



FLEXIBLE SPENDING ACCOUNT FSA 125 REFERENCE BOOKLET

- Instructions for the FBA of Syosset Website - www.fbanational.com- where you may review your claim status, year to date contributions and balances remaining on your Flexible Spending Account.
- Benefit Debit Card Information Enclosed
- Guidelines for submission of claims.
- Listing of eligible and non-eligible expenses. (IRS 125)-or please visit the FSA store at www.FSAStore.com
- Health Care Spending Account claim form for reimbursement.
- Dependent Care Spending Account claim form for reimbursement.

If you have questions on the enclosed material, please contact us.

FBA OF SYOSSET, LLC
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GUIDELINES FOR SUBMISSION OF SECTION 125 CLAIMS

These guidelines are intended to aid you in filing claims through Section 125 Plan for reimbursement. They will assist you in receiving a quick reimbursement and avoiding an unnecessary return or request. You may fax your claim to our **New Fax Number (833) 930-1024** or **Claims can be submitted through our Secure FBA National Web Participant Portal at WWW.FBANATIONAL.COM.**

Necessary items to include in your packet of Section 125:

1. Fully completed claim form (health or dependent care reimbursement form).
These can be obtained through your department of human resources or by calling our office at (855) 374-6431.
2. Explanation of benefits from either your medical or dental insurance. This is the paper that is attached to your insurance payment. This can also be obtained from your individual medical or dental care giver. Most medical and dental insurance will send you and your primary care provider a copy of the benefits. The E.O.B. contains all the information needed to process your out of pocket expenses (i.e.: name of patient, date of service, name of doctor). **If your insurance does not cover a particular procedure or the fee has been applied to your deductible, we must have the denial or the statement stating such facts (an itemized bill stating these facts is NOT ACCEPTABLE). If you do not have or cannot obtain an E.O.B. for co payments reimbursement, then you must submit the following:**
 - A. An itemized bill from the primary care provider giving details of all services that were rendered to total the amount being submitted in for reimbursement. This bill must list the dates of services, the procedures performed, names of patient, name of doctor AND any insurance payments that were made on the account. Without this information, an itemized bill is **NOT ACCEPTABLE**. "Balance Forward" and "Previous Balance" statements are **NOT ACCEPTABLE**. If you DO NOT have insurance, this also must be stated on the itemized bill.
 - B. Written receipts from a doctor's office are acceptable as long as the actual date of service (**not the date you paid**), the name of the patient and the name of the doctor is clearly printed on the receipt, The receipts can only be the usual co payment amount that you would normally pay for your visit (i.e. \$10, \$15, or \$20). If it is an out of the norm amount, then either an itemized bill or an E.O.B. is necessary to ensure reimbursement.

Cancelled checks or bank statements are also **NOT ACCEPTABLE**; they do not specify the Information needed to properly process your claim.

Predeterminations of Benefits are NOT ACCEPTABLE for reimbursement under the Flexible spending account program. A predetermination of benefits is an estimate of payment prior to services being performed. Reimbursement can only be given for date of services that were actually performed.

- C. Prescription: If you are submitting receipts for pharmacy co-pays, please send in the pharmacy receipts that you receive attached to the prescription. These receipts detail the name of patient, date when the prescription was filled; co-payment amount and prescription number that we need to process the claim. Register receipts are only acceptable for the purchase of over the counter drugs. **The cash register receipt must have the name of the OTC drug and the date of service along with the physician prescription. If you cannot collect all these receipts or you may not have saved them, your pharmacist can print out a list of your entire family's history of prescriptions for that particular year. Privacy may be a concern; therefore, you may block out any names for medication to ensure your privacy.**

Sending in a complete and clearly legible claim to our office will ensure a quick reimbursement. As always, we are happy to assist you in any matters or concerns that you may have. Please contact us at (855) 374-6431.



