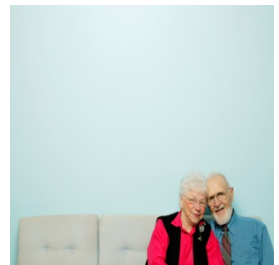
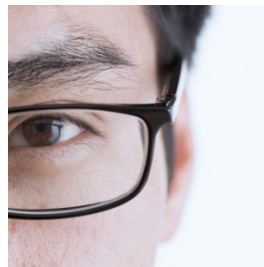


# ***Prairie Lakes AEA***

## **2021 FLEXIBLE BENEFIT PLAN ENROLLMENT GUIDE**



*Insurance & Benefit Solutions*

Please keep a copy of this  
enrollment guide for future  
reference

# **Flexible Benefit Plan (Cafeteria Plan, Section 125 Plan)**

## **What is a Flexible Benefit Plan?**

A Flexible Benefit Plan is also commonly known as a Cafeteria Plan or a Section 125 Plan. A Flexible Benefit Plan is a way of providing you with valuable benefits and significant tax savings. Benefits under a Flexible Benefit Plan may include reimbursements of dependent care expenses and medical expenses not covered by insurance. It may also provide the ability to pay for insurance premiums with pre-tax dollars.

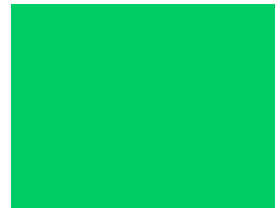
## **The VALUE of a Dollar**

From each dollar that we make there are taxes taken out of it. Approximately 30% of each dollar that we make is taken out in taxes of some kind.

**This is the dollar you make**



**This is take home pay**



**This is paid in  
TAXES**

This is what happens to every dollar that you earn and spend on eligible medical expenses unless your employer has allowed you the benefit of a Flexible Benefit Plan.

## Pre-Tax Money

If you put money into your Flexible Benefit Plan for eligible medical and dependent care expenses that are not reimbursed by insurance or another party, you will **NOT** pay any taxes on the dollars that you put into your account and spend for those expenses. That **SAVES YOU approximately 30% and increases your take home pay**. The example below will show you how this works.

	<b>WITHOUT FLEXIBLE BENEFIT PLAN</b>	<b>WITH FLEXIBLE BENEFIT PLAN</b>
MONTHLY SALARY	\$2,084.00	\$2,084.00
Unreimbursed Medical	<b>0.00</b>	<b>-265.00</b>
Dependent Care	<b>0.00</b>	<b>-300.00</b>
	<hr/>	<hr/>
<b>TAXABLE INCOME</b>	<b>\$2,084.00</b>	<b>\$1,519.00</b>
 FICA (7.65%)	 -159.43	 -116.20
Federal Tax (15%)	-312.60	-227.85
State Tax (5%)*	-104.20	-75.95
	<hr/>	<hr/>
<b>NET PAY</b>	<b>\$1,507.77</b>	<b>\$1,099.00</b>
 Unreimbursed Medical	 <b>-265.00</b>	 <b>0.00</b>
Dependent Care	<b>-300.00</b>	<b>0.00</b>
	<hr/>	<hr/>
<b>SPENDABLE INCOME</b>	<b>\$942.77</b>	<b>\$1,099.00</b>

# Medical Reimbursement Account

## What is generally covered?

This is a **partial** list of reimbursable medical expenses. Medical expenses must be submitted through your medical, vision, prescription drug and/or dental insurance first before they can be considered under your Medical Reimbursement Plan. Only the portion of the eligible expense that is not paid by any other coverage can be paid under the Medical Reimbursement Plan. **Not all reimbursable services are on this list.** If you are unsure if the Medical Reimbursement Plan can reimburse your service, please give us a call.

- Insurance Plan Deductibles & Coinsurance (The percentage after the deductible)
- Office Visit Copays
- Prescription Drug Copays
- Vision Care - Eye Examinations, Glasses, Contact Lenses, Solutions & Cleaners
- Lasik (laser) Eye Surgery
- Psychologist Fees
- Vaccinations
- Dental Care - Dental Exams and Cleaning, Dentures
- Orthodontic Treatment (must be medically necessary)
- Chiropractic Services
- Drug and Alcoholism Treatment
- Hearing Devices and Batteries
- Prescription Drugs including Insulin Injections
- Orthopedic Shoes
- Transportation for Medical Care

Without the Flexible Benefit Plan, these amounts are paid with after-tax dollars. By redirecting your salary to a Medical Reimbursement Plan, these same amounts are now paid with pre-tax dollars.

