



Instructions for using your Flexible Spending Accounts

Medical Care Flexible
Spending Accounts

Dependent Care Flexible
Spending Accounts

FAQs

Requesting Reimbursement

Account Access

WHAT IS A FLEXIBLE SPENDING ACCOUNT (FSA)?

Under current IRS regulations, an FSA allows you to set aside pre-tax dollars to reimburse yourself for out-of-pocket medical and/or dependent care expenses. You elect an annual amount and the money is divided by the number of pay periods in a plan year and deducted from your paycheck pre-tax. **Pre-tax benefits can help you save 25% - 30%** on items and services you currently purchase!

	Without Account	With Both Accounts
Weekly Earnings	\$ 500.00	\$ 500.00
Account Deposits	\$ 0.00	\$ 20.00 (medical) \$ 96.15 (dependent care) \$ 116.15 (Total)
Taxable Wages	\$ 500.00	\$ 383.85
Taxes Federal 15% FICA 7.65% State 5%*	\$ 138.25	\$106.13
*Not all states permit pre-tax withholdings for FSA contributions.		
Expense (after tax)	\$ 116.15	\$ 0.00
Net Take Home Pay	\$ 245.60	\$ 277.72
Weekly Savings		\$ 32.12
Annual Savings		\$ 1,670.24

The tax savings above are for illustrative purposes only.

WHO CAN PARTICIPATE?

All employees who are eligible for the group health plan.

- You do not need to be enrolled in your organization's health plan to participate, but you must be eligible for coverage.
- You may also use the Medical FSA for expenses associated with your qualified dependents. Your dependents do not need to be enrolled in your health plan to participate in the FSA. See your Summary Plan Description for more information on qualified dependents.

THERE ARE TWO TYPES OF ACCOUNTS

Your employer may offer one or both accounts and you may elect to participate in either or both accounts. The two accounts work differently.

• Medical Care FSA

- Your employer sets the maximum and/or minimum contribution amounts up to the federal maximum.
- You may be reimbursed up to your annual election any time during the plan year.
- Be sure to elect an amount that you are sure you'll use because any monies left over will be forfeited unless your plan includes a carryover provision.
- This account reimburses you for eligible out-of-pocket medical expenses for you, your IRS-defined spouse and qualified dependents.
- See the list of eligible expenses accompanying this brochure.

• Dependent Care FSA

- You may use the Dependent Care Flexible Spending Account if you (or you and your spouse, if married) require dependent care so that you and your spouse can work, or so that you can work and your spouse can attend school full-time.
- If you or your spouse work part-time or attend school full-time, your maximum annual election may be limited. Please refer to your employer's Summary Plan Description for more information.

- You may request reimbursement of eligible expenses for a child who has not yet reached their 13th birthday and who is your qualified dependent.
 - You may also request reimbursement of eligible expenses for a spouse, older child or other individual who is a qualified dependent and is physically or mentally incapable of caring for him/herself. (For example, elder care is an eligible expense if provided for your qualified dependent so that you can work.)
 - Your pre-tax withholdings for this account will be shown in Box 10 of your W-2. You will need to complete IRS Form 2441 with your annual tax return.
 - The IRS sets the maximum (\$5,000 for a single parent or if you are married and file a joint tax return; \$2,500 if you are married and you and your spouse file separate tax returns).
 - You may request reimbursement for expenses up to the amount you have contributed to your account.
 - Be sure to elect an amount that you are sure you'll use because any monies left over will be forfeited.
- **Expenses Eligible for Reimbursement:**
 - Before and after-school care
 - Pre-school
 - Day camps
 - Wages paid to a childcare provider in your home, including employment taxes
 - Child care center
 - Fees charged by a child care provider working out of his or her home
 - Fees charged by your child care provider for transportation to/from place of care
 - **Ineligible Dependent Care Expenses:**
 - Kindergarten
 - Child support payments
 - Overnight camp
 - Deposits for services not incurred
 - Activity fees
 - Meals
 - Incidental babysitting

FREQUENTLY ASKED QUESTIONS

May I change my election mid-year? The IRS prohibits election changes unless you have a qualifying event.

A qualifying event is any one of the following life events:

1. You gain or lose a dependent through:
 - Birth, death, marriage, divorce, separation, adoption or a change in eligibility because of age or dependent status.
2. You gain or lose responsibility for a dependent's medical or daycare expense due to a court order.
3. You gain or lose eligibility for the plan during the plan year.
4. If your spouse loses employment, you may enroll in or increase your Medical FSA.

