

# Flexible Spending Account

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## *Your Personal Tax Free Flexible Spending Account*

Congratulations! Your employer is providing you the same unique benefit that is enjoyed by employees of large companies like Exxon, NCR, Quaker Oats and many others. This benefit is known as a Flexible Spending Account. As you will see, a Flex Account has a number of benefits. It is truly unlike any other employee benefit.

### *What is a Flex Account?*

A Flex Account is a special employee benefit. From this unique Account you can pay for many things you are already buying .... before you pay tax. Eligible expenses include group insurance premiums withheld from your paycheck (handled by your payroll company), Health Care expenses not covered by insurance and Work-Related Child Care. Upon eligibility, and then again at the beginning of each plan year, through payroll deduction, you elect how much you want to deposit into your Flex Account for each category of expense. You then get to make withdrawals for eligible expenses .... tax free!

### *Getting Started*

To help you prepare for enrollment, thoroughly read this brochure. Pay particular attention to the "Estimated Expenses" worksheet in this brochure. This worksheet will help you think of expenses you can use your Flex Account for. This brochure also includes the answers to many commonly asked Flex questions and a page listing examples of eligible and non-eligible expenses. The last section explains the paperwork required for withdrawals.

## **Advantage #1 - Your Flex Account is tax-free!**

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***Everything you buy you buy with take-home pay!***

***It takes about \$1.30 of gross income to take home \$1.***

***Tax-free means .... you can pay for things you are already buying "before" you pay income taxes!***

***A Flex Account is approved by the IRS.***

***By using your Flex Account, you only have to earn \$1 .... to spend \$1.***

***There isn't another Bank Account like it!***

### ***Paying expenses with take-home pay!***

Tax-free is easy to understand when put in every day language. We all earn gross income. But, your gross income is not the amount of money you take home. Take-home pay is the amount of money you actually get to put into your checking account. Take-home pay is what is left over and can be used to buy groceries, make your car payment, and buy everything else. You spend your entire life buying things from this bottom number.

### ***It takes \$1.30 to take home \$1.00***

To take home \$1.00, you actually have to earn about \$1.30 because you have to pay Federal, State, Local and Social Security income taxes before you take any money home.

### ***Pay expenses from your gross income!***

Being able to pay for expenses before you pay taxes is known as tax-free. What if you could pay for things before you paid Federal, State or Social Security taxes? What if there was a bank account that you could use to legally pay for expenses from your gross income .... before you had to pay income taxes? What if there was a way you only had to earn \$1.00 .... to pay \$1.00?

### ***A bank account this good actually exists!***

It's known as a Flexible Spending Account and it is approved by the IRS.

### ***Spend from your gross income .... not from your net income!***

A Flexible Spending Account permits you to spend money right off the top .... not off the bottom. A Flexible Spending program allows you to put money into your Flexible Spending Account and make withdrawals to pay for eligible expenses .... before you pay income taxes. It allows you to pay for many things you are already buying anyway .... out of your gross income .... not out of your take-home pay. There is not another bank account like it!

With Flex you only have to earn \$1.00 to spend \$1.00 because you do not have to pay income taxes first. You don't have to earn \$1.30 to take home \$1.00.

## **Advantage #2 - Helps budgeting in two ways!**

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### ***1st Budgeting Advantage: Making deposits through payroll deduction is easy!***

As an employee benefit, you will be permitted to make deposits to your new Flexible Spending Account each pay period through payroll deduction. Everyone knows it's a lot easier to accumulate money if it is withheld from your paycheck before you see it.

In this next year, let's say you know you are going to continue to take medication for high blood pressure. In addition, you know your oldest daughter will be seeing the doctor for her allergies and, oh yes, you should really get that tooth crowned before you lose it altogether. Sound familiar? These are things you are already going to spend money on. What if the total of these expenses was \$750? Your Flexible Spending program allows you to deposit money each week through payroll deduction so that you will have enough money to pay for all these expenses. Budgeting \$14.42 through payroll deduction each week is a lot easier than coming up with \$750 all at once.

