

► **Reimbursement Request Form**

Employer Name: \_\_\_\_\_

Participant Name (First, MI, Last): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City, ST, ZIP: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Phone Number (\_\_\_\_\_) \_\_\_\_\_

Please notify your employer of any address change. Lifetime Benefit Solutions will not make address changes from this form.

Claimant Name	Date of Service	Amount	Plan Code*	Type of Service/Item Purchased	# of Miles	Claim Ref #
John Sample	10/1/2014	\$ 150.25	F	Doctor visit copay	12	Example
		\$				01
		\$				02
		\$				03
		\$				04
		\$				05
		\$				06

Use one of the Plan Code's below to indicate the account from which payment should be made. Your employer may not offer all the benefit types listed below and certain restrictions may apply. If your employer offers multiple benefit types, Lifetime Benefit Solutions will process the reimbursement based on the rules established by your employer. For example, if you have both an FSA and HRA account, and your employer has identified the FSA as the "pay first" account, your expenses will be applied to your FSA until the balance is depleted with any additional expenses applied to your HRA.

*Plan Code	Plan Code Description
F	Flexible Spending Account (FSA) or Limited Purpose FSA: Health Care Expenses Only. For Dependent Care expenses, use the Dependent Care Account Reimbursement Request Form
H	Health Reimbursement Account (HRA) or Retiree Reimbursement Account (RRA)
P	Parking Account (cannot claim miles associated with Parking)
T	Transit Account (cannot claim miles associated with Transit)
I	Individual Insurance Policy Premiums
M	To submit for medical mileage associated with Debit Card transactions. You will only be reimbursed for the medical mileage associated with the miles traveled, since you paid for the service with the Debit Card.

By submitting this form to Lifetime Benefit Solutions, I certify the information is accurate, the expenses incurred were for myself, spouse or qualified dependents, and these expenses are not reimbursable under any other plan coverage. In addition, I have read the Reimbursement Request Instructions on the following page and agree to adhere to all terms specified. I understand if I do not follow the instructions my reimbursement may be delayed or denied.

- Mail to: Lifetime Benefit Solutions, Claims Dept, PO Box 211126 Eagan, MN 55121 or
- Fax to: 877-256-7228.
- Call Customer Service with questions at 800-327-7130.

# Reimbursement Request Instructions

## For All Account Types (FSA, HRA, Parking/Transit, RRA, Insurance Premium)

- For faster reimbursement processing you may be able to submit your claims online at [www.lifetimebenefitsolutions.com](http://www.lifetimebenefitsolutions.com).
- Complete the top section, including Social Security Number or Employee ID.
- Submit one expense (either a product or service) per row, even if items are contained on the same receipt.
- Label the receipts to correspond to the Claim Ref #.
- If you have more items than the form can accept, use additional forms.
- Do not "lump" or group items together or write See Attached.
- All claims are subject to deadlines, as defined in your Summary Plan Description (SPD).
- The expenses you submit must qualify as valid expenses under the terms of the Plan, and the claimant receiving the services must be a qualifying individual as defined in the Plan.
- Retain a copy of the Reimbursement Request Form and receipts for your own personal records
- Call Lifetime Benefit Solutions Customer Service with questions at (800) 327-7130 during standard week-day business hours.
  
- Mail OR fax (but not both!) completed form with required documentation to:  
**Lifetime Benefit Solutions Claims Dept.**  
**PO Box 211126**  
**Eagan, MN 55121**  
**Fax # (877) 256-7228**

## Reporting Medical Mileage

- Medical mileage rates are set by the IRS and can be applied to transportation primarily for and essential to medical care.
- Indicate the total number of miles incurred with each service provided (i.e. round trip miles to visit the doctor).
- Lifetime Benefit Solutions will apply the current mileage rate and include the mileage amount in your total reimbursement.
- You may be required to produce additional documentation for each mileage expense you claim.

## Medical Claims for FSA, HRA and RRA

- For each medical claim covered by your insurance carrier, submit an Explanation of Benefits (EOB). If your claims are not submitted to your insurance carrier, provide an itemized bill showing: date of service, provider name, patient name, charged amount, and description of services rendered.
- Do not send credit card receipts, original receipts or cancelled checks.
- The IRS states that Over-the-Counter (OTC) items classified as drugs and medicine are only eligible if they are accompanied by a doctor's prescription.
- Use Plan Code M to report medical mileage associated with a Debit Card transaction. For example, if you drove 20 miles to a doctor's appointment, and paid your copayment amount with the Debit Card, you should use Plan Code M to be reimbursed for the 20 miles you drove. You should still complete the full line of information, but you will only be reimbursed for the mileage, not the copayment amount.

## Dependent Care Claims

- Please use the separate form titled Dependent Care Account Reimbursement Request Form.