**This is a summary of current IRS regulations. Your employer's Summary Plan Description details when and if you may change your elections under the plan.*

When can I make changes to my Dependent Care Account? In addition to the qualifying events above, you may also make changes to your Dependent Care Account when there is a change in cost, a change in provider, or a change in the number of hours needed for care.

What if I lose my check? Call GDI's Accounting Team at 1-800-626-3539.

May I transfer money from a Dependent Care FSA to a Medical FSA? No. IRS regulations prohibit such transfers.

What happens if my employment terminates?

1. Medical FSA
 - You are eligible to submit reimbursement requests through the end of the run-out period applicable to terminated employees for services incurred up to and including your last day of work. See your Summary Plan Description for more information.
 - You may have the option to elect COBRA to extend the coverage period for your Medical FSA.
2. Dependent Care
 - You may continue to submit reimbursement requests for services incurred after your employment terminates through the applicable run-out period. See your Summary Plan Description for more information.

Do I need to report an FSA on my taxes? If you participate in a Dependent Care FSA, you must file IRS Form 2441 with your annual tax return. There is no obligation to file any additional forms on behalf of your Medical FSA.

What about the IRS Child Care Credit?

Obtain a copy of IRS Form 2441 and review the amount of credit due to you in your income bracket. Generally speaking, employees with a combined family adjusted gross income of \$40,000 and higher should benefit more by participating in a Dependent Care FSA.

REQUESTING REIMBURSEMENT

There are several ways to receive reimbursement from your FSA:

1. **GDI Debit Card** (if offered by your employer): You can use the convenience of your GDI debit card. IRS regulations require that you save your receipts for these expenses in the event you are asked for a copy to substantiate a card transaction.
2. **Online:** Login to your account. On the homepage find “I Want To...” and select “File A Claim.”
3. **Paper Claim:** Download an FSA Reimbursement Request Form from the “Tools and Support” menu when accessing your account online. Complete the form, attach documentation and submit your request by one of the following methods:
 - a. **Electronically:** claims@gdynamic.com
 - b. **Fax:** 207-781-3841
 - c. **Postal mail:** Group Dynamic, Inc., 411 US Route One, Falmouth, Maine 04105

CHECKING YOUR ACCOUNT BALANCE

- **Go to www.gdynamic.com** and log into your account
- Your temporary **username** is: Your first name/state initials/last 5 digits of your SSN (e.g. [bonnieme12345](#))
- Your temporary **password** is: Your first initial/state initials/zip code (e.g. [bme04105](#))
- You may create a new username and password at any time after this initial temporary login.

Our Reimbursement Team is available Monday through Friday, 8:00 AM - 5:00 PM Eastern Time

You may leave a message during non-business hours and your call will be returned by 10 AM the following business day.



Scan the image to the left with your smart phone to connect instantly to our website.

INTRODUCING GDI's MOBILE APP

Do you want to be able to check the balances and submit receipts for your pre-tax benefit accounts anytime, anywhere?

Well, there's an App for that! Today, there are mobile apps for everything from tracking your calories and exercise, to getting directions, to making restaurant reservations. So why not one for managing your pre-tax benefit accounts?



GDI Mobile App Tool for a better, faster experience

Now you can use your smartphone to easily check your available balance(s), submit claims, and upload pictures of receipts using an iPhone, iPod Touch, iPad or Android-powered device with GDI Mobile. If you are one of the millions who are riding the smartphone wave, you know how convenient it is to use mobile apps. Now, by using your smartphone to access your FSA, HRA, HSA and/or Commuter Benefit account balances, you'll know how much money you have available to spend on qualified expenses at the time of purchase.

You'll also be able to:

- Check account balances
- Upload receipts using your mobile device's camera
- File new claims
- View account activity and receive alerts via text message



GDI's Mobile App is also easy to install! You can either search for GDI Mobile in your mobile device's app store or use the link available on your home page of the Participant Portal. Once the app has been downloaded, log in using the same username/password you use to access your GDI accounts on-line. You will be asked to create a 4-digit passcode which will replace the need to log in to the app using your portal username/password in the future.