### ***2nd Budgeting Advantage: Your entire annual Health Care election may be withdrawn anytime during the year!***

With any other bank account you can only withdraw what you have deposited. A Health Care Flex Account, however, is not a normal bank account. This account is unique. IRS rules say that your employer must make your entire annual deposit election available for withdrawal anytime during the year. The Plan's responsibility is to reimburse you anytime during the year .... up to the full amount of your annual election. This means that, if you went to the eye doctor for new eyeglasses in July, you would be reimbursed for the full cost even though you may not have deposited the entire amount of that expense by that time. Read this last statement and believe it! It's true. There is no other bank account like it. The full amount of Health Care expenses will be reimbursed even though you may not have deposited the entire amount by that time. It's a lot better than making minimum monthly payments on credit cards like many people do to budget. See the Question & Answer section of this brochure for rules regarding reimbursement of Work-Related Child Care.

***You get to make deposits each pay period through payroll deduction***

***..... for things you are already buying anyway.***

***A Flexible Spending Account is unlike any other bank account.***

***You can actually withdraw money before you have put it into a Health Care Account!***

# **Aaugh!!! Everyone hates "Rules".**

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**The "Rules" aren't hard to live with once you know what they are.**

## **The "Rules"**

Flex Accounts enable you to pay for certain expenses . . . . TAX-FREE . . . . but you have to:

- plan ahead because you can only enroll once a year; and
- your election, with few exceptions, can't be changed during the year; and
- any money left in your account at the end of the year can not be returned to you.

So how can you know, in advance, how much money to put into your Flex Account?

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***The Secret of living within the rules: Look for eligible expenses that are "repetitive or predictable" and that you know you will be buying anyway!***

## **Repetitive Type Expenses (costs you have all the time)**

Prescription Co-Pays - for maintenance prescriptions  
Dr. Office Visit Co-Pays - for visits you go to regularly  
Contacts Lenses & Cleaning Solutions  
Annual dental cleanings & exams  
Orthodontics / Braces

## **Predictable Type Expenses (costs where you decide when)**

Medical - surgeries where you can decide when to do it  
Dental - fillings, crowns, etc. where you can decide when to do it  
Vision - eye exams & glasses where you can decide when to do it

## **WORK-RELATED CHILD CARE**

Use this account to keep the kids, tax-free, at the sitter or at daycare while you work. It shouldn't be too hard to "guess-ti-mate" the annual amount paid to them.

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***All these expenses .... are for things you know you will be buying anyway and therefore the "Rules" don't really mean anything. You know at the beginning of the year how much you will spend ..... you are going to spend the money anyway .... and therefore you will not have to worry about leaving any money in the account at the end of the year.***

**USE THIS WORKSHEET TO HELP ESTIMATE YOUR ANNUAL EXPENSES**

A Flexible Spending Account enables you to pay for Health Care expenses (medical, vision & dental) which are not reimbursed through the regular group health plan that you have selected. Also, costs for Work-Related Dependent Care can be paid for through this plan. Below are some examples of these out-of-pocket expenses you may pay for from a Flexible Spending Account. As you complete the worksheet, estimate ONLY those out-of-pocket expenses you can reasonably expect to pay during the plan year.

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**Estimated Health Care Expenses Not Paid By Insurance**

**Medical**

- Doctor's Office Visit Co-Pay .....\$ \_\_\_\_\_
- Well-baby Care.....\$ \_\_\_\_\_
- Immunizations .....\$ \_\_\_\_\_
- Prescription Co-Pays .....\$ \_\_\_\_\_
- Deductibles & Co-Pay .....\$ \_\_\_\_\_
- Hearing Exams, Hearing Aids & Hearing Aid Batteries.....\$ \_\_\_\_\_

**Dental**

- Fillings.....\$ \_\_\_\_\_
- Bridges.....\$ \_\_\_\_\_
- Crowns.....\$ \_\_\_\_\_
- Dentures.....\$ \_\_\_\_\_
- Orthodontics / Braces .....\$ \_\_\_\_\_
- Deductibles & Co-Pays .....\$ \_\_\_\_\_
- Exams and X-Rays .....\$ \_\_\_\_\_

**Vision**

- Eye Exams .....\$ \_\_\_\_\_
- Lenses/Frames .....\$ \_\_\_\_\_
- Contact Lenses & Lens Solutions.....\$ \_\_\_\_\_

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Total Annual Expected Health Expense .....\$ \_\_\_\_\_

**Work-Related Child/Dependent Care Expenses  
(required for you and your spouse to continue working)**

- Child Care/Babysitting Service .....\$ \_\_\_\_\_
- Before or After School Care.....\$ \_\_\_\_\_
- Other Dependent Care (elderly) .....\$ \_\_\_\_\_

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Total Annual Expected Child/Dependent Care Expense .....\$ \_\_\_\_\_

**Group insurance premiums are automatically paid tax-free through your Flex plan. Do not include the cost of them in your worksheet.**

## Frequently Asked Flex Questions

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### CLAIMS QUESTIONS

**(Q) How do I request reimbursement from any of my Accounts?**

(A) See the last Section of this brochure for complete details concerning withdrawals.

