



## HOW DO I GET REIMBURSED FROM MY FLEXIBLE BENEFITS PLAN?

1. Download a Request for Reimbursement Form, and feel free to make multiple copies for your own use. Forms are also available at your payroll office. You can also go online to print off forms through FirstView (<https://firstview.firstadministrators.com/>).
2. Complete the Employer and Employee Information Sections.
3. Complete the Medical Reimbursement and/or Dependent Care Reimbursement section(s) as appropriate. (Attach necessary documentation.)

### Dependent Care/Child Care Expense Plan

- **You must complete the Request for Reimbursement Form to receive dependent care reimbursement**
- **Attach the completed Dependent Care Receipt to your Request for Reimbursement Form**

### Unreimbursed Medical Expense Plan

- **Process your eligible charges under your medical, dental or vision coverage first** before submitting them for reimbursement. (This includes prescription drugs and charges that you know will be applied to your deductible).
- **Attach the Explanation of Benefits (EOB) to your Request for Reimbursement Form.** This is the form your medical or dental plan sends to you that shows what was applied to your deductible or how much they paid the provider.
- **If you do not have medical, dental or vision coverage**, you may submit your claim immediately. However, a complete itemization from the provider must be submitted. The following information must be present on the itemization in order to be considered:
  - \*Description of service or supply
  - \*Patient name
  - \*Provider name & address
  - \*Amount of each expense
  - \*Date of Service
- **Over-the-Counter Prescriptions and Medications are reimbursable.** To submit, *attach* a cash register receipt to your *completed* Request for Reimbursement Form (patient name *must be* listed). Circle the items you wish to have reimbursed. The cash register receipt *must contain the following*:
  - \*Item Name/Description
  - \*Dollar Amount
  - \*Provider, pharmacy or retailer's name
  - \*Date expense was incurred
- **Orthodontia** will be reimbursed on a monthly basis as services have been incurred. Complete a Request for Reimbursement Form and attach a receipt from your provider showing that treatment has been rendered and paid. Or attach an Orthodontic Payment Form completed by the orthodontist to be automatically reimbursed on a monthly basis.

### General Information

- **The IRS will not accept: Balance due, balance forward or received on account statements; copies of checks or cancelled checks; credit card receipts or \*cash register receipts (except for some over-the-counter medications) as proof by themselves.**
- **Don't forget to sign and date your claim form.** The signature must be that of the employee not the spouse.
- **Keep copies of everything that you submit for reimbursement.** You will need it for audit purposes.

***If you have any questions, please do not hesitate to call the Flexible Benefits/Section 125 Department.***