Text Alerts — We also encourage you to enable the text messaging feature. Select "Notification Preferences" from your home page on the Participant Portal. While we encourage you to select each type of text notification, please make sure you select the "Receipt Reminder" notification. This feature will send you a text if a debit card transaction requires substantiation. If you use your card for services that cannot be automatically substantiated, use your mobile device's camera and GDI's Mobile App to upload your itemized receipt. How easy is that?

GDI's Mobile App was designed to work just like other apps on your mobile device, making it easy to learn and use. No sensitive account information is ever stored on your mobile device and the highest level of secure encryption is used to protect all transmissions.



Client-centered solutions.



Introducing the GDI Debit Card

The GDI Debit Card is an alternative to submitting paper claims and waiting for reimbursement of eligible Medical Flexible Spending Account (FSA) expenses. The card is simple to use when paying for office visit co-pays, prescription co-pays, balances remaining after insurance has paid, and certain “over the counter” health care products.

Here are the steps for obtaining and using the debit card:

- If you elect to participate in the Medical FSA plan during open enrollment you will automatically receive a GDI Debit Card.
- You will receive one card in your name. You may order an additional card in your spouse’s or another dependent’s name within 30 days of your plan year start date at no additional cost.
- Use the card as you would use a regular credit card to pay for eligible expenses. The expense is automatically deducted from your Medical FSA balance.
- You have the option of requesting personal identification number (PIN) for your card.
- Access your account 24/7 via the Participant Portal on GDI’s website www.gdynamic.com
- Download the GDI Mobile App to your smartphone or tablet to manage your account and set text alerts to notify you of account activity.



SAVE YOUR RECEIPTS! You must always save your receipts when you use your card as the IRS requires substantiation of certain types of transactions. If a transaction needs to be substantiated, you will receive an email notification or letter from Group Dynamic, Inc. requesting an itemized receipt for the transaction(s) in question. If you do not respond within the time period indicated in the request, your card will be **temporarily suspended until we receive the requested documentation** or the funds to reimburse the plan for the transaction(s).

Special Notes About Using the GDI Debit Card:

- You should not use the card for services that may be fully or partially reimbursed by your (or your spouse’s) medical, dental or vision insurance.
- Your card can be used **ONLY** for service dates within current plan year.
- Do not use the GDI Debit Card to pre-pay for services. Pay for the service via another means and submit a paper claim once service has been received.
- **DO NOT** discard the card once you have been fully reimbursed. Your card will be used from one plan year to the next.

Questions about the debit card? Call us at 1-800-626-3539

IRS Regulations: Substantiation of Debit Card Transactions

- The debit card is a tool for claim payments. It helps to protect a participant's cash flow, BUT the process is not paperless. **Therefore, it is important for participants to save receipts from ALL card transactions.**
- IRS Revenue Ruling 2003-43 governs substantiation requirements for debit card use and dictates that *"charges other than matched co-payments, recurring expenses and real-time substantiation are treated as conditional pending confirmation of the charges through additional third-party verification."*
- GDI sends requests to participants to provide documentation for services that require substantiation. Requests are sent via e-mail. If no e-mail is available, a letter is mailed to the participant's home address.
- IRS regulations require card de-activation if the requested documentation is not received by the date indicated in the request.

The chart below displays situations where substantiation will be required, and those where no follow up is required.

Type of Charge on Debit Card	Substantiation Required	No Follow-Up Required
Matched Co-pays		✓
Transactions at merchants who can electronically validate the expense at the point of sale		✓
Recurring Expenses	1 time only	No further substantiation required if subsequent transactions are at the same merchant for the same dollar amount
Dental Care	✓	
Vision Care	✓	
Medical Care	✓	



Debit Card Tips

1. Your GDI debit card will arrive at your home address in a plain, white, window envelope for security purposes.
2. Treat your GDI debit card as you would any other credit card and keep it in a safe place.
3. Your GDI debit card works like a credit card. You can sign for purchases at the point of sale.
4. If you prefer a personal identification number (PIN) for your debit card, you can request one via Participant Portal. Log on to your account, click on the Profile Tab and select "Request New PIN."
5. You will receive one GDI Debit Card in your name. If you would like a second card in your spouse's or qualified dependent's name you may add dependents and request additional cards via Participant Portal:
 - Log on to your account, click on the Profile Tab and select "Add a Dependent"
 - After entering your spouse or dependent information, click on "Debit Cards" to order an additional card.
 - There is no fee for the additional dependent's card as long as it is ordered within 30-days of your plan year effective date.
6. A \$10.00 fee will be deducted from your account for the replacement of lost or stolen cards.
7. Enter your email address on the Profile Tab in the Participant Portal. This enables automatic email notification if a debit card transaction requires substantiation. Substantiation (proof of your claim) must be received within 30 days or your card will be temporarily deactivated.
8. Download GDI's Mobile App on your iPhone, smart phone or tablet for easy access to your account. Set Text Alerts to be notified of account activity.



