



HOW DO I GET REIMBURSED FROM MY FLEXIBLE BENEFITS PLAN?

1. You have received a Request for Reimbursement form in this packet. Feel free to make multiple copies for your own use. Forms are also available at the Human Resources office. You can also go on-line to print off forms at <http://www.firstadministrators.com/ProductsServices/FlexBenefitForms.htm>.
2. Complete the Employee Information Section.
3. Complete the Medical Reimbursement and/or Dependent Care Reimbursement section(s), as appropriate. (Attach necessary documentation.)

Dependent Care Reimbursement Account:

- **You must complete the Request for Reimbursement form to receive dependent care reimbursement.**
- **Attach a completed day care receipt from your dependent care provider or have your dependent care provider sign your Request for Reimbursement form.**

Medical Reimbursement Account:

- **Process your eligible charges under your medical, dental or vision coverage first** before submitting them for reimbursement. (This includes prescription drugs and charges that you know will be applied to your deductible).
- **Attach the Explanation of Benefits (EOB) to your Request for Reimbursement form.** This is the form your medical or dental plan sends to you that shows what was applied to your deductible or how much they paid the provider.
- **If you do not have medical, Rx, dental or vision coverage,** you may submit your claim immediately. However, a complete itemization from the provider must be submitted. The following information must be present on the itemization in order to be considered:
 - *Description of service or supply*
 - *Patient name*
 - *Provider name & address*
 - *Amount of each expense*
 - *Date expense was incurred or rendered*
- **Orthodontia** will be reimbursed on a monthly basis as it has been incurred. Attach a receipt from your provider showing that treatment has been rendered and paid. For automatic reimbursement of orthodontia expenses, please complete an Orthodontic Payment Form and submit the completed, signed Form with a Request for Reimbursement.

General Information:

- **The IRS will not accept: Balance due, balance forward or received on account statements; copies of checks or cancelled checks; credit card receipts or cash register receipts as proof by themselves.**
- **Don't forget to sign and date your claim form.** The signature must be that of the employee, not the spouse.
- **Keep copies of everything that you submit for reimbursement.** You will need it for audit purposes.
- **Completed claim forms and support documentation may be submitted via fax to 712/279-8479, scanned and e-mailed to Flex@firstadministrators.com or mailed to P. O. Box 9900, Sioux City, Iowa 51102-0479.**

If you have any questions, please do not hesitate to call the Flexible Benefits/Section 125 Department at 800-941-4404 or 712/279-8508.