

Account Rules and Claim Filing Instructions

Rules for Medical Accounts

1. You cannot submit a claim unless you are participating in the Cafeteria 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 period after the plan year as described in the Summary Plan Description.
4. If you terminate employment, you can submit a claim for a specified period after the date of termination if so stated in the Summary Plan Description as long as the service occurred before your date of termination.
5. IRS rules stipulate that any money left in the account(s) after all reimbursements for the plan year have been processed cannot be carried forward or returned. Money in one account cannot be used for expenses incurred in another account. For instance, any unused amounts left in the medical account cannot be used to reimburse dependent care expenses.
6. 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.
7. If you have received reimbursement for expenses, you cannot claim the expenses for income tax purposes.
8. You cannot bill for a service period that begins in one plan year and ends in the next plan year. File two reimbursement claims, one for each plan year covering the period during that plan year.
9. Complete ALL the information on the claim form for each amount claimed for reimbursement.
10. Attach copies of receipts from service providers or the Explanation of Benefits Form from Insurance Carriers to the claim. Receipts must show: Provider's name and address, patient's name, date(s) of service (not date of payment), description of service or expense, and amount charged. Orthodontia expenses must be accompanied by a contract or letter from the provider apportioning expenses incurred during the current plan year. You will need to submit this contract at the beginning of each plan year. PLEASE DO NOT SEND COPIES OF CHECKS OR BANK STATEMENTS AS RECEPITS, THEY DO NOT PROVIDE ALL NECESSARY INFORMATION.
11. Sign and date the claim.
12. **Make a photocopy of the claim for your records.**
13. Submit the Claim with attached receipts according to the procedures provided.

Unreimbursed Medical Expenses

1. The total annual election for eligible medical expenses (less any previous reimbursements paid) is available when requested for covered expenses.
2. Refer to the provisions in the Unreimbursed Medical Expense Spending Account Plan document for the maximum annual election amount.
3. To be reimbursed, you must include the dependent's name, date expenditure incurred, name of Service Provider, description of the expense, and the amount of the claim less any amounts that have been or will be paid by insurance or other sources.

Internal Revenue Service Publication 502 lists the eligible tax-free expenses. An Eligible expense means any item for which you could have claimed a medical expense deduction on an itemized Federal income tax return (except insurance premiums, long-term care and other similar charges) and is not eligible under your medical or any other source. You or your dependents while participating in the plan must incur the expenses.