Questions?

If you have additional questions, our Reimbursement Team is happy to assist you. Please contact them at 1-800-626-3539. You will always speak with a live representative Monday – Friday, 8am to 5 pm ET.



Identity Theft & Your Benefit Debit Card

Identity theft can occur with a benefit debit card as with any other debit or credit card. The good news is that there are many safeguards built-in to the way your benefit debit card works.

GDI's *"Red Flags Identity Theft Detection Program"* has been in effect since June 1, 2010.

There are certain "red flags" or warning signs that identity theft may be occurring. GDI's program was established to identify, detect and respond to patterns and activities that may indicate identity theft.

You are the first line of protection against identity theft.
Here are some tips:

1. Keep your card in a safe place.
2. Review your card activity regularly for any unauthorized transactions.
3. If your card is lost or stolen, or you see any unusual activity, please contact GDI **immediately** at 800-626-3539.

If we become aware that your card has been compromised, we will notify you as soon as possible and advise you of what action needs to be taken. If necessary, we will close your card immediately and issue a replacement.

Please continue to enjoy the convenience of your benefit debit card knowing we have safety procedures in place should any compromise occur.

The GDI Reimbursement Team
(800) 626-3539

Medical FSA Eligible Expenses

The list below includes generally eligible IRS Code Section 213 expenses. **Items marked with a *** require a copy of a current prescription (written on a prescription pad). The prescription must be submitted each time a request for reimbursement is submitted for these items.

REMEMBER:

1. All services must be provided by a licensed practitioner.
2. Stockpiling of supplies is prohibited by the IRS.
3. Services must be rendered or items purchased during the plan year (or grace period, if applicable).
4. You must use your flex account money during the plan year (or grace period, if applicable) or it is forfeited.

Acupuncture
Alcoholism treatment program fees
Allergy medicine *
Ambulance service
Antacids *
Anti-Diarrhea medicine *
Artificial limbs

Bandages
Braille books and magazines
(above the cost of regular print)

Car Modifications for equipment installed for the use of a person with a disability
Childbirth classes
(mother's costs only)
Chiropractic care
Christian Science practitioner fees
Co-insurance charges
Co-payments
Cold medicine *
Cold/Hot packs for injuries
Contact lenses
(including cleanser and saline solution)
Cough drops *
Crutches

Deductible expenses
Dental expenses
(non-cosmetic services only)
Dentures
Diabetic supplies
Dietary Supplements *
Drug addiction treatment at a therapeutic center

Eye drops *
Eye exams
Eyeglasses

First aid kit

Gauze pads
Guide dog or other animal used by a person with a physical disability

Hearing aids/batteries
Hemorrhoid medications *
Herbs *
Hospital fees

Immunizations
Incontinence supplies
Insulin

Lasik Surgery
Laboratory fees
Laxatives *
Learning disability *(fees paid to a special school or a specially trained tutor for a child with severe learning disabilities caused by mental or physical impairments, provided that the child's physician recommends that the child attend the school or be tutored)*

Massage therapy *(only if prescribed by a physician for a specific diagnosis and provided by a licensed massage therapist)*
Medical services provided by physicians, surgeons, and specialists *(non-cosmetic services only)*
Mileage related specifically to transportation to/from an eligible medical appointment
Motion-sickness medications *

Nasal Spray *
Nicotine gum or patches *

Ointments for muscle or joint pain or for first aid purposes *
Operations
Optical care provided by Optometrists, Ophthalmologists or Opticians
Organ transplants
Orthodontics
Orthotic Inserts
Osteopathic treatment
Oxygen

Pain relief medications *
Physical exams
(unless employment related)
Physical therapy
Prescription drugs
Prosthesis
Psychiatric care
Psychoanalysis
Psychological treatment
Pre-natal vitamins *
Pregnancy test kits

