

**Benefit Spending Account
Reimbursement Request Form**

Phone: 1-877-267-3359

SEE REVERSE SIDE FOR INSTRUCTIONS

Fax: 1-866-514-8287

A. EMPLOYEE INFORMATION

Name	Social Security Number (last 4 digits)	Name of Employer
Member ID	Phone Number	Email Address

B. HEALTH CARE SPENDING ACCOUNT

Date(s) of Service	Name of Service Provider	Patient Name	Type of Expense (Office Visit, Dental, Eyeglass, RX, Mileage, etc.)	Amount Requested

TOTAL AMOUNT REQUESTED \$

C. DEPENDENT CARE SPENDING ACCOUNT

Dates of Service	Name of Dependent Care Provider	Caregiver's SSN or ID#	Dependent's Full Name	Dependent's Date of Birth	Amount Requested

TOTAL AMOUNT REQUESTED \$

DAYCARE PROVIDER or CARE FACILITY CERTIFICATION

I certify that I provided dependent care services as detailed above: Print Name: _____ Original Signature: _____ Date: _____	I certify that I provided dependent care services as detailed above: Print Name: _____ Original Signature: _____ Date: _____
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E. CERTIFICATION

I certify that the following is true:

- The expenses listed above were incurred by me and/or my eligible dependents and qualify for reimbursement within the current plan year. (See reverse side for a description of eligible expenses.)**
- The expenses listed above are not eligible for reimbursement by any insurance plan.
- I have not and will not deduct the above listed expenses on my Federal Income Tax returns.
- The appropriate bills, receipts, Explanation of Benefit Statements or documentation for daycare expenses are attached. **Please keep copies of supporting documentation for your records. Documents will not be returned.**
- For Over-the-Counter medications to be eligible expenses under the plan, they must be for the diagnosis, prevention or treatment of a specific medical condition and not just for the overall good health of the participant. *A physician prescription or statement of medical necessity is required.*
- If using the claim form as a daycare receipt, please have your daycare provider sign the claim form, authorizing the total requested charges (Section C- Provider Signature) and please provide your daycare provider's address including street address, city, state and zip.

****NOTE: If a portion of your medical expense(s) are covered by insurance, please send an Explanation of Benefits (EOB) for verification.**

Employee Signature _____ Date _____

Submit claim(s) electronically at www.myLuminareHealth.com or through our convenient mobile app at myTrustmarkBenefits Account. Or return this form to: Benefit Spending Accounts

P.O. Box 2968 • Clinton, IA 52733

Phone: 877-267-3359 • Fax: 866-514-8287 • Email address: FlexHB@LuminareHealth.com

R450-2059

CLAIM FILING INSTRUCTIONS

1. Please complete the claim form in full and attach copies of all receipts, invoices, or explanation of benefit (EOB) statements. Documentation must clearly indicate the following:
 - Date services incurred or supplies purchased
 - Name and address of the provider of services or supplies
 - Name of the person receiving the service or supply
 - Type of expense
 - Amount of expense
 - Total amount paid by any insurance company
2. If any insurance company did not or will not reimburse you for ANY portion of an expense that you are submitting, please mark across the top of the invoice or receipt "NOT PAID BY INSURANCE" and initial it. If it is an expense which is part of your deductible, a copy of the EOB must be attached.
3. Do not send cancelled checks or statements indicating balance due. These types of receipts do not supply the required documentation.
4. Claims submitted without the necessary information will be returned to you and may cause a significant delay in processing your reimbursement.
5. For daycare claims, you will need to submit a receipt from the daycare provider or individual providing daycare services to your eligible dependent(s). Alternatively, you may also have your daycare provider sign the claim form certifying the expenses you are claiming. Please make sure to include the following information: dates of service, Social Security number of individual caregiver or Tax ID number of the daycare provider. This must be included on every claim. ****NOTE: charges for Kindergarten or private school programs that are strictly educational in nature are not covered. If your child is age 5-12 and in school, you are eligible to submit reimbursement for expenses for the following services: before and after school care & summer daycare & summer camp (excludes overnight camps).*
6. Keep copies of supporting documentation for your records.
7. You may also file your claim online at myLuminareHealth.com or by using our convenient mobile app [myTrustmarkBenefits Accounts](#), available for free download from the iTunes App Store and Google Play. *(***Please note if you submit your claim online you do not need to submit the paper form)*

Know Your Medical FSA – Eligible and Ineligible Expenses

A medical flexible spending account (FSA) is an IRS-sanctioned benefit, meaning you can use pre-tax dollars to cover eligible expenses. The IRS states that eligible expenses must be primarily to alleviate a physical or mental defect or illness, such as diagnosis, cure, mitigation or treatment of a disease, or for treatments affecting any part or function of the body. You can be reimbursed for IRS eligible expenses specific to your plan which are not covered by other benefits. Expenses to promote general health are not eligible expenses unless prescribed by a physician for a specific medical ailment. To determine if a specific expense you are claiming qualifies as an eligible expense, please contact the Benefit Spending Account team at 877-267-3359 or email us at FlexHB@LuminareHealth.com.

Know Your Daycare FSA – Eligible and Ineligible Expenses

A dependent care flexible spending account (FSA) is an IRS-sanctioned benefit, meaning you can use pre-tax dollars to cover eligible expenses. The IRS states that eligible expenses must be for eligible dependent care costs. Childcare costs are eligible for reimbursement if a child is younger than 13 and you claim the child as a dependent on your federal income tax return. Costs of care for an adult dependent, including a spouse or a parent, qualify if the adult is physically or mentally disabled. Expenses for Kindergarten or private school programs that are strictly educational in nature are not covered. To determine if a specific expense you are claiming qualifies as an eligible expense, please contact the Benefit Spending Account team at 877-267-3359 or email us at FlexHB@LuminareHealth.com.