

Request for Reimbursement Healthcare FSA, Limited FSA, Dependent Day Care

Social Security Number or EE ID number:

Submit by Email mybenefits@ebs-tpa.com

Name:

Submit by Fax Fax: 888-511-3743

Home Address:				Employer:			
City: State: Zip:			D	Daytime phone:			
Check here if this is a new	Email Address:						
other verification of each expo	ense, indicatii	ng; 1. Person receivir	ng care, 2. D	ion and attach an itemized bill, I Date(s) of service, 3. Description o e forward statements are not e	f service, 4. He	alth care provider,	
Person Receiving Care	Date(s) of Service	Description of Service (Office Visit, Crown, RX)		Health Care Provider (Name of Doctor, Clinic, Hospital)	Amount Requested	EBS Benefit Card used for this expense	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
						Yes No	
	tes of care, 3.			a ch an itemized statement, receip and 5. Provider's signature, or s i			
Dependent Receiving Care		Dates of Care (No future dates)		Day Care Provider		Amount Requested	
certify that I provided depen					г	Pate:	
Employee Certification: I req	juest reimbursem	ent from my Employee Re	imbursement A	Account(s) for the expenses itemized above	e. I certify that the e	xpenses for which	
eimbursement is requested under the	e reimbursement	account(s) were for service	es received eit	her by me or my eligible dependent(s). I al	so certify that I or n	ny eligible dependent(s)	
ave received the services described o	on the dates indic	ated, and these are my out	-of-pocket expe	enses that qualify as valid expenses under t	the plan and the Inte	rnal Revenue Code. I	
ertify that I have not been reimburse	d for the itemized	l expenses and that I will n	ot seek reimbu	rsement under any other plan covering he	alth benefits. I also	certify that these	
expenses are to alleviate a medical cor	ndition and not ju	st merely beneficial to my	general health.	I understand that if I, my spouse, or dependent	ndents make contril	outions to a Health	
Savings Account (HSA) or receive HSA	contributions fro	om anyone else, I must hav	e a Limited Pur	pose Medical Reimbursement Account wh	ich can only pay qua	alifying expenses related	
to vision and dental care. I further und	derstand that rei	mbursed expenses cannot l	be claimed as c	redits or deductions on my personal tax re	turn. To the best of	my knowledge and	
pelief, my statements on this form are	complete and tru	le.					
Employee Signature: (REQU	JIRED)				Date:		



GUIDELINES FOR ELIGIBLE REIMBURSMENT

General Guidelines

Employee Reimbursement Accounts are a part of Section 125 of the Internal Revenue Code that governs the tax status of Flexible Benefit Plans. Eligibility for pre-tax reimbursement is covered in Code Sections 105 / 106 (Accident/Health Plans) and Section 129 (Dependent Care).

- Reimbursement will be made directly to you; you are responsible for paying your provider.
- According to the Internal Revenue Code, if you apply for reimbursement of expenses that the IRS later determines to be ineligible, those reimbursements may be taxed as ordinary income and certain penalties may apply.
- Ineligible expenses include overpayments of reimbursable expenses, expenses that have already been paid from other sources, expenses not eligible for reimbursement as defined in Section 213(d) of the IRS Code, or as described by the plan.
- Cafeteria plans may only reimburse expenses <u>incurred</u> within the plan year. An expense is incurred when the service the is provided, not when the expense is paid.
- For specific detail on claim filing, reimbursement, and review procedures, please reference your Summary Plan Description.
- Eligible expenses and services are detailed on the EBS website at www.ebs-tpa.com

General Purpose Flex Spending Account (FSA)

Eligible expenses are qualified medical, dental and vision expenses not eligible for reimbursement from any other source.

- You may be reimbursed for expenses for yourself, your spouse, and dependents, as defined in the Internal Revenue Code
- Expenses that can be reimbursed under your health insurance plan should not be included on this form
- Expenses for services which are not medically necessary (i.e. cosmetic) should not be included on this form

Limited Purpose Flex Spending Account (LFSA)

- Eligible to participate if you or your spouse contribute to a Health Savings Account (HSA)
- Expenses limited to qualifying vision and dental expenses

Dependent Care Reimbursement (DCA)

- Expenses to provide care for your eligible dependents may qualify for reimbursement. Eligible dependents include your qualifying child under age 13, your disabled spouse or disabled qualifying child who lives with you for more than half the year, and a disabled qualifying relative who lives with you for more than half the year, for whom you provide over half his or her support.
- To be eligible, you must be working while your dependents receive care. If you are married, your spouse must be a wage earner or a full-time student for at least 5 months during the year, or is disabled and unable to provide for his or her own care.
- Expenses eligible for reimbursement are those incurred to enable you to be gainfully employed. Covered expenses include licensed day care centers or individuals other than your dependents who provide care for your children in or outside your home.
- You will be required to provide the name, address, and social security (or other tax I.D.) number of your day care provider on your federal income tax forms at year end.
- Reimbursements are available as payroll contributions have posted to your account. If claims submitted are greater than the balance in your dependent care account, reimbursement will be limited to your account balance. The un-reimbursed amount will carry forward to subsequent months in the plan year; you need not resubmit.
- IRS Regulation limits the amount you can contribute to the dependent care account to \$5000 for a single parent with children, \$5000 for a married parent filing jointly, and \$2,500 for a married parent filing separately.
- Under IRS Regulations, qualified individuals can receive a tax credit for dependent care costs. This credit can be claimed on your personal tax return. You cannot claim the tax credit for any dependent care costs reimbursed from the Dependent Care Reimbursement Account. The maximum amount that can be used for the tax credit is reduced by the amount you use from the Dependent Care Reimbursement Account.