**(Q) How long will it take to make a withdrawal?**

(A) Reimbursement requests are processed on a daily basis. It will generally take one day plus mailing time. However, FlexBank is not subject to this time frame.

**(Q) When can I submit requests to withdraw money from my Account?**

(A) You may request reimbursement at any time. However, many people accumulate a number of bills and submit them all at once.

**(Q) Do I have to submit all requests for reimbursement before the end of the plan year in order to clean out my account each year?**

(A) No. You will have up to 90 days after the end of the plan year to make requests for reimbursement.

**(Q) If, at the end of the year, I have \$0 left in my Medical Expense Account, \$50 in a Child Care Account and medical expenses of \$50, may I use the funds in the Child Care Account and request reimbursement for the medical expenses?**

(A) No. Funds may not be transferred between accounts. Careful estimates should be made at the beginning of the year for each different type of expense.

**(Q) I was billed \$100 in March 2005 for my surgery in October of 2004. Can I be reimbursed for this with 2005 money?**

(A) No. Reimbursements are made based on your date of service, not when you paid the bill. In this case, you would be reimbursed with money from the prior year, if you have any available, because that is the year you incurred the expense.

**(Q) I have dental insurance but my dentist makes me pay a portion of my bill at the time of service. Can I get reimbursed for what I have paid?**

(A) No. Where you are responsible for a percentage of the expense, before we can reimburse you, you must first submit these types of expenses to your insurance company. Your insurance company will then send you a summary of the claims you submitted indicating what amount, if any, they have paid. This is known as an "Explanation of Benefits" (EOB). We need a copy of this EOB in order to reimburse you.

**(Q) What kinds of over-the-counter items can be reimbursed?**

(A) The IRS has stated that over-the-counter *drugs* can be reimbursed if they are used to alleviate an injury or illness. Examples are an antacid, allergy medicine, pain reliever and cold medicine. Thus, supplements such as vitamins and cosmetic products will not qualify for reimbursement.

**WORK-RELATED CHILD CARE  
QUESTIONS**

**(Q) My divorce decree requires that I reimburse my ex-spouse for childcare expenses incurred while we both work. Can I participate in the Work-Related Child Care account and submit copies of checks I have written to my 'ex' as evidence of payment?**

(A) Yes you can participate, but we cannot reimburse from a copy of a check to your ex-spouse. The evidence of payment must come from the day care provider.

**(Q) Are the claims for Work-Related Child Care expenses advanced just like claims for Health Care expenses?**

(A) No. Claims are reimbursed as monies are withheld and deposited into your Account. The dates of service must be incurred prior to reimbursement. For example, if you pay your child care provider on Monday for the entire week, the claim cannot be reimbursed until Friday, when the dates of service have been rendered.

**(Q) What is the maximum amount I can elect to set aside for Work-Related Child Care expenses?**

(A) \$5,000 is the maximum if you are single or married and filing a joint tax return. \$2,500 is the maximum if you are married and filing separate returns.

**(Q) For my Work-Related Child Care expenses I can use the Federal tax credit at the end of the year or Flex. Which is better?**

(A) In general, if your total household income is less than \$20,000, the Federal tax credit is better. Flex is probably better if your income is higher than \$20,000. Flex may also be better because Flex has a lump sum limit of \$5,000 for all Work-Related Child Care expenses regardless of the number of children. The Federal credit is a *percentage of expenses*. (max. expenses on

which the credit is figured - \$3,000 per child with a maximum of two children - \$6,000).

**(Q) Can I change my elected Work-Related Child Care amount during the Plan Year?**

(A) Yes, but the reasons you can change your contributions are limited. If you have a change in cost, provider, or work status (i.e. full-time to part-time) you may make a change in election.

