

# Health Care Flexible Spending Account (FSA) Request for Reimbursement – TriNet SOI



This form is used for eligible Health Care FSA expenses only. If you are requesting reimbursement from your Dependent Day Care FSA, please use the Dependent Day Care FSA Request for Reimbursement Form. To request reimbursement, please complete, sign, and return this form with required documentation to TriNet SOI. In order to expedite consideration of this claim, fax this completed and signed form with your documentation (originals are not required) to 877.723.0150. Please retain copies of all paperwork submitted for your tax records.

**TriNet SOI**  
**P. O. Box 241448**  
**Charlotte, NC 28224**

**Please complete,  
sign, and fax this  
form to TriNet SOI at  
877.723.0150.**

If you are a participant in the Health Care FSA, you have four months from the end of your TriNet SOI plan year to submit your claims for eligible expenses incurred during the previous plan year (and additional grace period if applicable). To obtain information regarding your TriNet SOI plan year and FSA deadlines, visit [mywealthcareonline.com/trinet](http://mywealthcareonline.com/trinet) > **Resources** > **FAQs about My Plans**. If you have any questions, please feel free to reach out to the TriNet SOI Solution Center at 800.572.2412.

If your participation in the FSA plan ends prior to the end of the plan year, you may incur eligible expenses through the last day worked or are participating in the plan. You will have four months from the end of your plan year to submit eligible claims for reimbursement. You may qualify for COBRA coverage for your Health Care FSA, which can be used to extend the period to incur Health Care FSA claims.

## YOUR DATA – PLEASE PRINT

LEGAL NAME as shown on your Social Security Card (Required) Last		First	Middle	TriNet SOI Employee ID Number or SSN	
COMPLETE HOME ADDRESS: include PO Box, Apt. #, Etc. (Required) Street			City	State	Zip Code
WORK TELEPHONE NUMBER	EMAIL ADDRESS		COMPANY NAME		

## HEALTH CARE FSA

**In order to process your reimbursement, documentation must be attached for each claim. Please fax your claims and keep a copy for your records. If you participate in a Limited Health Care FSA, you are only eligible to submit dental and vision claims for reimbursement. Medical claims will be processed through your HSA plan.**

Service Date	Name Of Service Provider	Name Of Family Member For Whom Reimbursement Is Requested	Relationship (Self, Spouse, or Dependent)	Service Description (Medical, Vision, Dental, Orthodontia, Rx)	Amount Requested For Reimbursement
Total					

I have attached documentation (Explanation of Benefits for deductible and coinsurance requests and/or itemized invoices for expenses not covered by medical, dental, or vision insurance). I certify that I have read and understood the requirements of the claims process for both the General and Limited-Use FSA plans. All services for which reimbursement is requested under the Plan were incurred within the Plan Year or Grace Period if applicable for qualifying individuals and the expenses associated with these services have been paid by me. If I am using a Limited Health Care FSA, I understand that it is my responsibility to assure no medical claims are processed through the account in violation of IRS requirements. These expenses **have not and will not be** reimbursed by any other source and I will not use these expenses as deductions when filing my Federal Income Tax return. I understand that I am fully responsible for the accuracy of all information relating to health care claims provided by me, and that unless an expense is a qualifying expense under the Plan, I may be liable for payment of all related taxes and penalties.

\_\_\_\_\_  
Your Signature (Required)

\_\_\_\_\_  
Date

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## IMPORTANT REMINDERS AND HELPFUL CLAIM INFORMATION

The deadline for filing claims for reimbursement is four months after the end of the plan year in which the expense was incurred. **Any claims submitted after the fourth month following the end of the plan year will not be considered. Any funds left in this account due to lack of claim submission, late submission, incomplete documentation and/or ineligible expenses will be forfeited as required by the IRS.**

If your participation ends prior to the end of the plan year, you have four months from the end of your plan year to submit claims for reimbursement of expenses incurred during your active employment. Expenses incurred after the last day worked are eligible for reimbursement only if you exercised your COBRA/FSA rights.

**Eligible expenses** must be for you, your spouse, or a child or person claimed as a dependent for tax purposes.

**Limited Use Health Care** reimbursable expenses are limited to qualifying dental and vision expenses. (Health Savings Account participants only).

**Date of Service** is the date when the participant is provided with the care that incurs the expense, and not when the participant is formally billed or charged, or pays for the care.

## DOCUMENTATION OF CLAIMS

### • PHARMACY/PRESCRIPTION CHARGES

For prescription charges, TriNet SOI requires the pharmacy receipt, which indicates the pharmacy name/address/telephone number, date of service, prescription number, and the co-payment amount. For some prescriptions, a letter of medical necessity including the specific medical condition for which the medication is being prescribed may be required.

### • OVER-THE-COUNTER MEDICATION

Due to Health Care Reform, beginning 1/1/11, you may no longer use your Health Care FSA to purchase over-the-counter (OTC) medications unless those medications are prescribed by a physician. Insulin is the one exception. OTC allergy, acid reflux and pain relief agents such as aspirin or Ibuprofen are examples of medications that will require a prescription. TriNet SOI will require that a copy of the prescription be included as part of the documentation for an over-the-counter medication claim. For some OTC medications, a letter of medical necessity including the specific medical condition for which the medication is being prescribed may be required in addition to a prescription.

### • MEDICAL SERVICES

For an office visit, TriNet SOI accepts a copy of your insurance carrier's Explanation of Benefits (EOB) statement from your medical carrier indicating the co-payment and deductible amounts. We can also accept an itemized bill or "super bill" indicating patient name, service provider name/address/telephone number, the date of service and description of service. Cancelled checks, credit cards, or cash register receipts are not sufficient documentation. Statements that simply indicate "Balance Forward" and "Prior Balance" are not sufficient either. We can reimburse for eligible expenses not paid by insurance (including secondary insurance), but request that you indicate that the expense is not covered by insurance on page one of this form.

### • DENTAL SERVICES

When submitting dental claims to FSA for reimbursement, please include the Explanation of Benefits (EOB) statement from your dental carrier. In most cases, invoices from your dentist's office solely will be insufficient for the purpose of claims documentation. TriNet SOI cannot process FSA claims based on estimated insurance payments.

### • ORTHODONTIA EXPENSES

The monthly payments to the orthodontist are reimbursable for each month of eligibility that falls within the current plan year. If your treatment began prior to the current plan year, you may submit monthly claims for the services performed within the current plan year only. If you pay in full, reimbursement may be made for orthodontia claims in full at the beginning of treatment, following banding, rather than over the entire orthodontia treatment period.

### • WEIGHT LOSS EXPENSES

A letter of medical necessity from your physician stating that the weight loss program is medically necessary for the treatment of an existing disease or condition and an itemized statement from the weight loss provider is required. The fee to join the program, attend periodic meetings, the purchase of diet plans and booklets and weight loss drugs available only by prescription are reimbursable. Special foods, vitamins, or over-the-counter nutritional supplements, diet books, cook books, videos or audio cassettes, hypnosis, dietitian services, diet coaches, personal trainers, personal chefs, and patches are not reimbursable. You cannot include the cost of a weight loss program for your general health even if your doctor prescribes the program.

For more information, visit [trinetsoi.com](http://trinetsoi.com) or [mywealthcareonline.com/trinet](http://mywealthcareonline.com/trinet).