## **HEALTH CARE REFORM**

### **Flexible Benefit Plans**

#### **Medical Reimbursement Accounts**

The Patient and Affordable Care Act (PPACA) includes a provision that affects Flexible Spending Accounts (FSA), Health Reimbursement Accounts (HRAs), and Health Savings Accounts (HSAs). Expenses for over-the-counter (OTC) medicines or drugs (except insulin) will not be eligible for reimbursement without a doctor's prescription for all expenses incurred on January 1, 2011 or after. If you have a claim for OTC medicines or drugs prior to January 1, 2011, you will not need to submit a prescription from the doctor.

This change applies to all OTC expenses incurred on or after January 1, 2011, regardless of when your plan year is.

**Items such as cold medicines, pain relievers, over-the-counter allergy medications, acid controllers and ointments will now require a doctor's prescription to be submitted along with the request for reimbursement.**

**This will also affect health care debit cards. Merchants will need to modify the list of items eligible for reimbursement in order to meet the doctor prescription requirement.** If you have a health care debit card and wish to purchase OTC drugs or medicines, you will need to file a paper claim along with an itemized receipt and a doctor's prescription. You can file the claim by mail, fax or e-mail for reimbursement.

The following categories of items will require a doctor's prescription. There could be others:

Acid controllers	Allergy & Sinus	Antibiotic Products
Anti-Diarrheas	Anti-Gas	Anti-Itch & Insect Bite
Anti-Parasitic Treatments	Cough, Cold & Flu	Digestive Aids
Respiratory Treatments	Laxatives	Stomach Remedies
Sleep Aids & Sedatives	Hemorrhoidal Preps	Pain Relief
Baby Rash Ointments/Creams	Cold Sore Remedies	Motion Sickness
Feminine Anti-Fungal / Anti-Itch		

If you have any questions, please call us at 1-877-461-1424.

# Medical Expenses usually NOT Eligible for Reimbursement

This is a **partial** list of health care expenses that are usually **NOT** covered under the Medical Reimbursement Plan. **There may be more services that are NOT reimbursable that are not on this list.** If you are unsure if the Medical Reimbursement Plan can reimburse your service, please call.

- ☐ Arch supports, knee & wrist braces (unless prescribed and medically necessary)
- ☐ Blood Pressure Machines (unless prescribed by a physician as medically necessary for constant monitoring of blood pressure due to a medical condition)
- ☐ Breast Pumps (unless medically necessary to care for a premature infant)
- ☐ Cosmetic Surgery or Procedures
- ☐ Dancing Lessons (even if recommended by a doctor)
- ☐ Dental bleaching or any other teeth whitening
- ☐ Diaper Service
- ☐ Discount Programs (Prescription or Vision)
- ☐ Domestic Help Fees (for non-medical services)
- ☐ Electrolysis or Hair Removal
- ☐ Funeral Expenses
- ☐ Hair Transplant
- ☐ Health Club Memberships
- ☐ Household Help
- ☐ Illegal Operations and Treatment
- ☐ Liposuction
- ☐ Marriage Counseling
- ☐ Massage Therapy (unless prescribed by a physician to treat an injury or trauma, or for rehabilitative purposes)
- ☐ Maternity Clothes
- ☐ Medical Savings Account
- ☐ Over-the-Counter Vitamins (used to promote general health)
- ☐ Personal Use Items
- ☐ Swimming Lessons (even if recommended by a doctor)
- ☐ Weight Loss Treatments and Prescriptions (covered in limited circumstances)

## **Flexible Benefit Plan Compliance Alert**

### **Health FSA Rollover Provision: What You Need to Know**

#### **A change in the “use it or lose it” rule.**

The IRS released Notice 2013-71 on October 31, 2013 which allows for the option to rollover up to \$550 of the Health FSA funds that are unused to the following year.

#### **What You Need to Know:**

If you have a current Medical Reimbursement Account in your Flex Plan, you will be able to roll over up to \$550 of your unused funds from this Plan Year to the next Plan Year. The amount of the roll over will be determined at the end of the run out period for this plan year. The funds that are rolled over from this Plan Year to the next Plan Year can be used for claims that you incur in this next Plan Year. If you have any of the roll over left at the end of this next Plan Year, you will lose it. Benefits, Inc. will process claims so that the roll over money is used first.

