Flex Spending Claim Form

ALTERNATIVE benefit SYSTEMS, inc.

SECTION 1: EMPLOYEE INFORMATION

Employee Social Security Number

Employer: Wilson Area SD

Employee Last Name

First Name

MI

Employee Email Address

Phone Number

SECTION 2: MEDICAL EXPENSE CLAIMS

Please read the Reimbursement Account Rules on the back of this form before completing your claim

	Patient's Name	Relationship to Employee	#1 Claim Total
#1 Claim		***__Self __Spouse__Dependent***	
Dates of Service: To		Expense Description:	

	Patient's Name	Relationship to Employee	#2 Claim Total
#2 Claim		***__Self __Spouse__Dependent***	
Dates of Service: To		Expense Description:	

	Patient's Name	Relationship to Employee	#3 Claim Total
#3 Claim		***__Self __Spouse__Dependent***	
Dates of Service: To		Expense Description:	

SECTION 3: DEPENDENT DAY CARE CLAIM

Dependent's Name(s)	Dates of service:
Name of Child Care Provider	Child Care Provider ID#
If not attaching receipts have provider sign here:	Claim Total:

EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible for reimbursement under my Reimbursement Plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee Signature **Date**

To Submit:

Mail: Box 349 Blandon, PA 19510
Fax: 855.414.6965
Email: claims@alternative-benefit.com
Mobile App: For Android and Apple devices
Online: www.alternative-benefit.com and upload via user portal

Account Rules and Claim Filing Instructions

For Medical and Dependent Day Care Accounts

1. You cannot submit a claim unless you are participating in the Plan.
2. You can be reimbursed only for eligible expenses occurring during the coverage period in which your contributions are made.
3. You can submit a claim at any time during the plan year and for a specified grace period (if employer offers) after the plan year as described in the Summary Plan Description.
4. IRS rules stipulate that any money left in the your account(s) after all reimbursements for the plan year have been processed cannot be returned. Money in one account can not be used for expenses incurred in another account. For instance, any unused amounts left in the medical account can not be used to reimburse dependent care expenses.
5. You cannot receive payment from any other source for expenses reimbursed by claim, and you certify that you are not eligible to bill any other source for the reimbursed expenses.
6. If you have received reimbursement for expenses, you cannot claim the expenses for income tax purposes.
7. Include only expenses incurred during the plan year. The year of the claim is the year the expense was incurred, not paid. (Except for orthodontia, you do not have to pay the bill in order to receive reimbursement).
8. Because each plan year is treated separately, separate claim forms must be used to submit expenses for more than one plan year.
9. Complete **ALL** the information on the claim form for each amount claimed for reimbursement. Please group each type of service with beginning and ending dates of services as well as a total amount being claimed for each group.
10. Attach copies of receipts from service providers or the Explanation of Benefits Form from Insurance Carriers to the claim. Receipts must show a date of service, service performed and fee for service. Credit card slips and canceled checks are not accepted as valid receipts.
11. Sign and date the claim.
12. Make a photocopy of the claim for your records.
13. Submit the Claim with attached receipts to Alternative Benefit Systems, Inc. according to the procedures provided.

Dependent Day Care Expenses

1. You can use a Dependent Day Care Spending Account only if you pay dependent day care expenses to be able to work. Your day care services can take place either inside or outside of your home. If you are married, your spouse must also work, go to school full time, or be incapable of self-care for you to be eligible.
2. Only (a) dependents under the age of thirteen or (b) dependent adults or children thirteen years or older who are mentally or physically incapable of self-care are covered.
3. You cannot claim expenses if the service provider is your child or stepchild and is under age 19, or if you claim the service provider as a dependent for Federal income tax purposes.
4. To be reimbursed, you must include the facility's name, and tax identification number or the Social Security number of the individual providing the dependent day care service, along with a receipt OR their signature at the appropriate place on the front of this form.
5. The maximum amount you can be reimbursed during the time you are covered in the Plan Year can not exceed the salary reduction amounts you have elected and made under the Dependent Care Assistance Plan less any previous reimbursements paid.
6. Your "beginning date of expense,, and "ending date of expense,, must be a period of time during the Plan Year. You may not submit for a period of coverage spanning two plan years, you will need to use two different claim forms.

If you have additional questions regarding submitting a claim, please call our office at (484) 248-6323 or (800) 631-2828.