

**WATERSTONE BENEFIT ADMINISTRATORS**

**4013 N.W. Expressway, Suite 575**

**Oklahoma City, Oklahoma 73116**

**Phone: (888) 440-0971 Fax: (405) 440-8948**

**Group Name:** \_\_\_\_\_

**Group Number:** \_\_\_\_\_

**Flexible Spending Reimbursement Program – Request for Reimbursement**

Employee Name (Last, First, M.I.):	Employee Identification Number:
Mailing Address:	Home Phone Number: ( ) Work Phone Number: ( )

**DESCRIPTION OF EXPENSES AND WITHDRAWAL AMOUNT REQUEST**

Expenses must have been incurred prior to reimbursement. Provider billing receipt/verification statement or EOB must be attached for reimbursement. (Place each expense on a separate line. This form can be used for Medical and Dependent Care expenses.)

Date of Service	Patient	Provider	Type of Service	Amount Incurred/Paid

**IF CLAIMING DEPENDENT CARE EXPENSES, PLEASE COMPLETE THE FOLLOWING:**

(Dependent Care Claim will be denied if not completed.)

Dependent Care Provider	Provider Address	Provider SSN/Tax ID #

*I certify that the expenses requested were incurred by me (and/or eligible dependents). I understand that no expense will be reimbursed without a verification receipt. To the best of my knowledge, and belief, these expenses are eligible for reimbursement. The medical expenses indicated above have not been reimbursed under any health plan nor are they reimbursable by any other health plan. These expenses will not be used as deductions or credits when filing my individual income tax return.*

*Any person who knowingly and with intent to injure, fraud or deceive under this plan, files a statement claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.*

I have examined this affidavit for errors and to the best of my knowledge and belief, it is true, accurate and complete.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

## **FLEXIBLE SPENDING ACCOUNT REQUEST FOR REIMBURSEMENT**

### **EMPLOYEE INSTRUCTIONS**

Please read these instructions before completing the Flexible Spending Request for Reimbursement on the other side of this form.

- 1) Complete all areas of "Employee Information".
- 2) If filing for unreimbursed medical expenses, complete all information under "Description of Expenses and withdrawal Amount Requested".

a) Attach Documentation:

When you submit your request for reimbursement, you must provide either a copy of the provider billing statement or a copy of your Explanation of Benefits (EOB), which clearly states each of the services provided including:

- ◆ Name of person receiving services
- ◆ Name of the person or facility providing the services
- ◆ Description of the service
- ◆ Date service was rendered
- ◆ Total charge for the service

- 3) If filing for dependent care expenses, complete all information under "Description of Expenses and Withdrawal Amount Request". Also complete all information pertaining to dependent care expenses (e.g. Dependent Care Provider, Provider Address and Provider Social Security or Tax ID Number).

a) Attach Documentation:

When you submit your request for reimbursement, you must provide copies of itemized receipts which clearly states the care that was provided including:

- ◆ Name of person(s) receiving services
- ◆ Name of the person or facility providing the care
- ◆ Date(s) that care provided
- ◆ Type of Care (daycare, aftercare)
- ◆ Total charge for the care
- ◆ Signature or other formal authorization by person or facility providing the care

***NOTE: CANCELLED CHECKS ARE NOT SUFFICIENT DOCUMENTATION***

- 4) Read the statements at the bottom of the other side, then sign and date the form where indicated.
- 5) If you have any questions regarding your reimbursement(s), eligible expenses, or reimbursement procedures, please call **(405) 440-8888 or (888) 440-0971**.

