

Substantiation is the key to success with your FSA.

Medical FSA/ HRA Expenses

The IRS requires you to substantiate:

- Date service was received or purchase was made
- Description of service or item purchased
- Dollar amount
- Provider or store name
- In some cases, a Medical Necessity Form or physician letter may be required

In some cases, the plan's design requires that your health insurer's explanation of benefits (EOB) is provided as substantiation for your expense. If you receive a receipt from your provider for a copay amount, make sure the receipt says "copay." If not, ask your provider to write "copay" on your receipt before leaving the office.

Vague or missing information causes your reimbursements to be held up or become ineligible. Hang on to your receipts and documentation.

Dependent Care Expenses

The IRS requires you to substantiate:

- Dates of service
- Dollar amount incurred
- Day-care provider name
- Day-care provider signature

Day-care expenses must be incurred (not just paid) in order to receive reimbursement. If you prepay day care, please submit only as incurred. Registration fees cannot be reimbursed until the services are actually incurred. You will be required to report your dependent care provider's Tax ID (TIN) or SSN on IRS Form 2441 when you file your federal income tax return.

NOTE: You may submit a Dependent care contract at any time during the plan year to receive automatic Dependent care reimbursements; please fill out the Dependent Care Contract and submit to E Benefits Administration

Vague or missing information causes your reimbursements to be held up or become ineligible, so hang on to your receipts and documentation.

How to Submit:

Online:

- You can submit claims online through your participant portal: You will need to sign up for an online account through your participant portal:

Fax:

- Download and Print a claim form; either the Medical/Dependent Care FSA Claim form or the HRA Claim Form

- Complete and fax the form along with your substantiation to 888-876-1058.

Mail:

- Download and Print a claim form; either the Medical/Dependent Care FSA Claim form or the HRA Claim Form
- Complete and mail form along with your substantiation

E Benefits Administration |PO Box 190466, Boise, ID. 83719-0466| PH: 888-503-0609 |Fax: 888-876-1058