

Employee Information

Your Name: _____
Last First Middle

Social Security Number: _____ Employer: _____

A. DEPENDENT CARE EXPENSE DETAILS

Name of Provider	Tax ID #	Dates of Service (From/To)	Amount
_____	_____	_____/_____	\$ _____
_____	_____	_____/_____	\$ _____
_____	_____	_____/_____	\$ _____
Total			\$ _____

B. HEALTH CARE FOR YOU AND YOUR DEPENDENTS

Provider	Dates of Service	Benefit Code *	Amount You Are Requesting
1. _____	_____	_____	\$ _____
2. _____	_____	_____	\$ _____
3. _____	_____	_____	\$ _____
4. _____	_____	_____	\$ _____
5. _____	_____	_____	\$ _____
6. _____	_____	_____	\$ _____
7. _____	_____	_____	\$ _____
8. _____	_____	_____	\$ _____
9. _____	_____	_____	\$ _____
10. _____	_____	_____	\$ _____
Total			\$ _____
Total of All Claims must be at Least \$25.00			\$ _____

**Benefit Type Codes: D - Dental, M - Medical, V - Vision, H - Hearing, O - Other*

How to Submit a Claim

- Complete the Reimbursement Account Claim Form in type or black ink.
 - Part A for Dependent Care Services
 - Part B for Health Care Expenses for you and your family
- Sign and date the claim form.
- Attach documentation of your expenses:
 - Part A, Dependent Care Services - requires receipts from care provider.
 - Part B, Health Care - requires EOB's from your health care company or any other insurance carrier that will provide benefits. If you do not have any insurance that will provide benefits for your health care expenses, please send us the itemized bills.
- Make a copy of your claim for you own records.
- Submit the claim to: People Lease, Flexible Benefit Plan, PO Box 3303, Ridgeland, MS 39158

The People Lease Flexible Benefit Account Coordinator may be reached at 601-987-3025 or 1-800-723-3025

Employee Authorization

I request payment from my Section 125 Flexible Benefit Account for the incurred expenses (itemized above and attached to this claim). I certify that: 1) I have not received prior reimbursement under this plan or any other source for the incurred expense, 2) I have met all of the requirements for eligible health care expenses and, 3) I understand that these reimbursed expenses cannot be claimed on my personal income tax return. I further understand that my liability which arises out of the submission and/or payment of this request for reimbursement claim is the responsibility of the undersigned. People Lease shall not be liable for any penalties or damages as a result of an inappropriate claim being filed by me.

Employee Signature: _____ Date: _____

ADDITIONAL INFORMATION

Claims for Dependent Care:

- Reimbursement cannot be provided until services are rendered.
- You may use the provider's receipt.

Claims for Health Care for You and Your Dependents:

1. **Provider Bills** - Each bill which you submit for consideration must include:

- Name of patient and date of service.
- Detailed itemization of services and fees.
- Provider name, address, degree and telephone number.
- Prescription drug receipts must include name of doctor, date filled, Rx number and drug name.

Note: Only drugs which require a prescription are eligible for payment through the reimbursement account.

2. **Other Bills** - For other services, each bill must include the following information:

- Your spouse's group medical/dental premiums, or individual medical/dental premiums (including HMO's).
 - Group: A payroll statement which includes the name of the spouse and clearly shows group insurance premiums as an item; or a letter from the employee giving the amount of premium in name of spouse and dates covered.
 - Individual: A premium statement showing date covered and name of individual covered.
- Medical transportation charges:
 - Name and relationship of person who needs the medical care.
 - Name and address of facility or doctor being visited.
 - Copies of common carrier tickets clearly showing the routes and dates.
 - For auto transportation, a statement of mileage (which can be claimed at 9¢ a mile), or records of actual expenses for gas, parking and tolls.
- Bills for miscellaneous items such as an air cleaner/purifier, battery for an electric wheelchair, insurance for contact lenses, etc.:
 - Name and relationship of individual for whom purchased.
 - Date of purchase.
 - Exact usage.

3. **Other Insurance Forms**

- Explanation of Benefits Form (EOB) - Health expenses covered by any source of insurance must be submitted to those sources before they can be considered under the reimbursement account. This rule applies even to those expenses that would normally be applied to the insurance coverage deductible amount. The People Lease Flexible Benefit Group does not have access to your insurance claim records, but must have proof that the expenses were applied to the deductible. Also, if you have a family deductible in your plan, all charges must be submitted to the insurance company as the charges are incurred.
- Rejection Letters - Health expenses not specifically excluded by any insurance plan must be submitted to that plan before application is made to the reimbursement account. However, if there is specific exclusion in the plan, there is not need to submit to the insurance company. A copy of the plan's specific exclusion will be accepted in lieu of a Rejection Letter.

Important Notes:

You can submit a claim for an amount larger than the amount currently available in your account (but each submission must total at least \$25). In that case, you will be reimbursed in future months as amounts are credited to the expense category, even though you only submit the claim once. All charges submitted must be for items actually purchased/or services provided while the reimbursement account is in effect. In other words, *date incurred* is the basis for submission, not *date paid*.

When to File

Claims that total \$25 or more may be submitted once a month by the 5th of the month. Bills which come to you toward the end of the plan year can be submitted up to March 31 of the next year and be charged against your previous year's account balance. During this January through March period, the \$25 minimum does not apply. Claims should be filed as soon as reasonably possible, but no later than 90 days after the end of the year in which they were incurred.

Forfeitures

Current tax laws require that unused amounts remaining in your reimbursement account be forfeited at the end of the year. Your current year's account will remain open until March 31 of the following year for submission of expenses incurred during the present calendar year. After March 31, all remaining funds will be forfeited. For example, you have until March 31, 2004 to submit claims incurred up to December 31, 2003.

This rule applies to personnel who terminate, retire to go on leave of absence.