

# ***Allied Benefit Systems***

## ***Claim Reimbursement Instructions***

You must complete the Reimbursement Request form in order to receive a reimbursement. Please include your email address so that you will receive an automatic email notification whenever a claim is processed.

Make sure you attach supporting documentation. Substantiation must accompany your request form in order for claims to be reimbursed. Be sure to keep copies of your receipts, bills and any other documentation for your records. Originals will not be returned. Remember the following items must be included in order for the expenses to be eligible for reimbursement:

- ***Original Date of Service*** – date of payment will not be accepted.
- ***Type of Service performed*** – Co-payment, Deductible, and Dental etc.
- ***Provider's name and address***
- Dependent Care ***Provider's Tax Identification Number*** or Social Security Number.
- ***Amount charged*** to you or your dependent after payment has been made by any other carrier.

### **Important Reminders:**

Payments are issued after receipt and processing subject to authorization from your employer.

Transfer of funds between accounts is prohibited.

Any items for which you are reimbursed cannot be claimed again as deductions or credits on your individual tax return at the end of the Plan Year.

If a Dependent Care, claim is submitted for an amount that is larger than the amount credited to your account; payments will be issued according to the amount available. Anything requested above the available amount will be "Pended" and will be released as additional contributions made to your account. IRS Guidelines prohibit the advancement of Dependent Care Account Funds.

You may only be reimbursed for eligible expenses incurred during the current plan year.

Orthodontia expenses are reimbursed as designated by the provider.

Payment will be made to you, the participant, only.

If any portion of your claim is denied, you will receive a written response within 5 business days of processing your claim.

If you have chosen Direct Deposit, you will receive an email notification when your bank has been contacted that a deposit will be made.

As a participant under the *Flexible Spending Account Program*, you will have access 24 hours a day, seven days a week to [www.AlliedBenefit.com](http://www.AlliedBenefit.com) . Below is a list of Benefits at your fingertips.

- View your Account Balances 24/7
- Access to Reimbursement Forms
- A list of Health FSA Eligible Expenses
- The Plan's Summary Plan Description
- 24/7 Availability to online Customer Service Assistance
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You may submit your claim by faxing, emailing or mailing the form and documentation directly:

***Allied Benefit Systems***  
***Flexible Spending Account***  
**208 S LaSalle Street**  
**Suite 1300**  
**Chicago, IL 60604**

<b>Email:</b>	<b><u><a href="mailto:FlexClaims@Alliedbenefit.com">FlexClaims@Alliedbenefit.com</a></u></b>
<b>Fax:</b>	<b>312 – 416-2870</b>
<b>Phone:</b>	<b>312 – 906 - 8080 Option 3</b>
<b>Toll-Free:</b>	<b>800 – 288 - 2078 outside of Illinois</b>