In order to roll over any unused funds to the next year, you do not have to elect to be in the Medical Reimbursement Account the following year. You are able to put up to \$2,750 in your account plus the amount that you are able to roll over.

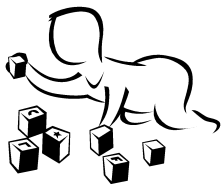
This is a tremendous change in the “use it or lose it” rule. This is another benefit that your Employer offers and pays for to enable you to get all of your money out of the Flex Plan.

If you have any questions, please contact Dana or myself.

Sincerely,

Phil E. Waniorek Jr.  
President





## Dependent Care Reimbursement Account

### Qualifying Dependent Care Expenses

- In order to be an expense eligible for reimbursement from the Dependent Care Account, the following conditions must be met:
- Dependent Care Expenses must be incurred in order to allow the employee (and spouse, if married) to be gainfully employed.
- Dependent Care Expenses must be incurred for the care of dependents under the age of 14 or dependents that are physically or mentally incapable of self-care (such as elderly parents).
- Annual limits for Dependent Care Reimbursement Accounts are \$10,500 (\$5,250 for married filing separately).
- Households with gross income of about \$20,000 to \$24,000 may have slightly more tax relief using the Dependent Care Tax Credit. Check with your tax advisor.

### Dependent Care Expenses NOT Eligible for Reimbursement

- Daycare for a child age 14 or older
- Kindergarten or school tuition (pre-school and before and after care is okay) for age 5 & older
- Meals if separated from the cost of caring for the child
- Summer Camp if it is an overnight camp (cannot even prorate for the day portion)
- Payments to an employee's child or someone whom the employee (or the employee's spouse) could claim as a dependent



# Important Points to Consider

**Pre-Tax Benefits Effectively Reduces Your Costs** – When you elect to have premiums or Reimbursement account amounts deducted from your payroll before taxes are withheld, the money that you save in taxes effectively reduces the amount that you pay for those benefits.

**“Use It or Lose It”** - As required by law, if you haven’t used up all the money in your account(s) at the end of the year, you will forfeit the remaining amount. Your employer determines how the forfeited amounts are handled. Plan your elections carefully and be aware of your account balance! To help you to use all of your money in your Medical Reimbursement Account, we are adding a \$550 Roll Over provision to your plan. Please refer to the following page for an explanation of how this works.

**How do I find out what I have left in my account?** Benefits, Inc. makes every effort to inform you of what your account balance is during the year. We send out quarterly statements and notices in the 11<sup>th</sup> month if you still have dollars in your account. You can also log onto our secure web site [www.benefitsolutions.us](http://www.benefitsolutions.us) and get your account information. And you can always call our toll free number and talk to one of our benefit specialists.

**Income Tax Deduction vs. Medical Expense Reimbursement Accounts** - You cannot claim on your income taxes any medical expenses that have been reimbursed through the Medical Expense Reimbursement Account. But on your Income Tax Return, you are only able to deduct anything that exceeds 10% of your adjusted gross income. With the Flexible Benefit Plan, you are able to take a deduction from the first dollar that you set aside in your reimbursement account.

**Dependent Care Tax Credit vs. Dependent Care Reimbursement Accounts** - You cannot claim a Dependent Care Tax Credit on amounts received as Dependent Care Reimbursements through the Plan. Depending on your situation taking a tax credit on your Income Taxes may be more advantageous than paying dependent care expenses through the Reimbursement Account. Households with gross income of about \$20,000 to \$24,000 may have slightly more tax relief using the tax credit. Please check with your tax preparer for more information.

**Social Security Reduction** - When you participate in the Flexible Benefit Plan, your before tax payments may affect your social security benefits when you retire. When you participate in the Flexible Benefit Plan you do not pay social security taxes on your before-tax payments. As a result, if your taxable income is less than the maximum wages taxed by social security, you could reduce your future social security benefits. For most people this reduction would be minimal – only a few dollars a month. If you were to invest your current tax savings, you would more than make up the reduction in social security benefits.

