

I understand that the above elections will remain in effect until the last day of the calendar year indicated on this Form. I understand that I may change my elections during the calendar year only if (1) I experience a "status change," as defined under the Plan and my change in elections is consistent with that "status change," or (2) I exercise a Special Enrollment Right as described in the Notice of Special Enrollment Periods that accompanies this Election Form. I also understand that if I do not submit a new Election Form during the next annual election period, the above elections will terminate at the end of the calendar year for which they are effective. I understand that the Employer may modify my benefit elections if appropriate to insure that the Plan complies with the requirements of the Plan and applicable law and that, subject to the requirements of applicable law, the Employer has the right to amend or terminate the Plan. I understand that if I fail to request Plan enrollment within 30 days after my (and/or my dependent's) other coverage ends, I will not be eligible to enroll myself or my dependent(s), as applicable, during the special enrollment period.

EMPLOYEE SIGNATURE	DATE

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REIMBURSEMENT REQUEST FORM

Mail completed form to:	**Meritain Health P.O. Box 27847 Minneapolis, MN 55427-0847**
Fax to:	**763.852.5004**
Customer Service:	**800.566.9305 dial 9 and Extension 120.000.2614**

Employer Name: Florida Education Association

Employee Name: _____ **SS# or ID#:** _____

Address: _____ **Telephone #:** _____

City: _____ **State:** _____ **Zip:** _____ **Is this a change of address?** ❑ Y or ❑ N

Select account from which you are requesting reimbursement, and fill out all requested information completely.
For further instructions, see Guidelines for Reimbursement *on the back of this form.*

❑ Health FSA

Date of Service	Name of Provider (e.g., physician, hospital, dentist, pharmacy)	Type of Service (e.g., copay, Rx, ortho)	Name of Patient	Amount of Expense	Was this service covered by any insurance plan?
				$	Y / N
				$	Y / N
				$	Y / N
				$	Y / N
				$	Y / N
Total amount requested from your **Health FSA:**				$	

If more space is needed, list additional requests on a separate page. Please include all requests in the total.
A minimum request amount (as established in your plan document) may need to be met before a claim can be paid.

❑ Dependent Care Assistance Plan (DCAP)

Name of Day Care Provider	Dates of Service		Dependent's Name	Date of Birth	Amount of Expense
	From	To			
					$
					$
					$
Total amount requested from your **DCAP**:					$

Provider Signature: _____ **Provider SSN# or Tax ID:** _____

Signature not required if signed receipt or Day Care Center statement is attached. Altered receipts cannot be accepted.

I certify that I have actually incurred these eligible expenses. I understand that *expense incurred* means that the service has been provided that gave rise to the expense, regardless of when I am billed or charged for, or pay for the service. The expenses have not been reimbursed or are not reimbursable from any other source. I understand that any amounts reimbursed may not be claimed on my or my spouse's income tax returns. I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.

Employee Signature: _____ **Date:** _____

Guidelines for Reimbursement

NOTE: Incomplete or illegible submission may result in processing delays. Be sure to include all necessary information, and sign and date the form. Please make copies for your records, as these documents will not be returned. If you fax your claim, keep the original.

Health Flexible Spending Account

- Attach a copy of the Explanation of Benefits (EOB) for each submission. All claims **MUST** be submitted to your insurance company prior to request for reimbursement. **Estimates for services that have not yet been incurred cannot be accepted.**

  OR

  Submit a paid receipt for your copays. **Credit card receipts, canceled checks, or cash register receipts cannot be accepted for copays. Itemized cash register receipts are acceptable for over-the-counter (OTC) items/supplies that do not contain a medicine or drug. If the OTC item <u>does</u> contain a medicine or drug, you will need to submit a cash register receipt as well as a doctor's prescription.**

  OR

  If you do not have insurance coverage, submit an itemized statement from the provider showing the provider's name and address, patient name, date and description of service and amount charged. Additionally, prescription expenses must include the drug name or number. **Balance forward or paid on account statements cannot be accepted.**

- Orthodontic reimbursement: For the first request, submit a copy of the Service Agreement or contract itemizing the treatment period, down payment, monthly payment, banding date and amount covered by insurance, if any. For subsequent claims, submit a copy of your monthly payment coupon and/or itemized receipt each time you request reimbursement.

Dependent Care Reimbursement Account

- Expenses submitted must have been incurred for the care of a "qualifying individual" for the purpose to be gainfully employed.
- A qualifying individual is (i) a dependent of yours under age 13, (ii) a dependent of yours (or your spouse) who is incapable of caring for himself/herself.