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Eligible Health Care Expenses- See IRS Publication 502}

Eligible medical care expenses include amounts paid for the diagnosis, cure, mitigation, treatment or prevention of disease, and for treatments affecting any part or function of the body. The expenses must be primarily to alleviate or prevent a physical or mental defect or illness. Expenses for solely cosmetic reasons generally are not expenses for medical care and may not be eligible. Expenses that are merely beneficial to one's general health are not expenses for medical care. In some cases, you may be asked to provide a letter of medical necessity from your attending physician to substantiate your claim.

This list has been compiled for the convenience of our clients and participants and is designed to provide a general overview. Readers are cautioned to review their own employer-sponsored benefit plan descriptions and enrollment material for specific information or to consult with their employer or personal tax advisor as necessary. This information is subject to change at any time and without notice.

- Acupuncture
- Alcoholism treatment
- Allergy treatments - prescription medications and allergy shots
- Alternative healers, professional fees of
- Ambulance service
- Artificial insemination
- Artificial limb/teeth
- Autoette (wheelchair)
- Automobile modifications (if medically necessary)
- Battery-powered toothbrush (if medically necessary and prescribed by physician)
- Birth control pills (Norplant, ovulation)
- Blood pressure monitoring devices
- Body scans for diagnostic purposes
- Bone density testing
- Braille books and magazines
- Capital expenditures- **See IRS Publication 502** - Capital Expenses [Only a qualified financial or tax consultant can make an absolute determination with regard to the qualification of capital expenditures]
- Childbirth expenses (physician, midwife)
- Chiropractor professional fees
- Cholesterol testing
- Christian Science Practitioner fees
- Co-insurance, co-pay amounts and deductibles
- Contact lenses and cleaning solutions
- Contraceptives (birth control pills, condoms, spermicides)
- Cosmetic surgery and procedures to correct congenital abnormality or treat injury resulting from accident
- Counseling (for treatment of specific medical condition)
- Crutches
- Deductibles
- Dental treatment (includes exams, x-rays, fillings, root canals, gum disease treatment, crowns, bridges, dentures, implants, orthodontia; does not include cosmetic treatments such as teeth whitening, dental veneers, bonding, etc.)
- Diabetic supplies (insulin, syringes, testing strips, glucometers)
- Diagnostic services and tests
- Diapers (if required due to medical condition)
- Doula services- If the doula is a licensed health care professional who renders medical care, his or her fees can be reimbursed
- Drug dependency treatments
- Drugs (prescription drugs, insulin; does not include cosmetic drugs (e.g., Retin-A, over-the-counter acne products, etc. **unless**, you have a prescription for that item written by your physician).
- Dyslexia treatment
- Eye surgery (cataract, LASIK, corneal rings, etc.)
- Eyeglasses, prescription (includes prescription sunglasses; also includes over-the-counter reading glasses)

Eye examinations
Fertility treatments (in vitro fertilization, surgery or operations to reverse a prior surgery that prevents you from having children)
Flu shots
Fluoridation device (if medically necessary & prescribed by physician)
Genetic testing
Guide dog or other animal used to assist persons with physical disabilities
Health institute
Health screening (cholesterol checks, bone density testing, blood pressure testing, hearing exams)
Hearing aids and batteries
Home health care
Hospital services
Immunizations
Inclinators
Infertility treatments
Insulin and syringes
Laboratory fees
Lactation Consultants
Language training for child with dyslexia or disabled child
Laser eye surgery (cataract, LASIK, corneal rings, etc.)
Lead-based paint removal
Learning disability caused by mental or physical impairment, or nervous system disorders (treatment must be recommended by physician – [See IRS Publication 502](#)) - Learning Disability)
Legal fees (fees you pay that are necessary to authorize treatment for mental illness)
Lodging- [See IRS Publication 502](#)) - Lodging
Long-term care services
Massage Therapy medically necessary to treat a specific injury or illness
Mastectomy-related special bras (the cost over & above the cost of a normal bra)
Meals (only as part of inpatient hospital care)
Medic-alert bracelet
Medical conference admission and transportation to/from (if concerns chronic medical condition of you, spouse or child)
Medical equipment (crutches, wheelchairs, walkers)
Medical information plan
Medical monitoring and testing devices
Medical records charges
Medical services provided by physicians, surgeons, specialists or other medical practitioners
Medical Supplies (bandages, band-aids, gauze pads, thermometers, hot/cold packs, heating pads, nasal (breathe-right) strips, etc.)
Medicines/Drugs (prescription drugs, or insulin; does not include cosmetic drugs)
Mentally handicapped, special home for person adjusting from life in mental institution to community living
Norplant insertion and removal
Nursing home (if necessary for medical care and only the portion for medical services)
Nursing services
Nutritionist's professional expenses (if treating a specific medical condition; not for weight loss for general health)
Obstetrical expenses
Occlusal guards to prevent teeth grinding
Operations (legal operations that are not cosmetic in nature)
Optometrist fees
Oral surgery
Orthodontia
Orthopedic devices
Orthopedic shoes (to the extent the cost exceeds that of normal shoes)
Osteopath fees
Ovulation monitor
Oxygen
Patterning exercises
Physical exams, routine physicals
Physical therapy
Physician's fees
Pregnancy test, over-the-counter