**INSURANCE PREMIUM QUESTIONS**

**(Q) Beyond my group insurance premium, do I have to put additional money into a Flexible Account?**

(A) No. Participation is optional beyond your group insurance premiums. However, if you do not use your Account to pay for allowable expenses, you will be paying too much in taxes.

**(Q) Will premiums for my group insurance plan(s) be reimbursed from my Account?**

(A) No. Insurance premiums are deducted tax-free from your paycheck and immediately sent to the insurance company.

**(Q) Can I elect to include premium contributions under my spouse's employer's group insurance plan?**

(A) No.

## **INCOME TAX QUESTION**

### **(Q) Are all taxes avoided on earnings deposited to my Flexible Spending Account?**

(A) Contributions deposited to a Flexible Spending Account are NOT taxable for Social Security, Federal and State taxes. Local taxes depend on the municipality to which you pay taxes. City tax is generally not payable in Ohio. Your Social Security benefits may be slightly reduced because of participation in the program. At the end of the year, your W-2 will automatically reflect the appropriate reduction for amounts contributed to your Flexible Spending Account.

## **GENERAL QUESTIONS**

### **(Q) What happens if I leave the company?**

(A) All deposits to your Account will end with your last paycheck. You may continue to submit requests for reimbursement for allowable expenses incurred during your period of employment.

### **(Q) What happens if I am laid-off, take an unpaid leave of absence, or go on sick leave or maternity leave and do not receive pay for this time?**

(A) When you return to work you will be able to "step back" into your original election and make up missed deductions.

### **(Q) Can I change my elected deposit amount during the Plan Year?**

(A) Yes. However, the reasons you can change your contribution for Group Insurance Premiums and the Health Care Reimbursement Account are limited. Permissible changes are primarily due to changes in eligibility. The following circumstances are examples of "life events" that may permit an election to be changed: marriage, divorce, death, birth, adoption, change of

employment status or termination of employment. The change of election must be "on account of the event" and must also be consistent with the request.

### **(Q) Does everyone taking the medical insurance automatically have their required contribution made tax-free?**

(A) Yes. However, you must complete an election form.

### **(Q) What happens to amounts left over in my Accounts if they have not been used during the Plan Year?**

(A) Amounts not used during the Plan Year can not be returned to you nor can they be rolled over into the next Plan Year. Amounts remaining in your Account(s) go back to your employer. This is an IRS rule. Your employer does not want you to leave any money in your Account. You will therefore need to carefully plan how much money you deposit each year so this will not happen. To help you use up all deposits for each year, you will receive an Account Statement approximately 30 days before the end of your plan year indicating if there is any money left in your Account to spend. You will then have time to use up the money before the end of the Plan Year.

## EXAMPLES OF ELIGIBLE EXPENSES

**CAUTION: THIS IS A GENERAL LIST AND IS MEANT TO BE ONLY A GUIDE.**

For medical expenses other than those allowed by your group medical insurance, but not covered in full, such as expenses applied towards your deductible or for co-pays, you should contact your Plan Administrator before making your annual election. Reimbursement ultimately depends on whether an item would have been eligible as a deductible expense on your Federal Tax Return. Expenses incurred just for general health and well-being are usually not considered a reimbursable item. Covered expenses can be:

Acupuncture	Eyeglasses, including	Physical exams accompanied by a specific diagnosis
Alcoholism treatment	Fee of practical nurse	Seeing eye dog and its upkeep
Ambulance charges	Fees of licensed osteopaths	Special communication equipment for the deaf
Artificial limbs	Handicapped persons special schools	Special education for the blind
Birth Control pills	Hearing devices and batteries	Special plumbing for the handicapped
Birth prevention surgery	Hospital bills	Sterilization fees
Braces	Insulin	Surgical fees
Braille - books and magazines – costs above normal materials	Laboratory fees	Therapeutic care for drug and alcohol addiction therapy treatments
Care for mentally handicapped child	Laetrile by prescription	Transportation expenses primarily for rendition of medical service
Child care expenses (work-related)	Lasik & PRK Eye Surgery	Tuition at special school for handicapped
Chiropractic fees	Lead base paint removal for children with lead poisoning	Tuition fee (part), if college or private school furnishes breakdown of medical charges relating to a specific illness
Christian Science practitioners' fees	Nurses' fees (including nurses' board and Social Security Tax where paid by taxpayer)	Wheelchair
Co-Insurance percentages	Obstetrical expenses	Wigs if physician prescribed as a result of accident or illness
Contact lenses & cleaning solutions	Orthotics	X-rays
Cost of most operations and related treatments	Orthodontic fees	
Costs for physical or mental illness confinement	Orthopedic shoes	
Crutches	Over-the-Counter Drugs to alleviate an injury or illness	
Deductibles	Oxygen	
Dental Fees not paid by insurance	Prescribed Medicine	
Dentures	Psychiatric care	
Diagnostic Fees	Psychologist fees	
examination fee	Retarded persons cost for special home	

