

FLEXIBLE SPENDING ACCOUNT GUIDELINES

It sure is easy.

This document will help you submit a claim for reimbursement from your FSA.

DID YOU PAY OUT-OF-POCKET FOR AN ELIGIBLE EXPENSE?

Submit a claim to get paid back using money from your account. There are three ways to submit a claim:

+ SURENCY APP

Download the Surency mobile app and submit your claim by taking a photo of your receipt

+ MEMBER ACCOUNT

Log into your Member Account at Surency.com to upload your receipt

+ PAPER CLAIM FORM

Fill out this form and return it to Surency:

Email: flex@surency.com | Fax: 316-272-4841 | Mail: P.O. Box 789773, Wichita, Kansas 672748-9773

WANT TO GET PAID BACK AUTOMATICALLY?

Sign up for Direct Deposit so that after you submit a claim, Surency will automatically deposit those dollars back into your Bank Account. There are two ways to set up Direct Deposit:

+ MEMBER ACCOUNT VIA SURENCY.COM OR SURENCY APP

Log in to your Member Account at Surency.com or use the Surency App to input your Bank Account information. It's simple and your account will be automatically verified through our secure process.

+ PAPER DIRECT DEPOSIT FORM

Visit Surency.com to download a Direct Deposit form. Complete and return to Surency.

Please note: If you submit your Bank Account information via the paper form, further action is required in order to successfully activate direct deposit with Surency. More information is provided on the Direct Deposit form.

DID YOU PAY FOR PARKING OR DRIVE TO A MEDICAL APPOINTMENT?

You can be reimbursed from your FSA for mileage and parking expenses for any travel to or from your doctor, dentist, pharmacy, or other medical care provider. Use the chart on the next page to calculate your medical reimbursement amount.

FOR FUTURE PURCHASES, USE YOUR SURENCY BENEFITS CARD TO PAY

Your Surency Benefits card is a special-purpose Visa® Card that give you an easy, automatic way to pay for eligible expense. The Benefits Card lets you electronically access the pre-tax amounts set aside in your Surency accounts. Use it when paying for eligible expenses at a provider or merchant that accepts Visa® and uses an inventory control system. These transactions may be automatically substantiated, meaning you don't have to file a claim and may not have to submit a receipt. However, always keep all documentation for tax purposes or in case Surency requests further documentation.

HOW TO USE YOUR CARD

- + Have a cashier ring up all of your eligible items together. (Non-eligible items will need a separate form of payment).**
- + Swipe your Surency Benefits Card when it's time to pay. Select 'credit' and sign for your purchase.**
Optional: For added security, in addition to your signature, you can set up a PIN number to access your funds by calling 866-898-9795. If you have a PIN number, select 'debit' and enter your PIN.
- + All eligible expenses will be paid for from your account and deducted from your total.**
- + Keep your receipts in the event that further validation is needed.**



CLAIM FORM

FSA

_____	_____	_____	
Last Name, First Name, MI (Please Print)	Employer	Social Security Number or Employee ID	
_____	_____	_____	_____
Mailing Address	City	State	Zip Code
_____	_____	_____	_____
Home Address (If different)	City	State	Zip Code
<input type="checkbox"/> Check if NEW ADDRESS	Comments/Special Instructions:		

FSA CLAIM DETAILS

Date Medical Care Received	Merchant/ Provider Name	General Medical Expense/Item Description	Name of Person Receiving Service/ Product	Claim Amount (Amount you Paid for Item/Service)	Medical Mileage 2024: \$0.21/mile	Parking Cost	Total Amount Paid
					_____ miles x _____ = _____		
					_____ miles x _____ = _____		
					_____ miles x _____ = _____		
					_____ miles x _____ = _____		
GRAND TOTAL: (add green columns together)							

Attach copies of Explanation of Benefit (EOB) statement(s) or provider receipts if there is no insurance. Copies must include the date(s) of service. Please do not send originals of your EOB's or your insurance statements - keep originals for your records. A signed Letter of Medical Necessity from your provider may also be required if the expense is considered "dual purpose." Dual purpose is defined as those items that have both a medical purpose and a personal/cosmetic or general health purpose. *Missing information may delay the processing of your reimbursement.*

REIMBURSEMENT GUIDELINES

The reimbursement request expense must be an IRS-eligible expense and incurred during the Plan Year. (Claims for future dates of service are not eligible for reimbursement).

The reimbursement request must not have been previously reimbursed nor are you seeking reimbursement from insurance or any other source.

Attach a copy of your insurance company's Explanation of Benefits (indicating date of service), or copies of receipts/bills if there is no insurance coverage to document the amounts.

The medical mileage indicated must be for transportation primarily for, and essential to, medical care and associated with the dates of service identified above. The standard medical mileage rate is set by the IRS annually and will be calculated by Surency when determining eligible expenses for unreimbursed medical expenses.

IRS Documentation Requirements:

Each item claimed must be supported with proper documentation, otherwise your claim will not be processed. The following should be included with each piece of documentation submitted to Surency with your completed claim form:

- + Name of Provider
- + Type of Service/Expense
- + Date of Service/Expense
- + Dollar Amount of Service/Expense
- + Prescription and Name of Drug (if applicable)
- + *Please Note:* Credit card receipts or canceled checks are not eligible documentation per the IRS and cannot be accepted.



CLAIM FORM

FSA

Generally, reimbursement requests will not be considered for reimbursement later than 90 days from the end of your company's Plan Year. For specific guidance, please contact Surency at 866-818-8805.

The description of the service or care can be as generic as "co-pay" or "office visit." Keep copies of each receipt and claim form for your tax purposes.

AUTHORIZATION

I hereby certify that the reimbursement requests I'm submitting are IRS eligible expenses and that I have not been previously reimbursed for these expenses nor am I seeking reimbursement for these expenses from insurance or any other source. I also understand that Surency, its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement. I understand that the expense for which I am reimbursed may not be used to claim any federal income tax deduction or credit. *(Request cannot be accepted without participant's signature).*

Employee's Signature

Date

**Return completed form to Surency at email: flex@surency.com - fax: 316-272-4841
or mail: P.O. Box 789773, Wichita, KS 67278-9773**

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