

Number of pages
faxed: _____
(FAX by 2 p.m. PT to be
entered that day)

Spending Account Claim Form



INSTRUCTIONS FOR SUBMITTING A CLAIM

1. Complete Section A - Employee Information.
2. Complete Section B - Claims and Expenses for Health Care Spending Account. Attach receipts describing the services rendered, for whom the services were rendered, date of service(s) and amount paid, such as all invoices, receipts, or other supporting documents. (Such supporting documents become part of this claim and cannot be returned to you.)
3. Complete Section C - Attach receipts for each Dependent Day Care Spending Account claim indicating date of service, provider information, amount paid and for whom the services were rendered OR include the daycare provider's signature below.
4. Important Notes:
 - Photocopies of forms and documents are acceptable. **Note: The IRS has determined that canceled checks, balance forward, previous balance statements, charge card receipts or statements are not acceptable documentation of expenses.**
 - Read and then sign for each claim submitted in Section D - Employee Certification. Sign and date the form each time. An explanation of claim denial will be sent to you for unsigned or denied claims. Please keep a copy of your claim and supporting documentation as it cannot be returned to you.

Fax or send completed claim form and supporting receipts and documents to:

CREATIVE BENEFITS, INC.
P.O. Box 1928
Vista, CA 92085-1928
Phone (888) 295-5656 (toll free)
Fax (760) 758-4610 or toll free (888) 295-5757

Visit our website at www.creativebenefits.com to obtain additional claim forms.

PLEASE NOTE: Receipt of faxed claims cannot be verified due to our large volume. Please call the automated system at (888) 295-5656 after 8 p.m. PT or go online to www.cbbenefits.com to determine if your claim has been received and entered.

SECTION A - EMPLOYEE INFORMATION

Name _____ (Print or type: Last, First, Middle Initial) Is this a new address? YES NO (circle one)

Address _____ Social Security # _____

City, State, Zip _____ Phone # () _____

Name of Employer _____ E-mail Address _____

SECTION B - HEALTH CARE SPENDING ACCOUNT EXPENSES TO BE REIMBURSED

	person for whom expense incurred	date of service	expense description	amount to be reimbursed
<input type="checkbox"/> Payment Card				\$
<input type="checkbox"/> Payment Card				\$
<input type="checkbox"/> Payment Card				\$
<input type="checkbox"/> Payment Card				\$
<input type="checkbox"/> Payment Card				\$

Check payment card box if submitting receipts for FSA payment card usage

➔ health care total
\$ _____

Attach appropriate receipt(s) and submit with this form.

SECTION C - DEPENDENT DAY CARE SPENDING ACCOUNT EXPENSES TO BE REIMBURSED - Name, address and Tax ID# will be required on Tax Form 2441 in order to obtain the tax advantage for these expenses.

	name of dependent	birthdate	dates of service (from - to)	amount to be reimbursed
<input type="checkbox"/> Payment Card				\$
<input type="checkbox"/> Payment Card				\$
<input type="checkbox"/> Payment Card				\$
<input type="checkbox"/> Payment Card				\$

Attach a receipt from your daycare provider OR include the daycare provider's signature.

provider's signature _____ ➔ daycare total
\$ _____

SECTION D - EMPLOYEE CERTIFICATION

I understand that: I have not been reimbursed and will not seek reimbursement for these same expenses under any other plan. I cannot claim these same expenses for an income tax deduction. All of these expenses qualify as eligible expenses for my dependents or myself in accordance with the IRS. If I have included an over-the-counter medicine, drug or supply, I certify that it is being used "to diagnose, treat or prevent a specific medical condition or for the purpose of affecting any function or structure of the body." If the over-the-counter item is a supplement, herbal, vitamin or remedy, I certify that it is being used for medical care as defined above with the advice of a licensed health care practitioner and not simply to promote general health. I understand that certain over-the-counter remedies may require additional certification from my health care practitioner. A summary of the guidelines for eligible expenses is available from the company's Human Resource Department. By providing my e-mail address, I am requesting all possible communications be sent to me via e-mail.

Signature _____ Date _____

(SA ClmFm 0304.qxd) CBI use only: Approved for payment: Initial: Date:

For CB use only
CLAIM NUMBER: _____

Eligible Expenses

Health Care Spending Account Eligible Expenses - Check your Plan Document/SPD for details or limitations.

