

YOUR spending ACCOUNT™

P.O. Box 785040
Orlando, FL 32878-5040
Fax: 1-888-211-9900

Health Care/Dependent Care
Claim Form

Name (Last/First/MI)		Social Security Number	
Address	City	State	Zip Code
Daytime Telephone Number		Employer	

HEALTH CARE CLAIMS

Date of Service (mm-dd-ccyy)	Provider	Type of Service*	Patient	Requested Amount
				\$
				\$
				\$
				\$
				\$
			Health Care Total	\$

*Type of Service
Prescription Over-the-Counter (OTC) Drugs Medical
Dental Vision Hearing

DEPENDENT CARE CLAIMS

Dates of Service (mm-dd-ccyy)	Service Provider	Dependent	Requested Amount	
to			\$	
to			\$	
to			\$	
to			\$	
			Dependent Care Total	\$

SUBMITTING YOUR CLAIMS AND RECEIPTS

Attach your original receipts, sign the form, and fax your claim to 1-888-211-9900. You may also mail claims using the address above.

Employee Certification

I hereby certify that the above information is correct and that the expenses for which I've requested reimbursement, or for which I'm validating:

- Were incurred for services or supplies received by my eligible dependents or me under the plan;
- Were for services or supplies furnished on or after the date my spending account takes effect;
- Haven't been previously reimbursed in any other way or from any other source and won't be submitted for future reimbursement; and
- Don't include any amounts that are otherwise payable by plans for which my dependents or I are eligible.

I understand that: Health care reimbursements aren't eligible deductions on my individual tax return. Claim decisions will be made in accordance with the provisions of the plan. Any reimbursed dependent care expenses aren't eligible for the dependent care credit on my individual tax return. My employer and Hewitt Associates aren't liable for any penalties or damages as a result of an inappropriate claim filed by me or any inappropriate debit card use.

Signature _____ Date _____



INSTRUCTIONS

To have your claim approved, please sign this form and fax or mail your claim to *Your Spending Account* with the required documentation. Once your information is received, *Your Spending Account* will process your claim within five days.

DOCUMENTATION YOU'LL NEED TO PROVIDE

Health Care Claims

You must provide proper supporting documentation so that your claim can be approved. This includes receipts or other documentation, such as an Explanation of Benefits (EOB) statement from your health plan.

An itemized receipt must include the following:

- Date of service
- Name of service provider
- Name of patient (not required for OTC drugs)
- Name of drug, product, or service
- Amount paid

If the receipt is handwritten, it must include the service provider's signature. For prescription drugs, remember to submit the receipt that the pharmacist has attached to the prescription, instead of the cash register receipt.

If you have medical insurance, proof of any amount paid by other coverage, such as an EOB, is required. However, EOBs aren't required for:

- Prescriptions
- Dental, vision, or hearing expenses
- Receipts stating that the amount is for a copayment

Visit the *Your Spending Account* Web site for more documentation requirements concerning medical necessity, orthodontia, and other services.

If you've lost a receipt, contact your doctor or pharmacy to request a copy, or call your health plan for an EOB. If you don't provide the necessary information, the processing of your claim may be delayed.

Dependent Care Claims

If you use a care provider or day care service, your receipt must contain the following:

- Dates of service
- Name of service provider
- Name of dependent receiving services
- Amount paid

This information can be provided from a generic receipt booklet or on a day care letterhead. It may also be handwritten as long as it includes the service provider's signature.

SENDING YOUR CLAIM TO YOUR SPENDING ACCOUNT

Send this form and your documentation to *Your Spending Account* by fax or mail.

Fax: 1-888-211-9900
Mail: *Your Spending Account*
P.O. Box 785040
Orlando, FL 32878-5040

If faxing, don't include a cover letter and be sure to place the claim form before your receipts.

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