- 6) Mail the Request for Reimbursement form to: **Waterstone Benefit Administrators  
4013 N.W. Expressway, Suite 575  
Oklahoma City, OK 73116**

**PARTIAL LISTING OF ELIGIBLE MEDICAL EXPENSES**

<p><b>GENERAL MEDICAL EXPENSES</b></p> <p>Abdominal Supports, if prescribed          Abortion Services, if legal          Acupuncture          Ambulance Hire          Air Conditioner for Allergy Relief (if prescribed by Doctor – cannot be central air conditioning)          Anesthesia          Arches          Artificial Limbs/Prosthesis          Alcoholism          Back Supports          Birth Control Pills (if prescribed by a Doctor)          Blood Donor Expenses          Braces          Braille Books/Magazines (only the value above the regular price of the publication)          Car Controls for Handicapped          Chiropodist Services          Chiropractic Services          Christian Science Practitioner Services          Convalescent Home Expense (Medical Treatment Only – not Custodial Care)          Cosmetic Surgery necessary to correct a deformity due to congenital abnormality or one caused by personal injury or disfiguring disease          Cost of Operations and related treatments          Co-payments you pay          Crutches          Deductibles          Dermatologist Fees          Diathermy          Doctors Office Visits          Drug Treatment          Fertilization Services          Gynecological Exams          Hospital Bills          Hypnosis for treatment of illness          Hydrotherapy          Immunizations          Insulin</p>	<p>Invalid Chair and Other Supplies          Kidney Donor Expenses          Lab Expenses          Laetrile by Prescription          Lip Reading Lessons          Medical Equipment/Supplies          Midwife Expense          Neurologist Fees          Nurses Fee (including Room and Board Charges)*          Nursing Home Expenses*          Nursing Care*          *-If necessary for medical care          Obstetrician Fees (upon delivery and born within same Plan Year)          Orthopedic Shoes          Osteopath          Oxygen          Pediatrician Fees          Physical Therapy          Physician Fees          Physical Exams          Podiatrist          Practical Nurse for Medical Care          Prescription Drugs (**drug name required**)          Psychiatric Care          Psychologists          Psychotherapist          Reclining Chair with Prescription from Physician          Rental of Medical Equipment          Remedial Reading for Dyslexia          Sacroiliac Belt          Sanitarium          “Seeing-eye” dog and its upkeep          Sex Therapy – if received as medical treatment          Smoking Cessation Program (including stop smoking drugs by prescription)          Special Diets if not a substitute for regular diet          Special Education for the Blind          Sterilization Fees          Support or Corrective Devices          Surgeon Fees</p>	<p>Therapeutic Care for drug and alcohol abuse          Therapy Treatments          Transportation and Lodging Expenses if paid primarily for an essential to medical care          Transplants          Truss          Vasectomy          Vitamins (by prescription)          Well Baby Care          Wheelchair          Wigs (prescribed by doctor for hair loss by disease)          Whirlpool baths if Prescribed by doctor and does not increase the value of the residence          X-rays</p> <p align="center"><b>DENTAL EXPENSES</b></p> <p>Bridges, Crowns, Dentures, Exams, Fillings, Orthodontia, X-rays, Insurance Deductible, Cop-payments you pay</p> <p align="center"><b>HEARING EXPENSES</b></p> <p>Exams, Hearing Devices and Aids (including batteries)          Special Communication Equipment for the Deaf</p> <p align="center"><b>VISION CARE</b></p> <p>Exams, Contact Lenses, Frames, Lenses, Solutions, Oculist services, Optician services, Optometrist services, Radial keratotomy, Lasik Eye Surgery</p> <p align="center"><b>OTHER HEALTH CARE EXPENSES</b></p> <p>Special Schools for handicapped persons – must have specific programs to deal with handicapped.          Special home modification for handicapped; cannot increase value of the home.          Life fee to retirement home for medical care – contract must allocate an amount to medical fees.</p>
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**PARTIAL LISTING OF NON-ELIGIBLE MEDICAL EXPENSES**

