

Request for Reimbursement from Flexible Spending Account (FSA)



Employee

Employer _____ Member ID Number _____
Employee Last Name _____ First Name _____ MI _____
Employee Mailing Address _____ Check if address is new
City _____ State _____ ZIP _____
Primary Phone _____ Secondary Phone _____
Email _____

Healthcare Expenses

Per IRS guidelines, please attach appropriate documentation (explained on the reverse). One form may be used for multiple expenses. Do not send original documentation.

Health-related expenses include deductibles, copays, prescriptions, dental, vision, etc.

Service Date	Amount	Description
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
Total Reimbursement	\$ _____	

Dependent Care Expenses

Expenses include childcare and/or pre-school up to age 13, adult daycare for tax dependents.

Dependent Name	Date of Birth	Service Dates	Amount	Provider's Signature
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
Total Reimbursement			\$ _____	

Authorization

To the best of my knowledge, my statements in this Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred for eligible plan participants during the applicable Plan Year. I certify that these expenses have not been, nor are they expected to be, reimbursed under this or any other benefit plan, and will not be claimed as an income tax deduction. I have read and understand the information provided on the reverse of this form. I authorize my flexible spending account to be reduced by the amount requested above.

Employee Signature _____ Date _____

PO Box 2797, Portland, OR 97208-2797 | Phone (971) 222-1050 | (844) 520-5347 | FAX (866) 446-6090

Submit claims electronically through the FSA/HRA portal at: PacificSource.com/Legacy

Instructions

Please complete all information on the reverse of this form, and follow the instructions below. This form is used to request reimbursement for eligible healthcare and dependent care expenses. One form may be used for multiple expenses. You may mail or fax your request to us, or you may submit your claim electronically at PacificSource.com/Legacy. If you have a question or need assistance in filing this form, you are welcome to call us at (971) 222-1050 or (844) 520-5347 and we will be happy to assist you.

Healthcare FSA Expenses

1. After completing the Request for Reimbursement Form, attach a copy of insurance Explanation of Benefits (EOB) or bills/account histories for services you have received. Documentation submitted must include:
 - a. The date(s) of service
 - b. A description of the charge
 - c. The amount you are responsible for paying (charges less insurance and discounts).
2. If a service has been partially covered by insurance, send a copy of the Explanation of Benefits (EOB) received from PacificSource. Include only the amount you will actually be paying for a service. PacificSource Administrators cannot reimburse you for amounts that will be paid by insurance.
3. Third party verification is required; therefore, cancelled checks and/or check copies may not be used as documentation.
4. Please retain originals of the bills/forms submitted for your personal tax records. We store documents electronically and destroy the originals after processing; therefore, originals will not be returned to you. Incomplete Reimbursement Request Forms, or those received without proper documentation attached, cannot be processed. If this happens, you will receive a letter of explanation.
5. In certain instances, statements from your healthcare provider may be necessary to verify the medical necessity of the procedure or prescription. Please call if you have questions.

Dependent Care Expenses

1. After completing the Request for Reimbursement Form, attach a copy of the bill showing the provider's name, period of service, and the amount you are responsible for paying. Childcare expenses may be submitted for children up to the age of 13.
2. Third party verification is required; therefore, cancelled checks and/or check copies may not be used as documentation. If your daycare provider does not provide documentation, you may provide the information on the front of our Request Form. If they do not provide you with their own form of documentation, your daycare provider must sign the front of the Request Form where indicated each time you submit a claim. (Photocopied signatures are not accepted.) In certain instances, statements from your healthcare provider may be necessary to verify the medical necessity of adult daycare. Please call if you have questions.
3. Please retain originals of the bills/forms submitted for your personal tax records. Refer to #4 above for more information.