Reading glasses
Rubbing Alcohol *
Radial Keratotomy

Sales tax payable for eligible services or items
Sinus medicines *
Smoking cessation programs
Special foods *(prescribed by a physician at costs in excess of the costs of commonly available products)*
Special schools for a mentally impaired or physically disabled person if the primary reason for using the school is its resources for relieving the disability *(e.g. a school that teaches Braille to a visually impaired child or teaches American Sign Language to a hearing impaired child)*
Suppositories *

Thermometers

Vaccines
Vitamins *

Wheelchair costs

X-rays



THIRD PARTY ADMINISTRATION

Medical FSA Expense Estimator

ELIGIBLE OVER-THE-COUNTER ITEMS:

Allergy medicines *	Laxatives *
Antacids *	Motion-sickness medicines *
Anti-diarrhea medicines *	Nasal Spray *
Bandages	Ointments for muscle or joint pain or for first aid *
Cold/flu medicines *	Pain Relief medicines *
Cold/hot packs	Pre-natal Vitamins *
Cough Drops *	Pregnancy Test Kit
Dietary Supplements *	Reading Glasses
Eye Drops *	Rubbing Alcohol *
First Aid Kit	Sinus Medicines *
Gauze Pads	Suppositories *
Hemorrhoid medicines *	Thermometers
Herbs *	Vitamins *
Incontinence Supplies	

*Items marked with a * require a copy of a current prescription (written on a prescription pad). The prescription must be submitted each time a request for reimbursement is submitted for these items.

Some Important Points...

- You can be reimbursed for out-of-pocket expenses incurred by you, your IRS-defined spouse and children, even if health insurance coverage is from another source.
- The money you choose to set aside must be used toward eligible expenses during your plan year (or grace period, if applicable) or it is forfeited.
- Remember you save taxes on each dollar you set aside for the account!

Questions? 1-800-626-3539

Email: clientservices@gdynamic.com

www.gdynamic.com



GENERAL MEDICAL EXPENSES

Allergy Care	\$ _____
Deductible or Coinsurance	\$ _____
Diabetic Supplies	\$ _____
Hearing Aids & Batteries	\$ _____
Lab or X-ray	\$ _____
Massage Therapy *	\$ _____
Office Visit co-pays	\$ _____
Orthopedic Inserts	\$ _____
Over-the-counter Items	\$ _____
Pharmacy co-pays	\$ _____
Preventive Care	\$ _____
Psychotherapist	\$ _____
TOTAL GENERAL MEDICAL	\$ _____

* Massage Therapy: A note of medical necessity is required.

DENTAL EXPENSES

Bridges	\$ _____
Crowns	\$ _____
Dentures	\$ _____
Fluoride Treatment	\$ _____
Orthodontia (<i>Adult or children</i>)	\$ _____
Teeth Cleaning	\$ _____
Fillings	\$ _____
TOTAL DENTAL	\$ _____

VISION EXPENSES

Eye Glasses (<i>Prescription or OTC Reading Glasses</i>)	\$ _____
Contact Lenses	\$ _____
Contact Lens Solution	\$ _____
Vision Exam	\$ _____
Lasik Surgery	\$ _____
TOTAL VISION	\$ _____

GRAND TOTAL \$ _____

Multiply Grand Total by 27% for a rough estimate of payroll tax savings.



Automatic Dependent Care Reimbursement Process

The Automatic Dependent Care Reimbursement Process is a great way to save time and paperwork. This process will allow you to submit one claim for the entire plan year and receive reimbursement as payroll deposits are posted.

To qualify for this service, you must meet the following criteria:

- You incur consistent dependent care expenses throughout the plan year;
- You use the same dependent care provider throughout the plan year;
- You are able to obtain a statement or signature from your dependent care provider in advance of the services.

Tips to avoid denied claims:

Please do not submit your reimbursement requests prior to the start of the plan year. Although you may have pre-paid for your dependent care services, IRS regulations prohibit reimbursement until after the service has been rendered.

We encourage you to ask questions if you are unsure about this option or if you would like additional information. Please call 207-781-8800 or 1-800-626-3539 and ask for the Reimbursement Team.

If you meet the criteria listed above and would like to take advantage of the Automatic Dependent Care Reimbursement process, please complete an FSA Claim Form, attach the appropriate statement or receipt from your dependent care provider and submit it to:

Reimbursement Team
Group Dynamic, Inc.
411 U.S. Route One
Falmouth, ME 04105
Fax: (207) 781-3841
claims@gdynamic.com

May 2013

This form should not be used for debit card substantiation requests or HRA claims.

