



Healthcare Spending Account Claim Form

EMPLOYEE INFORMATION

Name Date of Birth University ID

New Address

Street Address City State Zip Code

LIST OF REIMBURSABLE EXPENSES

Attach corresponding itemized bills, receipts, or insurance carrier's explanation of benefits

Family Member	Description of Expense	Date of Service	Provider of Service	Amount of Expense	Claim Number (office use)
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TOTAL EXPENSES				<input type="text"/>	

AUTHORIZATION

To the best of my knowledge and belief, my statements in this request for reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year for myself. I certify that these expenses have not previously been reimbursed, nor will they be reimbursed under any other benefit plan and will not be claimed as an income tax deduction. If there is a discrepancy between the total amount of expenses requested above and the total amount of the attached receipts, I will be reimbursed according to the total amount of eligible expenses on the attached receipts.

Signature _____

Date _____

Filing a Healthcare Spending Account Claim Form

1. Complete the Employee Information Section of the Claim Form.
2. Complete the List of Reimbursable Expenses section. IRS Guidelines require that you provide one or both of the following as supporting documentation to your claim:
 - Full Itemized Bills** including date of service, name of claimant, type of service, and cost of service, from doctor, dentist, pharmacy, or other provider of service, showing any third party payment made on account. ***If a receipt is submitted for a service that would generally be covered by your insurance, then an Explanation of Benefits will be required.***
 - Explanation of Benefits** indicating deductible, co-insurance, and ineligible amounts not covered by any health plan under which you and/or your eligible dependents are covered.
 - Services for advanced payment, payment on account or balance due charges will not be considered as eligible expenses.
3. Sign and date the Authorization section.
4. Retain copies of the entire claim form and supporting documentation for your records. Documents submitted will not be returned to you.
6. Submit the fully completed Commuter Spending Account Claim Form and supporting documentation to Trion:
 - Fax to 800.291.9629
 - Mail to TRION
FSA Claims Processing
2300 Renaissance Blvd
King of Prussia, PA 19406

*Please file your claim promptly, within the plan year in which charges were incurred, if possible. It is not necessary to accumulate your claims and submit only at year-end. Promptly submitting claims allows additional information to be requested of you as soon as possible.

Visit www.EnrollOnline.com to view your claim and check status. Access information is provided on your Welcome Letter.

Types of Reimbursable Expenses

Reimbursable expenses can include, but are not limited to, the following examples:

- Office Visit Co-pays
- Prescription Co-pays
- Routine Eye Exams
- Eye Glasses and Contact Lenses
- Dental Care not covered by insurance
- Insurance deductibles and co-insurance
- Over-the-Counter Medical Items (please refer to example list included with your Welcome Letter)
- Orthodontic Expenses on a Monthly Basis (please refer to example list included with your Welcome Letter)

For more information on eligible expenses under your Spending Account, please refer to IRS Code: Title 26, Section 213, issued by the Department of the Treasury/Internal Revenue Service, which can be obtained at most public libraries.

For questions regarding Flexible Spending Accounts, please contact 866.806.0949 (Drexel University) or 866.806.0950 (DUCOM).