



Unreimbursed Medical Expense Claim For Reimbursement

Employer _____

Name _____ Employee # _____

Date Expense Incurred	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Net Incurred
TOTAL MEDICAL CARE EXPENSE CLAIM				

READ CAREFULLY

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while the undersigned was covered under the Employer's FSA Plan with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense.

Employee's Signature _____ Date _____

Please mail completed form and required documentation to:	ROSE & KIERNAN, INC. Flex Department P.O. Box 640 East Greenbush, NY 12061 Fax # 518-244-4261
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To expedite your claim in a timely manner, PLEASE SUBMIT ALL RECEIPTS ON 8.5" X 11" PAPER
This form can be accessed at www.rkinsurance.com/group_benefits.htm

CLAIM FILING INSTRUCTIONS

Who Can File a Claim Form

- Only employees participating in the FSA Plan can file a reimbursement claim form.
- Employees can file a claim form during the plan year and for a certain period after the plan year as described in the Summary Plan Description.
- Terminated employees can file a claim form for a certain period after the date of termination if allowed by the plan. Please see your Summary Plan Description.

What Expense Can be Claimed

- Certain expenses incurred during the plan year can be claimed for reimbursement. Each year is treated separately and the year of claim is the year the expense was actually incurred by the participant. It is imperative to send separate claim forms for each year.
- Terminated employees can request reimbursement for expenses incurred during the time period for which contributions were received. Please see your Summary Plan Description.
- Allowable expenses are the same as those allowed for tax purposes with some exceptions. A summary list is provided here for your convenience.

Qualifying Unreimbursed Medical Expenses

- Certain expenses not reimbursed by insurance can be claimed. The following is not a complete list, but contains most common qualified expenses.

Most Common Expenses	Services & Fees	Other Expenses	OTC Medicines & Drugs		
			Covered Items	Dual Purpose Items	Excluded Items
Co-Pays Coinsurance Deductibles OTC medicines & drugs	Acupuncture Anesthetist Chiropractor Dentist Eye Exams Gynecologist Hospital Laboratory Nursing Obstetrician Oral Surgery Ophthalmologist Optometrist Orthodontist Osteopath Physicals Physician Physiotherapist Psychiatrist Psychologist Specialists Therapists	Adoption (medical expenses incurred before adoption is finalized) Alcoholism & drug treatment center costs Ambulance hire Birth control pills Contact Lenses & solution Eyeglasses Fertility treatments Hearing aids & batteries Immunizations Laser eye surgery Learning disability (special school or specially trained educator, recommended by doctor for "severe learning disabilities caused by mental or physical impairments") Lifetime care at medical facility Lodging (for medical care or treatment – limit of \$50) Medical supplies & equipment Norplant insertion or removal Prescriptions X rays	Allergy medicines Antacids Anti-diarrhea medicines Bug bite medication Calamine lotion Cold medicines Cough drops Diaper rash ointments Eye products (i.e. Visine) First aid creams/liquids Hemorrhoid creams Menstrual pain & cramp relief Motion sickness pills Muscle or joint ache pain relievers (i.e. BENGAY) Nicotine gum/patches Pain relievers Sinus medications Sleeping aids Suppositories Topical antibiotics & ointments Wart removal medications	Acne medications Dietary supplements or herbal medicines Glucosamine/ Chondroitin for arthritis Nasal sprays for snoring Orthopedic shoes & inserts Vitamins Sunscreens Weight loss drugs Blood pressure monitor Fiber supplements (to treat acute constipation) Hormone Therapy Medicated shampoos (for treating scalp conditions)	Cosmetics Face creams Lip moisturizers (i.e. Chap Stick) Oral Hygiene Soaps Teeth whitening products Toiletries Tooth brushes (including electronic) Toothpastes

Completion of the Claim Form

- Complete all information on the claim form for each amount claimed for reimbursement.
- When filing your claim, you must attach copies of the receipts on a 8.5" X 11". The receipt must show patient's name (when applicable), the dollar amount and the date and type of service for the expense. Canceled checks, credit slips, cash register receipts, or statements showing only a balance due on your account are not allowable.
- Make sure the claim does not include items for more than one plan year. Use different claim forms for different years.
- You must sign and date the claim form.

How to Request Changes in Plan Participation

- Revocation of participation in the Plan can only occur if you have a change in family status. "Change of family status" includes birth, death, marriage, divorce, change of employment by the spouse, or certain other situations as determined by the Plan Administrator.