Prescription drugs (does not include cosmetic drugs)
Prescription eyeglasses or prescription sunglasses
Prosthesis
Psychiatric care
Psychoanalysis
Psychologist fees
Radial keratotomy (corrective eye surgery)
Reading glasses (prescription glasses or over-the-counter glasses)
Reconstructive surgery following mastectomy
Schools and education, special (for mentally impaired or physically disabled person – [See IRS Publication 502](#))
Sick-child care facility (for medical care only)
Sleep disorder and treatment
Speech therapy
Sterilization procedures (vasectomy or tubal ligation)
Stop-smoking programs (including hypnosis)
Storage fees for embryo or sperm (fees for temporary storage of eggs or sperm only to extent used for immediate conception in current plan year)
Storage fees for umbilical cord blood (fees for temporary storage only to extent used for medical condition in current plan year)
Sunscreen with SPF 15 or higher
Sunglasses (only if medically required due to specific medical condition & obtained at direction of physician)
Surgical fees (for legal operations not cosmetic in nature)
Taxes charged for medical services and products
Telephone consultations with a health care provider
Telephone or Television for hearing-impaired persons, special equipment for
Therapy, physical or speech
Transplants (donor expenses, if you pay those expenses)
Transportation and related travel expenses for person seeking treatment- [See IRS Publication 502](#))
Transportation and Trips)
Usual and customary, charges in excess of
Vaccines, vaccinations
Vasectomy
Vitamins (only by prescription and only if necessary to treat a specific medical condition)
Weight-loss program (only if medically necessary to treat existing disease (such as heart disease) and undertaken under physician's direction)
Wheelchair
Wigs (if purchased upon advice of physician for mental health of patient)
X-ray fees

Ineligible Health Care Expenses (See IRS Publication 502)

Adoption fees
Baby-sitting, childcare or nursing services for a healthy baby
Breast pump
Chairs, recliner
Childbirth expenses (Lamaze or childbirth classes, doula services)
Cold Medicine (over-the-counter drugs including sore throat sprays, lozenges, nasal sprays, cough syrups, cough drops and vapor rubs.) **unless**, you have a prescription for that item written by your physician.
Concierge Fees, A/K/A Boutique, Practice, VIP or Retention Fees are not considered an eligible expense since the fee is paid regardless if medical care is needed.
Completing claim forms
Controlled substances (marijuana, laetrile, etc.)
Cord blood storage for future use
Cosmetic surgery or procedures; cosmetic prescription drugs such as Renove, Propecia, etc and over-the-counter cosmetic drugs/medicines.
Counseling (marriage, family counseling)
Dancing lessons
Dental veneers or bonding, or teeth whitening for cosmetic reasons
Diaper service
Divorce expenses

