

Request for Claims Reimbursement

Cafeteria Plan ("Flex" Plan)

Instructions on are the back of this form

Company: **Marymount Manhattan College**

Plan Year Starting: **January 1, 2007**

Plan Year Ending: **December 21, 2007**

Last Name

First Name

Middle Initial

Social Security Number

Work Phone

From Your Unreimbursed Healthcare Expenses Account

Services Provided By	Care For Name(s)	Type of Expense*	Date(s) Expense*	Total Incurred	Insurance Expense	Reimbursement Paid	Reimbursement Requested

Add the Reimbursement Requested Column to get the Total Requested = \$

* Type of Expense Codes: **MD** = Fees to Doctors, Nurses, & Labs **D** = Dental Care
E = Eye care **H** = Hospital Bills **P** = Prescription Drugs **C** = Over-the-counter drugs
T = Transportation **O** = Other (Special Equipment, etc...)

From Your Child/Dependent Care Account

Services By	Taxpayer ID Number	Dependent's Name	Relationship to Participant	Date Incurred	Reimbursement Requested

Add the Reimbursement Requested Column to get the Total Requested = \$

Participant Certification

I have read and understand the rules for these accounts. I also understand that reimbursements cannot exceed the annual amounts elected in that account. I hereby certify that the above requests for reimbursements apply to claims which are legitimate expenses incurred on the dates noted above.

Participant's Signature

Date

Rules and Instructions For Claims Reimbursement

Cafeteria Plan (“Flex Plan”)

How To Complete The Form

To receive reimbursement you must provide proof of payment from a third party provider. You must list each bill separately and attach proof of payment. You should attach your group insurance reimbursement notice along with proof of payment. For example, as proof of payment submit either: a bill marked paid, or Form PR4 for transportation expenses, or Form for Proof of Child/Dependent Care, or a copy of both sides of your canceled check, or credit card receipt, or an account statement showing payments or balances.

You must read and then sign the Participant Certification. Keep all originals for your records as BSI Administrative Services is not responsible for maintaining copies of your personal records. All properly completed claim requests received by one pay date will be processed for distribution on the next pay date. Then either **fax** to 973-300-9329 or **mail** copies in an envelope marked Flex Plan to: 93 Spring Street, Suite 202, Newton, NJ 07860

Reimbursements from any one account cannot exceed the amounts for the annual election in that account. Monies cannot be transferred amongst accounts. **The IRS “Use it or Lose it” rule states that unused balances remaining in an account at the end of the Plan Year will be lost (“forfeited”) and no longer available to you.** Requests for reimbursement must be for services incurred during the Plan Year or the Grace Period (two months and 15 days after the Plan Year ends). It doesn’t matter when you paid or when you complete the request form, just the date of service.

For inquiries about a claim already submitted or how to process a claim, call BSI Administrative Services, during normal business hours and ask for the “Flex Plan” customer service unit at: (973) 300-4274

Examples of Expenses Which May Be Allowed

From the Unreimbursed Healthcare Expenses Account:

(See IRS rules for Form 1040, Schedule A, lines 1-4 and Publication 502)

Qualified expenses are for out-of-pocket medical care, paid by either you, your spouse, or your dependents (any dependent qualifying on your Form 1040) which could normally be deducted on your federal income tax return and is not reimbursed under any other insurance or plan. For example:

- Deductibles you pay under your group insurance plan(s)
- Co-payments (amounts you pay) under your group insurance coverages
- If not covered, fees to Physicians, Chiropractors, Obstetricians, Pediatricians, Gynecologists, Nurses, etc. even if for routine physical exams
- Dental care (such as: checkups/exams, dentures, bridges, orthodontia/braces, oral surgery)
- Over-the-counter drugs (including cold remedies, pain relievers, aspirins, birth control, nicotine patches, disinfectants)
- Eye care (such as: eye exams, contact lenses, lens insurance, eye glasses, sun glasses)
- Lab fees and x-rays
- Prescription drugs (including insulin, laetrile, Viagra and birth control pills)
- Fees for services provided to Psychologists, Psychiatrists, or possibly Social Workers
- Hospital bills (in-patient, out-patient, and emergency room visits)
- Holistic medicine, nicotine patches, and acupuncture
- Health clubs if prescribed (attach a prescription or a doctor’s note)
- Special equipment, (such as: crutches, wheelchairs, seeing eye dogs, hearing aids, car controls, Braille, etc.)
- Special treatment, if qualified (such as: alcoholism treatment, halfway house residency, or lifetime care at a medical facility)
- Transportation to and from healthcare services to include: parking, tolls, subways, buses, car mileage (19 cents per mile), taxis, trains, planes, and qualified lodging, etc.
- Wellness care
- Preventive care

From the Child/Dependent Care Account:

(See IRS rules for Form 2441 and Publication 503)

You must provide the taxpayer identification number (ID#) of the provider. For individuals this will be their social security number (SSN); for corporations their employer identification number (EIN); for tax-exempt organizations write in “tax-exempt”. Qualified expenses would normally be deducted on your federal income tax return as fees for day care to an eligible dependent because you work (and, if married, your spouse either works, is disabled, or is a full-time student). An eligible dependent can be any age, if not capable of self-care (physically or mentally handicapped), or a child under age 13. For example:

- * Schooling prior to the first grade
- * After school programs
- * Daycare center or other day care facility
- * Summer day camps
- * Household services if provided for the care of the dependent as well as the home (such as: housekeepers, babysitters, maids, cooks, cleaning people)