E Benefits Administration

Claim Filing Requirements

(This page is for your assistance only, it does not need to be submitted to E Benefits Administration with your claims submission)

Go Paperless by enrolling for email notification and claims reimbursement via direct deposit! See details below.

Claim Filing Guidelines Checklist:

Clearly print your name, address, social security number and your employer's name
List expenses and arrange the supporting documentation in the same order
Enclose required documentation

IRS Documentation Requirements:

Each item claimed must be supported with proper documentation. The documentation must include each of the following five (5) essential pieces of information, otherwise your claim will not be processed. The following should be included with each piece of documentation submitted to E Benefits Administration with your completed claim form:

1. *Name of the provider or merchant (medical or dependent care)*
2. *Name of the person, or persons receiving the service or care*
3. *Date or range of dates of service or care*
4. *Cost of the service, not just the amount paid*
5. *Description of the service or care*
   - *Without a description of the service or care provided, your claim will be denied. Credit card receipts, cancelled checks and billing statements without detailed service information are not substantial documentation and will not be accepted. The description of the service or care can be as generic as "copay" or "office visit". If the description of the service is not listed on the receipt provided from your service or care provider, the provider may write the description on the receipt.*

**Please note if a receipt is not available for dependent/elder care expenses, you may have the care provider sign and date in place of a receipt.*

Sign the claim form. (Claim forms that are not signed will not be accepted)
Keep copies of each receipt and claim form for tax purposes (Dependent/Elder Care FSA participants must file IRS Form 2441 each year with tax return). Keep in mind that you will need the provider's tax ID or Social Security Number when you file your taxes.
Submit completed claim form and supporting documentation to E Benefits Administration.

Claim Submission Options:

Online: www.ebenefitsadministration.com
Submitting your claim online is easy and convenient! In order to submit your claim via E Benefits Administration's secure online portal, you will need to log into your participant account, If need help setting up your account, you may call Customer Service at (888) 503-0609.

Toll-free fax: (888) 876-1058
This option provides easy and fast claims submission. You may submit your claim via E Benefits Administration toll-free fax number 24 hours a day, 7 days a week.

US Mail : P.O. Box 190466, Boise, ID 83719-0466

- *Go Paperless!* Sign up to receive notifications from E Benefits Administration via email, rather than US Mail. By signing up for email notification, you will receive reimbursement notifications, account summary statements and more within one day of processing. Online Account Detail and the Secure Message Center are available 24 hours a day, 7 days a week at through your participant portal. Complete history, including available funds, year-to-date contributions, year-to-date reimbursements and more are available at online account detail
- Sign up for **direct deposit** today! By electing to receive reimbursements via direct deposit, you will **receive your money up to 5 days faster** than waiting for a check to be mailed to your home address. Direct deposit enrollment forms can be found at www.ebenefitsadministration.com or by calling customer service.
- Additional claim forms may be obtained by visiting www.ebenefitsadministration.com
- Find an extensive list of eligible and ineligible expenses online at www.ebenefitsadministration.com. Refer to your plan's Summary Plan Description or Enrollment Guide for specifics regarding orthodontia and other plan specific restrictions regarding reimbursement.

Submit your claim online!

E Benefits Administration Claim Form

Please print clearly

Go Paperless!
Set up your email to receive communication from E Benefits via email rather that US Mail.

Name (Last, First, MI	Social Security Number	Employer

Mailing Address	City	State	Zip

Dependent Care Flexible Spending Account

Dependent care expenses must be for a dependent who is incapable of self-care or under the age of 13 at the time the care was provided.

Name of Dependent	Age	Dates Care Provided		Name and Address of Care Provider	Cost for Care Period
		From	To*		
				Total Dependent Care Amount Request	$

I provided the dependent care as stated above. _____ _____

Dependent Care Provider's ***original*** signature Date

*Claims for future services are not eligible for reimbursement and will not be processed.

Medical Care Flexible Spending Account

Date Medical Care Provided*	Name of Medical Provider	General Medical Expense	Name of person receiving service/care	Relationship	Dollar amount that is your responsibility
				Total Health Care Amount Requested	

As a participant of the Plan, I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while I was covered under my employer's Flexible Spending Plan and that the expenses have not been reimbursed and reimbursement will not be sought from any other source. Any claimed Dependent Care Assistance expenses were provided for my dependent under the age of 13 or for my dependent that is incapable of self-care. I fully understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, I may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan which relate to such expense.

Employee's Signature

Date

Claims Submission
Toll-Free Fax: (888) 876-1058
Online Claims Submission: www.ebenefitsadministration.com
US Mail: PO Box 190466, Boise, ID 83719-0466

Resources

Customer Service
Website: www.ebenefitsadministration.com
Phone: (888) 503-0609
Email: Claims@ebenefitsadministration.com