Services by an M.D. or Licensed Practitioner when medically necessary, including:

- Acupressurist
- Acupuncturist
- Anesthesiologist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Midwife
- Obstetrician
- Ophthalmologist
- Optometrist
- Osteopath
- Pediatrician
- Podiatrist
- Psychiatrist/Psychologist
- Psychotherapist
- Surgeon

Maintenance & support devices (these require a letter of medical necessity from a licensed physician)

- Support hose, orthotics and orthopedic shoes (in excess of regular shoe-cost)
- Durable medical equipment such as wheelchairs, crutches and wigs for hair loss due to medical treatment
- Oxygen equipment and oxygen
- Cost of equipping an auto for the disabled (in excess of regular auto cost)
- Prostheses and prosthetic supplies
- Colostomy supplies
- Capital expenses—the amounts between the cost of improvements or special equipment installed and the increase in the value of the home
- Psychiatric care—may include costs of supporting mentally ill dependents at a specially equipped center where a dependent receives medical care
- Massage therapy

Other health-related expenses

- Treatment of alcoholism or drug dependency, including expenses for meals and lodging at a treatment center
- Lead-based paint removal in the home
- Smoking cessation programs and related drugs

Other fees covered

- Special schooling for physically or mentally disabled dependents
- Transportation and lodging expenses incurred for medical reasons
- Legal fees paid to authorize treatment for mental illness

- Deductibles and copayments

Medical/Hospital Services when not covered by your employer's plan or another plan:

- Diagnostic services by, or under direction of M.D.
- Surgical services by, or under direction of M.D.
- X-rays and radiological services for diagnosis or treatment
- Expenses for donating or receiving an organ transplant
- Nursing services for specific medical ailments by an RN or LPN who is not related to employees
- Services of a physical, speech or an occupational therapist
- Ambulance
- Laboratory fees
- Prescription drugs: including insulin, laetrile and birth control pills
- Over-the-counter drugs, medications and supplies*
- Vitamins, remedies and dietary supplements**
- Vaccinations and immunizations

Dental, vision & hearing

- Dental checkups and care (by a DDS or dental hygienist), including dentists' fees, X-rays, fillings, braces, extractions and dentures
- Orthodontics (usually the pro-rated cost attributable to this plan year)
- Cost of guide dog for blind or deaf
- Braille books and magazines (in excess of regular book cost)
- LASIK, Laser, RK surgery or PRK surgery, prescription eyeglasses and contact lenses (including solutions)
- Special devices for the blind (tape recorder, typewriter)
- Hearing aids and care (including batteries)
- Cost of note-taker for a deaf person in school
- Household visual alert & expenses for special phone equipment for a deaf person
- Adapting a television for the deaf

** if used for the diagnosis, cure, mitigation, treatment, or prevention of disease, or, in some cases, for the purpose of affecting any structure or function of the body*

*** if specifically directed by a physician*

Examples of **INELIGIBLE** expenses

- Athletic or health club membership
- Cosmetic procedures and/or surgeries
- Household help
- Any illegal treatment
- Prepayment for services
- Dancing or ballet, even when recommended by a doctor

- Cost of remedial reading classes for a non-handicapped child
- Insurance premiums of any type
- Weight reduction programs for general well-being
- Teeth bleaching or whitening
- Marriage counseling
- Toiletries and sundry items (such as toothpaste, shaving cream, deodorant, shampoo, makeup)

Dependent Care Spending Account Eligible Expenses - Check your Plan Document/SPD for details or limitations.

Qualifying Individual

- A child must be age 12 or under and must be your dependent under federal tax rules.
- A spouse or other dependent who is incapable of self-care (for example, an invalid parent or a disabled spouse or child.) The dependent must regularly spend at least 8 hours per day in your home. The same rules that applied for child care apply to the care of other dependents, except that the dependent need not be under age 13.

Qualifying Provider

- The services may be provided inside or outside your home, but not by someone who is your minor child or a dependent for income tax purposes (ex: an older child).
- If the services are provided by a day-care facility that cares for six or

more children at the same time, it must be licensed.

- The care-giver's tax ID# or Social Security Number will be required for you to obtain the tax advantage for these expenses.

Qualifying Expenses

- Services must be for the physical care of the child, not for education, meals, etc.
- The services must be incurred to enable you (if you are married, you and your spouse) to be gainfully employed.
- The amount to be reimbursed must not be greater than your spouse's income or one-half your income, whichever is lower.
- Contributions and reimbursements may not exceed \$5,000 each calendar year per household.

Expenses reimbursed through this account cannot be claimed for federal or state income tax credits, and they reduce the amount eligible for tax credit, dollar for dollar.

Expenses NOT Covered

- Kindergarten tuition or overnight camp.
- Prepayment for services

This list is not intended to be a guarantee of reimbursement or eligibility. All claims are reviewed when they are received and the determination of eligibility or reimbursement is made based upon the information received from the plan participant.