Domestic help
Doula services
Ear piercing
Electrolysis or hair removal
Exercise equipment for general health
Exercise/Fitness programs for general health Expenses that have been reimbursed elsewhere, or that may be reimbursable under any other source
Expenses not incurred during your period of coverage
Facelifts or other similar cosmetic treatments (dermabrasion, chemical peels, etc.)
Funeral expenses
Hair transplant
Health club membership dues
Herbal supplements (dietary and nutritional supplements, vitamins, natural medicines, etc.)
Household help
Illegal operations and treatments
Insurance premiums
Laetrile
Lamaze/Childbirth classes
Lifetime care fees
Liposuction or other similar cosmetic treatments
Marriage, family counseling
Marijuana
Maternity clothes
Mattress
Meals while traveling to obtain medical care
Medical newsletters
Medical savings account
Over-the-counter Drugs/Medicines (allergy medicines, antacids, anti-diarrhea, anti-fungal ointments and creams, antiseptic ointments and creams, cold medicines including sore throat sprays, lozenges, nasal sprays, cough syrups, cough drops, vapor rubs, eye drops, first-aid and antibiotic creams and ointments, gas relief medicines, hemorrhoid ointments and creams, laxatives, lice treatments, motion-sickness pills, pain relievers including arthritis pain, head/back pain and menstrual pain, sleep aids, stop smoking gums/patches, yeast infection products; includes cosmetic items, vitamins, herbal and dietary supplements or items for general good health) **unless**, you have a prescription for that item written by your physician.
"No Show" doctor or dentist visits, charges for
Nursing services for health baby
Nutritional supplements (vitamins, herbal and dietary supplements, natural medicines, etc.)
Pain Relievers (for arthritis pain, head/back pain, menstrual pain, muscle or joint pain, e.g., aspirin, ibuprofen; includes vitamins or herbal supplements) **unless**, you have a prescription for that item written by your physician.
Paternity testing
Personal use items (items ordinarily used for personal, living or family purposes)
Prepayment for services not yet provided
Prescription drug discount programs
Recliner chair
Safety glasses
Stop-smoking (gums and patches) **unless**, you have a prescription for that item written by your physician.
Storage fees for embryo, sperm or umbilical cord blood, long term
Student health fees
Sunglasses, clip on
Surrogate expenses
Swimming lessons
Tanning salons and equipment
Tattoo removal
Teeth bleaching/whitening for cosmetic purposes
Tax Equity and Fiscal Responsibility Act (TEFRA)
Vacuum cleaner for allergies
Varicose veins, treatment of
Vision service agreements or lens replacement insurance
Warranties/service contracts
Weight loss programs for general health or appearance; diet foods for weight loss

Eligible Dependent Care Expenses (See IRS Publication 503)

To be eligible for favorable tax treatment, childcare expenses must be “employment related expenses,” as defined under IRC Sec. 21(b)(2), related to expenses for household and dependent care services that are necessary in order for the taxpayer to be gainfully employed. In a married couple household, both spouses must be gainfully employed and working during the hours of the dependent daycare services is provided. A child is eligible for daycare services up to the age 13.

Before and after school or extended day programs (supervised activities after the regular school program)
Au pair expenses for dependent care (does not include travel expenses)
Babysitter inside or outside household-(you must include the providers SSN or TIN with your claim)
Custodial childcare or eldercare expenses for qualifying individual
Day camps, if primary reason for being there is the care and well-being of the child and is custodial in nature and not educational (Both parents must be working during the hours the child/children are attending camp)
Daycare centers
FICA and FUTA taxes of daycare provider
Household employee whose services include care of a qualifying person
Looking for work-expenses incurred to enable employee to look for work
Nanny expenses
Preschool/Nursery school for pre-kindergarten
Sick-child care center to extent the care is not for medical services
Work-related day care expenses - must allow you to work or look for work. You must be gainfully employed (earning income). This does not include volunteer work that is unpaid or for nominal pay

Ineligible Dependent Care Expenses (See IRS Publication 503)

Educational/tuition expenses - kindergarten, first grade and above
Expenses paid to child of participant
Field trip expenses
Food, clothing, education or entertainment expenses
Household services (chauffeur, bartender, gardener)
Incidental expenses (diaper, activities, etc. charges)
Overnight camp (not even the portion attributed to the daytime cost)
Payments for care where you are not the custodial parent (in divorce situations)
Payments for care while you are off work because you are on a leave of absence
Payments for care while you are off work because you are on maternity or other medical leave
Payments for care while you are off work because you are on vacation
Payments for care while you are off work due to illness
Payment for services not yet provided (advance payments)
Registration fees/reservation fees/holding fees
Transportation expenses



DEPENDENT CARE SPENDING ACCOUNT CLAIM FOR REIMBURSEMENT



Name of Employer Plainview-Old Bethpage Central School District

Employee Name Social Security

Employee Address Street City State Zip

Dependent Name Date of Birth Relationship to Employee

Please complete the information below and attach corresponding bills or receipts with dates of service for each listed provider.