**Can I change my mind? No Changes in Elections** - The laws governing Flexible Benefit Plans generally do not allow you to change the terms of your Benefits Enrollment Form during a Plan Year. There are, however, a few exceptions to this rule. You may change your benefit elections if there is a change in your status. **Any election change must be on account of and consistent with the change in status event. Changes must be approved by the Plan Administrator and submitted on the Election Form/Salary Reduction Agreement within 30 days of the event.**



## **Benefits, Inc.**

### ***Insurance & Benefit Solutions***

#### **Tips for using your Benefits Card (debit card)**

- Save all of your receipts, bills and explanation of benefits.
- The e-mails and letters that Benefits, Inc. send you are to keep you informed about your flex plan account. These correspondences are important and please take the time to read them. The e-mails will come from [ASINotice@benefitsolutions.us](mailto:ASINotice@benefitsolutions.us). Please make sure that the e-mails from this address are able to go into your In Box and not the Junk File.
- Submit all documentation to Benefits, Inc. when requested. Anytime that we request documentation, it is important for you to either send us the documentation or contact us.
- When paying for any medical, dental, and vision bills that will be submitted to your insurance plan, please let the insurance company pay its part of the bill before using your Benefits Card. You can then use your Benefits Card to pay the balance of the bill. This will make the process much easier for you. You can use your debit card like a credit card to pay billings over the phone or on-line.
- Keep track of your account balance. You can do this by going on-line or by calling Benefits, Inc. for the information.
- Please provide us with your e-mail address. This will make it much easier for us to communicate information to you concerning your flex plan account and your Benefits Card.
- Use your Benefits Card to pay for expenses that are eligible through your flex plan. If you have a question about what is eligible, please refer to the information that you have received from Benefits, Inc. or give us a call at 1-877-461-1424.

# Debit Card Substantiation

The steps that we take to substantiate a claim:

- 1) **Copayments** – copayments that are a part of your health, dental, or vision insurance plan will be substantiated automatically.
- 2) **Reoccurring Charge** – a charge that will happen on a continuing basis with the same provider and dollar amount. It is your responsibility to inform us of these types of charges. These are also substantiated automatically.
- 3) **IIAS (Inventory Information Approval System)** – it is the technology that retailers use that accepts health account debit cards and verifies that your purchases are eligible for reimbursement. These are also substantiated automatically.
- 4) **Medical Expense Certification Form** – you can take this form to your provider and have them fill it out and sign it. This works well for providers that will require substantiation. Such as dental and vision claims or any other claims that will require substantiation. If you get this form filled out and submit it with a billing showing the date of service, procedures or services provided, and amount of charge for each charge, that will substantiate your claim and no other paperwork will be needed.
  - 5) **Contact Employee** – our last resort is to contact you for the information that we need. You will receive a letter or an e-mail from us asking for the information that we need. Please contact us right away and we will help run down the information that is needed.



# SAVE your Receipts!

Please save all ITEMIZED merchant receipts. This is an IRS requirement. In some circumstances, you must provide documentation of charges made with your Flex Debit Card.

The IRS requires that your plan service provider (Benefits, Inc.) verify Flex Debit Card swipes.

You will be sent an email indicating which swipes, if any, require verification. If no email address has been provided, you will receive a letter instead. You will then have two months to provide the requested documentation.

Proper documentation is a receipt, statement or explanation of benefits from your provider or health insurance carrier that describes the service or product, states the date of sale or service, and shows the amount charged. **A non-itemized credit card receipt is NOT sufficient documentation.**

If you do not submit documentation within two months, your card may be suspended. If your card is suspended, you still have access to the funds in your flexible benefit account, but you will need to complete a claim form for reimbursement.





**MEDICAL EXPENSE SUBSTANTIATION**

**Name of Doctor / Clinic / Facility:** \_\_\_\_\_

**Patient's Name:** \_\_\_\_\_

**Employee's Name:** \_\_\_\_\_

**Employer's Name:** \_\_\_\_\_

**Date of Service:** \_\_\_\_\_

I certify that the above named individual has the medical condition listed below and that the indicated item or procedure is being used for treatment of the specific medical condition and not for the individual's general health. This procedure or item is eligible for an FSA (Cafeteria, Section 125, Flexible Benefit) plan.

**Medical Condition or Problem:**

**Item or Procedure:**

Does the above named patient have any insurance plan that would pay for part of this bill?

☐ Yes ☐ No

\_\_\_\_\_  
**Signature of Doctor / Clinic / Facility**

Please submit a copy of this certification with each of your medical expense claim form(s)

# FLEXIBLE BENEFITS PLAN WORKSHEET

## PREMIUM, MEDICAL REIMBURSEMENT and DEPENDENT CARE

### REIMBURSEMENT

In general, eligible expenses are “medical care” expenses which have not been reimbursed and are not reimbursable from another source (i.e., insurance). Your Employer determines the annual limit for your Medical Reimbursement account. Please check with your Employer or see your Summary Plan Description.