## Parking/Transit Claims

- The only type of parking that is eligible for tax-free reimbursement is qualified parking on (or near) the employer's facility, or on (or near) a location from which the employee commutes to work by public transportation. If the parking is on (or near) the employee's residence, it is not eligible for tax-free reimbursement.

## Individual Insurance Premium

- The bill from the insurance carrier must identify participant, premium amount, coverage period, and policy number.

## **How to submit a claim to your FSA**

You may either file a claim online or submit a paper claim.

Entering claim information on the dashboard **WILL NOT** submit a claim. The dashboard is a personal tool that can be used to maintain **ALL** of your healthcare expenses.

Claims should not be “lumped” into one. Each date of service should be entered individually.

### **To file a claim online:**

1. Click on “File A Claim” in the upper left corner of your home page.
2. Pay From should show as medical, Pay to would not be changed, hit next
3. If you are able, upload supporting documentation. Documentation does not need to be uploaded to file a claim. If you are not uploading documentation, hit next.
4. Complete the claim details section. The description box can be left blank. Hit next.
5. Check the “terms and conditions” box and hit submit.

If documentation was uploaded, nothing else is needed. If no documentation was uploaded, you would need to print out the confirmation page of the claim(s) submitted. You would then send us the confirmation page along with the supporting documentation either by fax, mail or email. If the claim has been entered correctly, you will see it immediately online.

If you submit a paper claim, fill in the fields accordingly on the reimbursement request form. The date of service cannot be the payment date unless the claim is for orthodontia. Forms can be found online from within your account under “tools and support”. The reimbursement request form will be on the left under forms.

**Reimbursements are based on dates of service, not payments you have made.** A bill does not need to be paid by you prior to submitting the claim for reimbursement. We will reimburse the claim, if approved, whether you have paid the bill or not.

Reimbursements will not be made unless the date of service has occurred. Prepayments are not eligible.

### What is considered **SUPPORTING DOCUMENTATION?**

1. Itemized statement/invoice
2. Explanation of Benefits from the insurance company (anytime an EOB is submitted, the claim is automatically reimbursed as long as there are available funds and the date of service has not been previously reimbursed)
3. Credit card receipts are eligible **ONLY** if they are for a standard copay such as \$20, \$25, \$30, etc. and have the provider information on them.

All documentation **MUST** include:

1. Date of service
2. Service rendered or item purchased
3. Provider information (Doctor or business name, address, etc.)
4. Amount charged

The amount charged cannot show as a “balance forward” or “previous balance” on the statement. We **MUST** be able to see the actual date of service in order to verify eligibility.

## **Submitting a Dental claim**

If a claim is being submitted for dental and you have dental insurance, the itemized statement **MUST** include the payment the provider received from the insurance company. If we can see that there is insurance and no insurance payment is indicated, the claim will be automatically denied.

Supporting documentation for dental would either be an itemized statement/invoice from the provider or the Explanation of Benefits from the dental insurance.

## **How to submit for Orthodontia**

Orthodontia is the only service that is reimbursed based on payments made and not the date of service. Orthodontia is also the only eligible item that can be reimbursed from multiple plan years.

All documentation submitted for orthodontia **MUST** show the amount of the payment and the date it was made to the provider. The date of service would be the payment date. The documentation **MUST** have the word "ortho" or "orthodontia" on it. It can be handwritten if necessary. A copy of the patient ledger from the provider is acceptable documentation or an itemized statement/invoice.

## **Eligibility of a product or service**

From within your account you may click on "tools and support" and view the EBIA Healthcare Expense Table that can be found under "Helpful Information". This table will give you an idea of eligibility of a service or product and will let you know if a doctor's prescription or a certificate of medical necessity may possibly be needed.

**CLAIMS MAILING ADDRESS:** Lifetime Benefit Solutions  
PO Box 680  
Liverpool, NY 13088

**FAX NUMBER:** 877-256-7228

**EMAIL ADDRESS:** [lbs.customerservice@lifetimebenefitsolutions.com](mailto:lbs.customerservice@lifetimebenefitsolutions.com)

If you have any questions, please contact customer service at **800-327-7130**.

## **When can I expect my reimbursement?**

When you submit a claim online, the claim is put immediately into processing.

When you email, mail or fax a claim, it takes 24-48 hours for the claim to be uploaded into the system to processing once it has been received. Processing can take up to 10 business days. Once the claim has been processed and approved, the funds should go out with the following reimbursement run. Reimbursements are done once a week. Checks are mailed on Thursdays and direct deposits are done on Fridays of every week.

In order for a claim to pay out in any week, it must complete processing by the end of business on Monday. Reimbursements are set up first thing Tuesday mornings. If a claim processes after Monday, it should be reimbursed the following week.