

C O N C O R D I A C O L L E G E
M O O R H E A D M I N N E S O T A

FLEX BENEFITS

CONCORDIA COLLEGE SPENDING ACCOUNTS
Request for Reimbursement

Name _____ Social Security Number _____
(Needed for claim processing)

Department _____ Telephone _____

Healthcare Claim Information (for employee and family healthcare expenses)

Please attach supporting documentation.

Date(s) of service	Provider of service	Amount for which you are requesting reimbursement
1.		
2.		
3.		
4.		
5.		

Healthcare Page Total = _____

Dependent Day-Care Claim Information (for dependent child under age 13 or adult incapable of self-care)

Day-Care provider:

Day-Care provider:

Name _____ Name _____

Address _____ Address _____

Soc. Sec. No. or Taxpayer I.D. No. _____ Soc. Sec. No. or Taxpayer I.D. No. _____

Date(s) of service	Provider of service	Dependent name/relationship	Amount for which you are requesting reimbursement
1.			
2.			
3.			

Dependent Page Total = _____

Verification of expenses: Please complete if no supporting documentation is attached. I certify that the dependent day-care expenses shown above are valid.

Signature of Dependent Day-Care Provider

Date

Employee signature

I request payment from the spending account for the expenses itemized above. I certify that I have not requested reimbursement under this plan or from any other source for these expenses. I also certify that the total dependent day-care expenses (if any) for which I am requesting reimbursement this plan year do not exceed the lesser of my or my spouse's earned income for the year. I further certify that I have met all the requirements for eligible healthcare and day-care expenses. I understand that reimbursement expenses cannot be claimed on my personal income tax return.

Employee Signature

Date

Return claims to: Flex – Payroll Dept.

Important Information Regarding Reimbursements

Supporting Documentation

The following supporting documentation must be attached to this form.

- **Expenses covered by your healthcare plan:** Medical expenses covered by your healthcare plan must be submitted under that plan first. Attach a copy of the explanation of benefits statement to claim amounts not paid by your healthcare plan.
- **All other expenses:** For all other expenses, attach bills that clearly state:
 - Name of person receiving the service
 - Amount charged
 - Nature of service or supplies
 - Date service was rendered
 - Name and address of provider of services
- **Dependent day-care expenses:** Complete the requested additional information for dependent day-care expenses on the front of this form. If you do not have a bill from the caregiver, be sure to have the caregiver sign the front of the form.

Healthcare Expenses

You can use the healthcare spending account for the reimbursement of any expenses not paid in full by another plan or for any expenses your plans don't cover. To be eligible, expenses must meet **all** of the following restrictions:

- Be directed or prescribed by a physician.
- Be directly related to a bodily condition.
- Be aimed at specific, not general, physical or mental improvements.
- Expenses were incurred on or after the beginning of the plan year.
- Care was for the participant or a spouse or tax dependent of the plan participant.

Examples of eligible expenses include:

- Deductibles (the part of covered expenses you pay before the plan pays any benefits).
- Coinsurance amounts (the percent of covered expenses you must pay, if any, after the deductible requirement has been met).
- Dental expenses, such as exams or other services.
- Vision care expenses, such as eye examinations and eye glasses.
- Hearing-care expenses, including hearing examinations and hearing aids.
- Routine physical examinations.
- Other medical expenses qualifying as legitimate deductions for federal income tax purposes under Section 213 of the IRS Tax Code.

Dependent Day-Care Expenses

To qualify for reimbursement of your expenses, the following requirements must be fulfilled.

- The total amount of expenses claimed for the plan year cannot exceed the earned income of the lower-paid spouse for the year.
- Expenses are incurred for child care during working hours.
- Your spouse must work or attend school full time, or you must be unmarried.
- The children are age 12 or younger on the date services are rendered.
- Caregiver is not your spouse or your child under age 19.
- Caregiver cannot be an eligible dependent exemption on your federal return if over age 18.
- An unlicensed care provider must care for no more than six children.