#### MEDICAL, DENTAL VISION SERVICES

Coinsurance, Deductible or Copays or amount NOT paid by insurance \$\_\_\_\_\_ annually

Prescription drug copayments or prescriptions not covered by insurance \$\_\_\_\_\_ annually

Excluded or limited services under your medical insurance (i.e., Psych treatment) \$\_\_\_\_\_ annually

Transportation expenses essential to medical care

\$\_\_\_\_\_ annually

(a written record of mileage must be kept and submitted for reimbursement)

Dental Expenses NOT paid by insurance

\$\_\_\_\_\_ annually

Orthodontic treatment amounts NOT paid by insurance

\$\_\_\_\_\_ annually

(Do NOT include expenses for future services)

Eye Exams, Copay or amount NOT paid by insurance

\$\_\_\_\_\_ annually

Contact lenses, prescription glasses, prescription sunglasses,

\$\_\_\_\_\_ annually

Amount NOT paid by insurance

Contact lens solution, contact supplies not covered by insurance

\$\_\_\_\_\_ annually

Lasik Surgery/Radial keratotomy

\$\_\_\_\_\_ annually

**Total Medical Reimbursement Expenses:**

\$\_\_\_\_\_ annually

\$_____ /	_____ = \$_____	
(Annual Total Medical Dental and Vision Expenses)	(Number of Payroll Periods)	(Employee Deduction Per Pay Period)
		<b>ENTER THIS AMOUNT ON</b>
<b>ENROLLMENT FORM</b>		

**BENEFITS, INC**

Insurance &amp; Benefit Solutions

www.benefitsolutions.us

P.O. Box 410

Toll Free (877) 461-1424

Decorah, IA 52101

(563) 387-0780

benefits@benefitsolutions.us

FAX (563) 387-0682

**Flexible Spending Account  
Claim Form****I. EMPLOYER NAME:** \_\_\_\_\_ **PLAN YEAR ENDING** \_\_\_\_\_**II. PARTICIPANT NAME:** \_\_\_\_\_ **SOCIAL SECURITY NUMBER: XXX-XX-** \_\_\_\_\_  
(Last 4 Numbers Only)**III. MEDICAL EXPENSE CLAIMS** Please attach an Explanation of Benefits from your Insurance company; or, if not covered by Insurance, attach an Itemized bill/ receipt that includes all of the information below. *Canceled checks and bills showing a balance only cannot be accepted as documentation.*

Patient Name	Relation to Employee	Date of Service	Description of Service/Name of Medication	Physician, Provider or Merchant	Is there insurance coverage for this service? If so, an EOB is required.	Amount Incurred	Benefit Code (Office use only)
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
			<b>TOTAL</b>	<b>MEDICAL CLAIMS</b>	<b>REQUESTED</b>	<b>\$</b>	

**IV. DEPENDENT CARE EXPENSE CLAIM** Please attach the invoice or statement provided by your service provider showing the information below. *Canceled checks and bills showing a balance only cannot be accepted as documentation.*

Name of Dependent	Relation to Employee	Date of Service	Provider of Service	Provider's Social Security Number	Amount Incurred	Benefit Code (Office use only)
			<b>TOTAL DEPENDENT CARE</b>	<b>CLAIMS REQUESTED</b>	<b>\$</b>	

Dependent Care Provider Signature: \_\_\_\_\_

**VI. STATEMENT OF PARTICIPANT (Read Carefully)**

The undersigned participant in the plan certifies that the above expenses were incurred during a period while the undersigned was covered under this FLEXIBLE BENEFIT PLAN and that they, their spouse or dependent has received the service/product described above on the dates indicated. In the case of a Medical Reimbursement Request, the undersigned also certifies that the expenses are for medical care and NOT for cosmetic purposes or for general health purposes. It is also understood that additional information and/or documentation can be requested to substantiate the claim.

The expenses hereby presented for reimbursement from the Plan have not been reimbursed and will not be reimbursed through any other health plan coverage, including other flexible spending arrangements. The undersigned fully understands that he or she is fully responsible for the sufficiency and accuracy 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 as a proper expense under the plan, the undersigned will be liable for the payment of all related taxes including Federal or State income tax on the amounts paid which relate to such expense. The undersigned further understands that no medical or dependent care expense tax deduction or credit is permitted for amounts for which reimbursement is made. The undersigned has read the *Explanation to Participants* on the reverse side of this form.