EMPLOYEE INFORMATION	
Employee Name	Social Security # — —
Employer	Plan Year

DEPENDENT CARE (Child Care, Elder Care)					
Provider Name	Provider SS # or Tax ID #	Services for (Name)	Relationship/Age	Dates of Service	Amount
TOTAL ▶▶					

DEPENDENT CARE PROVIDER (if you don't have a receipt, this section must be completed)				
Provider's Name		Provider's Social Security #/Tax ID #		
Provider's Address	Street	City	State	Zip
I certify that I have provided the services as listed above. Provider's Signature X				Date

MEDICAL CARE (You may copy form if needed for additional expenses or attach an itemized list)				
Provider Name	Service(s)/Item(s) Purchased	Services for (Name/Relationship)	Date of Service	Amount
Mileage Reminder	You are eligible for reimbursement for mileage to and from an eligible medical appointment.		Number of miles x 0.235	
TOTAL ▶▶				

I request reimbursement for my dependent care and/or medical care expenses as itemized above. Enclosed are receipts which state: Date of service, provider name, type of service, and fee charged for the service. My signature below acknowledges my understanding of the following: 1) The expenses listed above have not been reimbursed nor will I seek reimbursement for these expenses from any other source. 2) The expenses must qualify for reimbursement under the Internal Revenue Code. 3) Reimbursed expenses cannot be claimed as credits or deductions on my personal income tax. 4) Participation in a Medical FSA may disqualify me and/or my spouse from participation in a Health Savings Account (HSA). 5) I have retained copies of the documentation submitted with this request as these materials will not be returned to me. 6) The expenses listed above were incurred by myself and/or my eligible dependents as defined by the IRS.

Signature Required ▶▶	Date
------------------------------	------

Reimbursement requests must be received before 12 Noon (ET) on Tuesdays for processing that week. Requests received after this time will be processed the following week. You may e-mail your completed claim form and required documentation (receipts) to: claims@gdynamic.com

E-MAIL TO: claims@gdynamic.com
MAIL TO: Group Dynamic, Inc. Reimbursement Benefits, 411 U.S. Route One, Falmouth, ME 04105
FAX TO: Reimbursement Benefits at 207-781-3841
PHONES: 207-781-8800 • MAINE 800-564-FLEX • US 800-626-FLEX
WEBSITE: www.gdynamic.com

DEPENDENT CARE EXPENSES

1. **Complete all pertinent information on the Reimbursement Request Form.** If you have any questions or need assistance in filing this form, please call 1-800-564-3539 within Maine or 1-800-626-3539 from elsewhere in the U.S. We will be happy to assist you.
2. Attach a copy of the invoice showing the provider's name and address, dates of service, and the expense incurred. If your daycare provider does not issue statements, you may complete the information on the front of the Request Form. Simply have your provider sign the form in the appropriate space as verification of the information that you have provided.
3. Third party verification is required; therefore, canceled checks, check copies or credit card statements may not be used as documentation.
4. Retain originals of the invoice(s) and Request Form submitted for your personal tax records, as those you submit cannot be returned to you.
5. Incomplete Reimbursement Request Forms or those lacking proper documentation will not be processed. You will receive a letter of explanation.

MEDICAL CARE EXPENSES

1. **Complete all pertinent information on the Reimbursement Request Form.** If you have any questions or need assistance in filing this form, please call 1-800-564-3539 within Maine or 1-800-626-3539 from elsewhere in the U.S. We will be happy to assist you.
2. Attach copies of the invoices for services received. The documentation submitted must include the provider's name, address & credentials, dates of service, description of service and the expense incurred.
3. If a service has been partially covered by insurance, send a copy of the Explanation of Benefits (EOB) received from the insurance company. Request only the amount you will actually be paying. You cannot be reimbursed for items that will be paid by your insurance.
4. Third party verification is required; therefore, canceled checks, check copies or credit card statements may not be used as documentation.
5. Retain originals of the invoice(s) and Request Form submitted for your personal tax records, as those you submit cannot be returned to you.
6. Incomplete Reimbursement Request Forms or those lacking proper documentation will not be processed. You will receive a letter of explanation.
7. In certain instances, a statement from your health care provider may be necessary to verify the medical necessity of a procedure or prescription.