### Examples of Products or Services NOT Reimbursable Through Flex Accounts

Cosmetic Surgery	Massage therapy for stress or general health	Swimming pools
Dietary Supplements	Over-the-Counter items for general health and well-being	Teeth Bleaching
Health club membership dues		Vitamins for general health
Hot tubs		Wigs for cosmetic purposes

# Making Withdrawals From Your Account Is *Easy!*

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## Health Care (medical, vision & dental) and Work-Related Dependent Care

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***Follow these instructions and get your money fast***

***A withdrawal form is a must***

***For insured expenses with a co-pay***

***For insured expenses where you pay a deductible or a percentage of the cost***

***For uninsured health care expenses***

***PLEASE NOTE.....***

***For Work-Related Dependent Care expenses***

The money deposited to your Flex Account is YOUR money. We want to make it as "easy" for you to make

withdrawals as possible. BUT ..... we, as the administrators, must follow the rules. Therefore, in order to process your request, we must have the information required to make sure your request is for an allowable expense. Receipts must say who, what, why, where, when, and how much. To assure prompt service, please follow these simple steps.

### ***ALWAYS USE A CLAIM FORM - IT'S SHORT & EASY!***

Always fully complete, date, and SIGN a Request For Reimbursement form. You may obtain a claim form from your company administrator or our website. Make as many copies as you need. See the next page for a sample form.

### ***WITHDRAWING FOR HEALTH CARE EXPENSES***

For prescription drugs, submit a copy of the tag (showing the cost, medication name, date of service, and the patient name) attached to the prescription bag. For doctor office visits or other professional providers, submit a copy of the doctor's receipt showing the date of service, the patient's name, the provider's information, the treatment rendered, and the amount of the co-pay.

Where you are responsible for a percentage of the expense, before we can reimburse you, you must first submit these types of expenses to your insurance company. Your insurance company will then send you a summary of the claims you submitted indicating what amount, if any, they have paid. This is known as an "Explanation of Benefits" (EOB). We need a copy of this EOB in order to reimburse you.

If you are requesting reimbursement for an eligible uninsured expense, you may submit copies of bills directly to us. The bill must show:

- (a) the provider's name & address
- (b) the date of service and the amount of the expense
- (c) the type of service rendered and the patient's name

***BALANCE DUE BILLS, VISA RECEIPTS, OR CANCELLED CHECKS ARE NOT ACCEPTABLE!***

### ***WITHDRAWING FOR WORK-RELATED CHILD CARE***

A receipt must accompany this type of withdrawal for expenses incurred, which should include:

- (a) the provider's name & address
- (b) the provider's TAX ID NUMBER
- (c) the date of service and the amount of the expense



# FLEXIBLE SPENDING ACCOUNT REQUEST FOR REIMBURSEMENT

EMPLOYEE NAME <b>John Doe</b>	EMPLOYEE SOCIAL SECURITY # <b>137-56-4321</b>	NAME OF EMPLOYER <b>Your Company</b>	
PLEASE CHECK IF NEW ADDRESS <input type="checkbox"/>	DAYTIME PHONE # <b>937-426-1342</b>	YOUR EMAIL <b>Home@email.com</b>	
HOME ADDRESS <b>100 South Main Street</b>	CITY <b>Anywhere</b>	STATE <b>USA</b>	ZIP <b>46413</b>
DO YOU OR YOUR ELIGIBLE DEPENDENTS HAVE INSURANCE COVERAGE FOR ANY OF THE FOLLOWING:  HEALTH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  DENTAL? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO  VISION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<b>PLEASE SIGN BELOW</b>  To the best of my knowledge and belief, my statements in this Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. I certify that these expenses have not been previously reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I authorize my FLEX account to be reduced by the amount requested.  <b>John Doe</b> <b>9/1/03</b> Employee's Signature      Date		