<p>Bottled water          Cosmetics, toiletries, tooth paste, teeth bleaching, etc.          Custodial care in an institution          Funeral and burial expenses          Health club dues, YMCA dues, steam bath, etc. for purposes of general health and well being, even if prescribed by a physician          Household and domestic help (even through recommended by a qualified physician because of an employee’s or dependent’s inability to perform physical housework)          Insurance premiums are not reimbursable          Marriage or family counseling          Maternity clothes, diaper services, etc.          Membership fees of costs associated with weight loss or smoking cessation programs for purposes of general health and well being, even if prescribed by a physician          Non-prescription drugs used for general good health</p>	<p>Nursing for newborns : the salary expense of a licensed practical nurse incurred in connection with the care of a normal healthy newborn (even though such care may be required due to the death of the mother in childbirth)          Operations: any expense incurred in connection with an illegal operation or treatment          Non-prescription over the counter drugs used to treat or alleviate personal injury or sickness unless prescribed by a physician.          Premiums: any medical or dental insurance premiums, automobile insurance premiums including the segment of premiums providing medical coverage for persons injured through accident by an employees care-any life insurance premiums paid for life insurance policies or for policies providing repayment for loss of earnings or accidental loss of life, limb, sight, etc. – any medical or dental insurance premiums.          Social activities, such as dance lesson or classes even though recommended by a qualified physician for general health improvement.</p>	<p>Special schools: any expenses incurred for sending a problem child to a special school for anticipated benefits the child may receive from the course of study and the disciplinary method used          Transportation expense to and from work, even though a physical condition may require special means of transportation.          Uniforms          Unnecessary cosmetic surgery, such as a face lift          Vacations for travel taken for purposes of general health, change in environment, improvement of morale, etc., to relieve physical or mental discomfort not related to a particular disease or physical defect          Vitamins or supplements taken for general health purposes          Weight loss and related charges, unless prescribed by a physician to treat medical illness (e.g., heart disease, diabetes).</p>
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**TRANSPORTATION – YOU MAY INCLUDE** as medical expenses amounts paid for transportation primarily for and essential to medical care. **YOU MAY NOT INCLUDE** transportation expense to and from work, even if your condition requires an unusual means of transportation; transportation expenses if, for non-medical reasons only, you choose to travel to another city, such as a resort area, for an operation or other medical care prescribed by your doctor.

**LODGING – YOU MAY INCLUDE** in medical expenses the cost of lodging (not provided in a hospital or similar institution) while away from home IF the lodging is primarily for and essential to medical care provided by a doctor in a licensed hospital or equivalent and there is no significant element of personal pleasure. The amount you include in medical expenses may not exceed \$50.00 a night for each individual. Lodging expense is eligible for a person who must accompany the individual receiving medical care, for example, a parent traveling with a sick child.

**IMPORTANT: CONSULT IRS PUBLICATION 502 FOR A MORE COMPLETE LISTING OF ELIGIBLE AND NON-ELIGIBLE MEDICAL EXPENSES**  
**\*\*\*\*PLEASE NOTE: IRS PUBLICATION 502 IS A GUIDE-NOT ALL EXPENSES LISTED ARE REIMBURSABLE THROUGH YOUR FLEX PLAN\*\*\*\***

**DEPENDENT CARE – IMPORTANT RESTRICTIONS**

If married, the total payments made in a taxable year, under this an any other Dependent Care Plan, cannot exceed the lesser of your earned income, or your spouse’s earned income, during that taxable year. – The expenses are necessary to enable you (and your spouse, if married) to work or actively search for employment. – Your spouse must work outside the home, be a full-time student or be disabled. – Your dependent must be under the age of 13 and must be eligible to be claimed as a dependent on your federal income tax return, or your dependent is physically or mentally incapable of caring for himself or herself (a disabled spouse or elderly parent, for example).- If services were provided outside the home, the dependent for whom services were incurred spends at least (8) hours a day in your household. – The person providing the service will not be claims as a dependent on your income tax return for the Plan Year in which the service was provided.

**CONSULT IRS PUBLICATION 503 FOR ADDITIONAL GUIDANCE.**