

Claim Reimbursement Form

Instructions: To receive reimbursement under your employer's flex plan, please complete all required fields and attach required supporting documentation for each account. Claims must be submitted directly to SuperiorUSA via fax or mail.

SECTION 1: EMPLOYEE INFORMATION (Please Print)

Name (Last, First, MI)	Social Security Number (Hand write after you print form)	Date of Birth
Employer Independent School District #318	Preferred Phone Number	

Change of Address: _____

SECTION 2: HEALTH CARE (HCRA) CLAIM REIMBURSEMENT (Please Print)

An Explanation of Benefits (EOB), itemized payment receipt, or current provider billing statement must be attached.

I have an employer-funded HRA Plan with SuperiorUSA I have an outside HSA (Health Savings Account)

Date(s) of Service	Name of Patient	Name of Provider	Description or Type of Service	Amount Requested
Total amount requested from your HCRA				

SECTION 3: DEPENDENT CARE (DCRA) CLAIM REIMBURSEMENT (Please Print)

Your provider must sign here unless a receipt is provided. Signature: _____

Date(s) of Service	Name of Dependent(s) and Age	Name of Provider	Provider's Social Security Number or Tax ID# (TIN)	Amount Requested
Total amount requested from your DCRA				

SECTION 4: EMPLOYEE SIGNATURE

I, the undersigned, hereby request reimbursement from my accounts in my employer's flex plan for the above listed expenses. I certify that the above information is true, accurate, and complete, and that I, my spouse, or a qualified dependent actually incurred these expenses during a period when I was covered under this Plan. I have not nor will I seek reimbursement for the expenses listed above through this Plan, another plan, or through my insurance coverage, and will not claim these expenses as deductions or tax credits on my income tax return. I understand that I alone am responsible for compliance with applicable tax regulations and documentation maintenance requirements, and that I agree to indemnify and hold harmless my employer and SuperiorUSA for any liability resulting from my reimbursements and participation in the Plan.

Employee Signature: _____ **Date:** _____

General Claim Reimbursement Procedures

- * You must use a claim submission form in order to receive reimbursement from SuperiorUSA. Please read all form instructions, print legibly, complete all required fields, and attach all required supporting documentaion in order to ensure the timely processing of your reimbursement.
- * You must sign and date the claim form or your reimbursement cannot be processed.
- * Please either mail or fax your claim to SuperiorUSA, but do not do both.
- * Incomplete or erroneous claim submissions will be rejected or required to provide additional information.
- * Claims will be processed in the frequency listed on your Plan Specs Sheet and you Summary Plan Description. (SPD).
- * Reimbursements will be be paid by paper check unless you have completed and submitted a Direct Deposit Authorization to your employer or SuperiorUSA (if direct deposit is permitted by the Plan).
- * Please keep copies of all your claim form submissions including supporting documentaion such as EOB's, itemized receipts, and provider statements. SuperiorUSA does not need the originals in order to process your claim.
- * The IRS generally considers the date of service for an expense to be the date service is rendered or received, not the date the expense is actually paid.
- * Make sure your identifying information is listed on any additional pages of documentaion you submit in case they become seperated from the claim form itself.
- * You must identify your employer where requested.
- * Please calculate and total the amount you are requesting under each account (HCRA and/or DCRA).
- * Keep your address and other informatin up-to-date using the Change of Address box below Section 1 of this form.
If there is a preferred phone number where you would like to be contacted with any questions or issues regarding this specific claim, please provide it in Section 1.

Health Care Reimbursement Account (HCRA) Claim Procedures

- * For HCRA claim reimbursements, an Explanation of Benefits (EOB), itemized payment receipts, and/or a current provider billing statement is required as supporting documentation. In general, in order to be deemed adequate and proper by the IRS, documentation must show the date of service, patient name, name of service provider, descriptions or types of services (itemized), and the amount owed.
- * Cancelled checks, credit card receipts, credit card statements, and non-itemized register receipts are not considered proper documentation. Also, provider billing statements often do not provide all of the necessary information.
- * For orthodontia claims that are provided under contract over a period of time, a copy of the contract is required.
- * Over-the-counter (OTC) drug expenses are generally reimburseable when they are "amounts paid for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body." Please see your SuperiorUSA Enrollment Booklet or the SuperiorUSA OTC Item List for a partial list of acceptable drugs, remedies, and treatments. Certain OTC items, known as "dual use," are acceptable in certain instances and generally need a doctor's letter for approval. Some common "dual use" expenses include vitamins and minerals, sleep aids, sunscreen, and lotion. Common non-reimburseable ("disallowed") expenses include, but are not limited to, cosmetics, cosmetic surgery and treatments, toiletries, and basic hygiene supplies.
- * Your entire HCRA annual election is available for reimbursement of eligible expenses at anytime during the Plan Year.
- * Please keep copies of all your claim form submissions including supporting documentation such as EOB's, itemized receipts, and provider statements. SuperiorUSA does not need the originals in order to process your claim.

Dependent Care Reimbursement Account (DCRA) Claim Procedures

- * For DCRA claim reimbursements, a receipt must be submitted or the provider's signature is required in Section 3 on the front of this form. If a signature is obtains, no other documentation is required for that provider on this claim.
- * You cannot submit dependent care claims for the reimbursement of services not yet rendered. For example, claims relating to the first half of January cannot be claimed until the second half of January.
- * Dependent care reimbursements are limited to the balance in your DCRA account (the amount deducted from your paycheck less previous reimbursements received). Any excess amounts on your claim will be paid once additional dollars are added to your account balance through payroll deductions.
- * Please keep copies of all claim form submissions including supporting documentation such as itemized receipts and provider billing statements. SuperiorUSA does not need the originals in order to process your claim.

Visit www.superiorusa.com, then click on "Flexible Benefits Account Access" on the left-hand navigation bar, for more information and participant flex account access.

SUPERIORUSA
CORPORATION

Payroll & Employee Benefits Consultants

SuperiorUSA
Flexible Benefits Department
525 Lake Ave So, Suite 410
Duluth, MN 55802
Phone: (218) 529-2477 Toll Free: (877) 529-2477
Fax: (218) 725-9161