



FLEXIBLE BENEFITS REQUEST FOR REIMBURSEMENT

**PLEASE READ INSTRUCTIONS AT BOTTOM BEFORE COMPLETING FORM
PLEASE PRINT OR TYPE ALL INFORMATION**

1. EMPLOYEE INFORMATION		
Name	PSU ID No.	Telephone (8 a.m.-5 p.m.)

2. HEALTH CARE REIMBURSEMENT ACCOUNT

IMPORTANT: Refer to General Information for expense documentation requirements. You must indicate if expenses incurred January 1 through March 15 are to be charged to any balance remaining from the prior year.

Patient's Name	Date(s) of Service	Description of Service	Out-of-Pocket Amount	Reimburse for 2008 or 2009
Total				\$

3. DEPENDENT CARE REIMBURSEMENT ACCOUNT
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You must submit a signed receipt or statement from the provider giving the from-to dates of service. **IMPORTANT:** The name, address and Tax ID (or Soc. Sec. No.) of the dependent care provider must be provided on the receipt or statement.

Dependent's Name	Date(s) of Service	Provider of Service and Tax ID No.	Amount of Reimbursement
Total			\$

4. SIGNATURE

The information furnished above in support of this Request for Reimbursement is true and correct to the best of my knowledge. I hereby authorize any individual or organization to release any information requested to the Employee Benefits Division with respect to this specific request. I certify that I have not previously requested reimbursements from any other source for such expenses. I further certify that I am not applying these expenses toward any federal or state income tax deduction or credit.

Signature _____
Date

**FORM MUST BE SIGNED BY ACCOUNT HOLDER IN ORDER TO BE PROCESSED
PLEASE ALLOW SEVEN TO TEN BUSINESS DAYS FOR PROCESSING**

SEND COMPLETED FORM AND DOCUMENTATION OF EXPENSE TO:

DIRECT MAIL
 Penn State University
 Reimbursement Accounts Claims Unit
 410 James M. Elliott Building
 University Park, PA 16802

OR

CAMPUS MAIL
 Reimbursement Accounts Claims Unit
 410 James M. Elliott Building
 University Park

GENERAL INFORMATION

"Out-of-pocket" means that the expense is not eligible for reimbursement by any benefit plan including your University-sponsored health plan, by any plan covering you and/or your dependents, or by an individual insurance policy you may own.

- The IRS requires that you provide third-party documentation as proof of your expenses.
 - Explanation of benefit forms are required to document all dental expenses.
 - HMO participants must submit co-payment receipts for out-of-pocket expenses. Participants in other types of health plans must provide explanation of benefit forms.
 - Cancelled checks and credit card receipts are not acceptable documentation for any services.
 - Cash register receipts are acceptable documentation **only** for eligible over-the-counter medications and **only** if they clearly identify the item being purchased.
- Eligible expenses must be incurred during the calendar year in which you are contributing to a flexible spending account.
 - Unused funds in a health care flexible spending account may be accessed to pay eligible expenses that are incurred from January 1 through March 15 of the following year.
 - The IRS requires that money contributed to a Reimbursement Account during the period of coverage may only be used to reimburse your expenses incurred during that period of coverage. You may file requests for eligible expenses until March 31 of the following year after which time ANY MONEY NOT REIMBURSED WILL BE FORFEITED.
 - Reimbursement prior to the expense being incurred is prohibited.
- Flexible benefits reimbursements generally are paid by direct deposit to your bank account. Deposits are made once each week and you'll receive an e-mail notification of the amount. Participants whose paychecks are directly deposited and who have a Penn State user ID (e-mail account) will automatically have the flex reimbursements deposited.
- All Reimbursement Account contributions are cancelled on December 31. To continue Reimbursement Account participation you must complete a new enrollment during the annual open enrollment period.

HEALTH CARE REIMBURSEMENT PROCEDURES

- Follow the claim procedure for your benefit plan (medical, dental, or vision). If you are covered by more than one benefit plan, remember to file a claim with the second plan.
- Complete sections 1, 2 and 4* of this form and attach the original Explanation of Benefit (EOB) form to the reimbursement request form. Some items do not involve EOBs and you can submit itemized receipts as documentation. Examples would include prescription drug expenses, HMO copayments, monthly net orthodontia payments and expenses for dependents not covered by any benefit plan.
- Dependents whose expenses are eligible for reimbursement are not limited to those you cover under your medical/dental/vision benefits. Dependents include all family members whose health care expenses would be an allowable deduction on your federal income tax return.

DEPENDENT CARE REIMBURSEMENT PROCEDURES

- ONLY WORK RELATED EXPENSES QUALIFY FOR REIMBURSEMENT. Expenses are considered work related only if they allow you (and your spouse if you are married) to work. For example, overnight camps or baby-sitters for social occasions are not considered as work related expense. Also pre-school expenses are ineligible if your spouse is not employed or a full-time student.
- The IRS defines an eligible dependent as a child UNDER AGE 13, or a spouse or relative who is physically or mentally unable to take care of himself or herself and who is dependent upon you for support.
- You are required to provide third-party documentation as proof that the expense has been incurred.
 - You must provide a receipt or invoice from your dependent care provider. The receipt or invoice must include the name, Federal tax ID or Social Security number of the provider, the name of the person receiving day care and the dates of service. Cancelled checks are not acceptable documentation.
 - Complete sections 1, 3 and 4* of this form and attach the receipt(s) to the form.
 - **IMPORTANT: When you file your federal income tax, you must provide the IRS with the name, address and Tax ID (or Soc. Sec. No.) of the dependent care provider on the appropriate tax form. If you do not provide this information, the exclusion from taxable income for the dependent care reimbursement account may be denied by the IRS.**
 - *** Please note:** Section 4 of the form only appears after clicking on the *Form Completed* button. Do not click on the *Form Completed* button until you have finished filling out the form.

All inquiries should be directed to the Reimbursement Accounts Claims Unit, (814) 865-1473