Participant's Signature \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_  
Daytime Phone # \_\_\_\_\_

Date \_\_\_\_\_

email address: \_\_\_\_\_

Updated: 4/2/2020

## **Explanation to Participants**

To submit a request for reimbursement, you must complete this form, sign it and attach the documentation needed to verify that your expenses are qualified for reimbursement under the Plan. Return the completed form with the documentation attached to your Benefits Coordinator or directly to Benefits, Inc.

### **\*\* MEDICAL EXPENSE CLAIMS \*\***

Please list and attach the Explanation of Benefits (EOB) from your insurance company or invoices (if the service is not covered by insurance and, therefore, no EOB is available). If you are providing documentation other than the EOB from your insurance company, these documents must be from the third parties who provided the medical services and must show *the names of the providers, the dates that services were provided, the amounts charged for the services, and a brief description of the services.*

In general, the types of medical services which can be reimbursed by the Plan are the same types of expenses which the Internal Revenue Service would allow for the medical and dental expense deduction under Internal Revenue Code Section 213. Some examples include: Medical and dental expenses which are covered but not paid by insurance (deductibles, co-payments), and items allowed by IRC Section 213 that are not covered by your insurance plan (i.e., vision and hearing expenses, dental care, routine examinations, prescription drugs). Please refer to the Summary Plan Description and the Plan document for a more complete explanation of qualified expenses.

The Coronavirus Aid, Relief and Economic Security Act (CARES) has been signed into law March 27, 2020. Included in the CARES Act over the counter drugs and medicines are now eligible for reimbursement from Healthcare FSAs, without a prescription. In addition, menstrual products are now considered a qualified medical expense.

Please enter the total amount that you are requesting for reimbursement, based on the documentation you have attached. At any time during the plan year, you may request reimbursement for expenses that may exceed the amount that you have deposited into your Flexible Spending Medical Account. However, your reimbursement cannot exceed the amount that you have committed to contribute for the Plan Year, minus any reimbursements you have already received for the Plan Year. Special rules apply if you terminate employment or otherwise end your participation in the Plan. Please refer to the Summary Plan Description and the Plan document for a more complete explanation of the maximum reimbursement amount.

### **\*\* DEPENDENT CARE EXPENSE CLAIM \*\***

Please list and attach invoices issued by the third parties who provided the dependent care. This documentation must show *the name and tax identification number of the provider, the dates that services were provided, and the amounts charged for the services.*

In general, the types of expenses for dependent care services which can be reimbursed by the Plan are the same types of expenses which the Internal Revenue Service would consider for the dependent care tax credit as employment-related expenses under Internal Revenue Section 21(b)(2). Expenses must be for dependents under the age of 13 or incapable of caring for themselves. Please refer to the Summary Plan Description and the Plan document for a more complete explanation of qualified expenses.

Expenses must be for services that you received during the same period that you make contributions into your dependent care reimbursement account. And, you cannot ask the plan to reimburse you in advance. For example, if you start contributions with the pay period that begins on February 1, on February 2 you can submit a claim for childcare given on February 1, but not for care given on January 31 or for care to be given in March.

Please enter the total amount that you are requesting for reimbursement, based on the documentation you have attached. If your expenses qualify for reimbursement from the Plan, you will be reimbursed for the total of your expenses, but not more than your account balance in the Plan. Your account balance is the total of the contributions you've made into your Dependent Care Flexible Spending Account minus the reimbursements you've received for the Plan Year.

### **\*\* STATEMENT BY PARTICIPANT AND SIGNATURE \*\***

Besides providing the information that is needed to prove that your claim is for qualified for reimbursement, you must sign this form on the reverse side. You are thereby swearing that you have not and will not submit the expenses claimed for reimbursement from another Flexible Benefit Plan or use these same expenses in order to receive a tax deduction or credit on your annual income taxes.

<b>** Invoices Must be Attached **</b>	<b>** Total Amount Requested **</b>	<b>** Participant's Signature Required**</b>
--	-------------------------------------	--





*Insurance & Benefit Solutions*

**P.O. Box 410  
Decorah, IA 52101**

**Toll Free (877) 461-1424  
Phone Number (563) 387-0789  
Fax Number (563) 387-0682**

**[www.benefitsolutions.us](http://www.benefitsolutions.us)**