Medical and Dental Expenses Generally Eligible for Reimbursement

(Source: IRS Tax Publication 502)

You *Should* Claim

- Fees for health services or supplies provided by physicians, surgeons, dentists, ophthalmologists, optometrists, chiropractors, podiatrists, psychiatrists, psychologists, or Christian Science practitioners.
- Acupuncture.
- Fees for hospital, ambulance, laboratory, surgical, obstetrical, diagnostic, dental and X-ray services.
- Costs incurred, including room and board, during treatment for alcohol or drug addiction at a hospital or treatment center.
- Special equipment, such as wheelchairs, special handicapped automotive controls, and special phone equipment for the deaf.
- Special items, such as dentures, contact lenses, eyeglasses, hearing aids, crutches, artificial limbs and guide dogs for the vision or hearing impaired.
- Transportation for needed medical therapy.
- Nursing services.
- Rehabilitation expenses.

You Should *NOT* Claim

- Any items which will be paid for by insurance or for which you are reimbursed by insurance or any other health plan.
- Bottled water.
- Health club dues.
- Any illegal operation or treatment.
- Programs to control weight (unless the program is undertaken at a physician's direction to treat an existing illness, including obesity).
- Elective cosmetic surgery.
- Medical insurance premiums paid outside of your company by you or your spouse at his or her place of employment.
- Nursing care for a normal, healthy baby.
- Maternity clothes.
- Burial expenses.

Direct Deposit Authorization Form

MERITAIN HEALTH
An Aetna Company

SEND COMPLETED FORM TO:

Meritain Health
P.O. Box 27847
Minneapolis, MN 55427-0847

FAX: 1.763.852.5006
Customer Service: 1.800.566.9305

To be reimbursed directly into your bank account, please complete this form and mail it to the address on the right.

Type of Request ☐ New ☐ Change ☐ Cancellation

Employee Information			
Employer:			Social Security Number:
Name: (last, first, initial)			Work Phone:
Address:			Home Phone:
City:	State:	Zip Code:	☐ I elect to receive my FSA EOP notice via email. Email Address:

Financial Information			
Name(s) on the account:			
Bank or Financial Institution:			Routing/Transit Number:
Address:			Account Number:
City:	State:	Zip:	☐ Checking Account ☐ Savings Account*

Voided check (for checking account) or deposit slip (for savings account*) ~ *This is required* ~

Please place directly below

Place check / deposit slip here

Terms and Conditions

1. You must complete, sign, and date this authorization form to enroll in the direct deposit program. If you have a joint account, the form must be signed by both parties. Once your form is received by Meritain Health, there may be up to a 7- 10 business day time period before the direct deposit becomes effective. Any claims paid during this time will be mailed to you as a check.

2. In order to take advantage of the direct deposit program, your financial institution must be a member of an Automated Clearing House (ACH).

3. You will receive a direct deposit statement each time an electronic transfer is made to your account. The statement will indicate what claims are paid, as well as year-to-date information on your reimbursement account. It can take up to 72 hours for a payment to post into your account after Meritain Health transmits the funds. **Please verify that the deposit has been made into your account before attempting to withdraw funds.**

4. It is your responsibility to notify Meritain Health of any changes to your bank account, such as a closure, or a change in the account number. Complete this form with the new information, and check the change box. There may be up to a 7-10 business day processing period before the change becomes effective. During this time, you will receive checks for any reimbursement claims paid.

5. You may cancel direct deposit at any time by completing this form and checking the cancellation box. This will take effect as soon as the form is received and processed by Meritain Health.

6. If a direct deposit is returned to Meritain Health, or for any reason cannot be made to your account, Meritain Health will investigate the cause and if needed, issue a reimbursement check. Until the problem is corrected, you will continue to receive checks for any reimbursement claims paid.

7. Direct deposit services will remain in effect from one plan year to the next unless you cancel the direct deposit services.

8. Meritain Health reserves the right to automatically cancel your direct deposit services upon termination of employment or termination of your reimbursement account.

Questions? Please call Meritain Health at 1.800.566.9305.

** If the savings deposit slip does not contain a routing number maintained by your bank, you will need to submit a bank form, or statement on bank letterhead that verifies the account and routing numbers of your savings account.*

Employee / Account Holder Certification

I certify that I have read and understand the terms and conditions on this form. By signing here, I authorize my Health Reimbursement Arrangement or Flexible Spending Account reimbursements to be sent to the financial institution and account designated above. This authorization is in effect until Meritain Health has been given a reasonable amount of time to act on written notification from me to terminate the deposits and continue reimbursements with mailed checks.

Employee Signature: _____ **Date:** _____

Joint Account Holder's Signature: _____ **Date:** _____

Note: Any joint account holder MUST sign this form in order to be reimbursed.

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