Name: Name:

Address: Address:

Tax I.D. or Soc. Sec. # Tax I.D. or Soc. Sec. #

Dates of Service: to Dates of Service: to

If dependent care was provided in your home, complete the following:

Household Services Relating To The Care Of A Qualifying Individual (s) \$
FICA And FUTA Taxes on Wages Paid To A Housekeeper \$
Room And Board Expenses Incurred Outside The Home For A Housekeeper \$
Transportation Expenses of A Housekeeper \$
Other (please list) \$

If your eligible expenses were incurred outside of your home, complete the following:

Services Related To The Care Of Qualified Individual(s) And Incurred in A Day Care Provider's Home/Day Care Center \$

TOTAL DEPENDENT CARE REIMBURSEMENT REQUESTED: \$

CERTIFICATION

I certify that I and/or my eligible dependents have incurred the expenses for which reimbursement is claimed from the Flexible Spending Account. I further declare that I have not and will not deduct these expenses on my Individual Income Tax Returns. I certify that the above eligible expenses have been (or will be) paid for the care of a qualified individual(s).

EMPLOYEE SIGNATURE DATE

MAIL COMPLETED FORM TO:

FBA OF SYOSSET, LLC
100 QUENTIN ROOSEVELT BLVD, SUITE403
GARDEN CITY, NY 11530
PHONE (855) 374-6431, FAX (833) 930-1024
WWW.FBANATIONAL.COM



HEALTH CARE SPENDING ACCOUNT
Claim for Reimbursement



NAME OF EMPLOYER
Plainview-Old Bethpage Central School District
EMPLOYEE NAME SOCIAL SECURITY NUMBER
EMPLOYEE ADDRESS STREET CITY
STATE ZIP PHONE NO:

HEALTH CARE EXPENSES

Table with 6 columns: PATIENT NAME, DATES OF SERVICE (FROM, TO), PROVIDER OF SERVICE, (A) TOTAL CHARGE, (B) AMOUNT PAID BY OTHER SOURCES, (A-B) AMOUNT TO BE REIMBURSED. Includes a TOTALS row at the bottom.

CERTIFICATION

I certify that the expenses for which I am requesting reimbursement meet all of the conditions listed below:

- They were incurred for services or supplies received by me or my eligible dependents under the plan.
- They were for services or supplies furnished while I was a participant in the Plan.
- I have not been reimbursed for these expenses, and they are not reimbursable from any other health plan.

I understand that reimbursement of these expenses can be requested and made only after I have collected all benefit payments available from all plans under which my eligible dependents and I are covered. I further certify that I have not deducted nor will deduct on my individual income tax return any of the expenses reimbursed through my Health Care Spending Account.

I understand that reimbursement will be made in accordance with the provisions of the plan which I participate. I accept responsibility for the proper treatment of benefits paid under this plan with respect to eligibility, income tax reporting, and liability.

COMPLETION OF CLAIM FORM

- Complete all information on the claim form for each amount claimed for reimbursement.
• Make sure the claim does not include items for more than one plan year.
• You must sign and date claim form.
• A copy of a bill or other written statement from the provider of service is acceptable only when NO other insurance is applicable.
• Cancelled Checks/Credit Card Statements are NOT acceptable.
• If insurance is applicable, a statement/explanation of benefits from ALL MEDICAL/DENTAL INSURANCE CARRIERS SHOWING DEDUCTIBLE, COPAYMENTS AND PAYMENTS IS REQUIRED.

EMPLOYEE SIGNATURE _____ DATE _____

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