### HEALTH CARE EXPENSES BEING CLAIMED (Medical, Vision, Dental)

Date of Service	Name of Patient	Description of Service Provided	Amount	Administrative Use Only
3/1/03	John	Dr. Office Visit Co-Pay	\$ 15.00	
3/1/03	John	Prescription Drug Co-Pay	\$ 8.00	
6/15/03	John	Orthodontic Monthly Payment	\$ 85.00	
9/27/03	John	Glasses & Frames	\$ 275.95	
		TOTAL	\$ 383.95	

### WORK RELATED CHILD CARE EXPENSES BEING CLAIMED

Date of Service	Name of Dependents	Dependent Care Provider	Tax ID or SS#	Amount	Administrative Use Only
9/1 – 9/5/03	Jenny	Kinder Care	31-140695	\$75.00	
			TOTAL	\$75.00	



1250 West Dorothy Lane, Suite 107  
Dayton, OH 45409  
Phone: (937) 299-5515  
www.FlexBank.net  
Hours: 9 a.m. – 5 p.m. M – F

Total Pages Sent \_\_\_\_\_

Claims Fax Number: (937) 299-7992

**THIS IS YOUR COVER SHEET FOR FAXED CLAIMS**

## GENERAL FLEX WITHDRAWAL INSTRUCTIONS

- A Flexible Spending Account Claim Form **must** be submitted with each batch of requests for reimbursement.
- Complete the personal information in full as well as sign and date the form. **A signature is essential to process reimbursement.**
- Indicate the dollar amounts for reimbursement from your Flexible Spending Account.
- The date of service for the item submitted must be within your company's plan year, or it will be considered an ineligible expense. If there is no date of service on the invoice or receipt, it will be considered an ineligible expense.
- If completing the form for claims for more than one member of your family, please use the same Flexible Spending Account Claim Form if space allows.
- Reimbursement requests are processed on a daily basis. It will generally take one day plus mailing time. However, FlexBank is not subject to this time frame.
- Expenses paid by your Flexible Spending Account cannot be claimed as an income tax deduction.

## MEDICAL/VISION/DENTAL INSTRUCTIONS

- **Insured With A Co-Pay** - For prescription drugs, submit a copy of the tag (showing the cost, medication, date of service, and the patient name) attached to the prescription bag. For doctor office visits or other professional providers, submit a copy of the doctor's receipt showing the date of service, the patient's name, the provider's information, the treatment rendered, and the amount of the co-pay.
- **Insured Expenses With a Percentage Payable By You** - Where you are responsible for a percentage of the expense or an amount applied to your deductible, before we can reimburse you, the expense has to be submitted to your insurance company. Your insurance company will then send you a summary of the settled claims known as an "Explanation of Benefits" (EOB). Submit a copy of this EOB along with a signed Request for Reimbursement.
- **Insured Expenses With An HMO** - Send us evidence of co-pays where applicable. For all other services, submit copies of itemized bills from the provider that include the date of service, the treatment rendered, the patient's name and the amount paid by the HMO. You will generally receive this information from your provider when billed.
- **Uninsured Expenses** - If the expenses are for services excluded from your medical/dental/vision plan coverage, attach a copy of the itemized bills. NOTE: Expenses put towards your plan deductible are not considered excluded from your medical/dental/vision plan coverage. A copy of the "Explanation of Benefits" indicating the expenses that were put toward the deductible is needed.

**NOTE: Cancelled checks, credit card receipts, or balance due statements are not acceptable.**

## WORK-RELATED CHILD CARE INSTRUCTIONS

- Attach an invoice or receipt of payment from a daycare center or from an individual who provides the care.
- Receipts must include the provider's name, address, tax ID#, the dates of service and the amounts paid.
- The individual who provided the care cannot be your spouse, or child under age 19.
- Expenses claimed cannot exceed the lesser of you or your spouse's income.

## SUBMITTING YOUR CLAIM

- Mail or fax this claim form and any necessary attachments to:

*FlexBank, Inc.*

1250 West Dorothy Lane, Suite 107

Dayton, OH 45409

Phone: (937) 299-5515

Claims Fax Number (937) 299-7992