

INSTRUCTIONS

- Only employees participating in the plan can submit a reimbursement form.
- Employees may be reimbursed from the plan at any time during the plan year.
- Reimbursements may only be made for eligible expenses incurred during the plan year.
- Complete the information on the reimbursement form for each amount claimed.
- If you receive reimbursement for expenses, you may not claim these expenses for income tax purposes.
- **You must sign the form**, thereby swearing that you have not and will not submit these expenses for reimbursement from another plan.
- Submit your reimbursement form and documentation to BASIC, 9246 Portage Industrial Drive, Portage MI 49024, or fax to 269-327-0716 or 800-391-6562 or e-mail claims@basicflex.com

MEDICAL REIMBURSEMENT ACCOUNT

“See Attached” will not be accepted, you **MUST itemize your expenses or your claim will be returned.**

- Documentation must be invoices or other written statements from the third parties that provided the services.
- **The documentation must show the providers name and address, the dates the services were provided, the amounts charged for the services, and a brief description of the services.**
- Orthodontics can not be reimbursed for the entire amount. Claims for the initial down payments usually associated with the appliances will be accepted as well as the charge for the medical service rendered for the month.
- In general, the types of expenses for medical services that can be reimbursed by the Plan are the same types of expenses that the Internal Revenue Service would allow for the health expense deduction under Internal Revenue Code Section 213. Further information can be found by obtaining IRS Publication 502 by calling 1-800-829-3676.

DEPENDENT CARE REIMBURSEMENT ACCOUNT

- You may have your provider sign the claim form in the appropriate place or attach a separate receipt from you provider.
- You must show the name, address, and tax identification number of the provider, the dates the services were provided and the amounts charged for the services.
- If your expenses qualify for reimbursement from the Plan, you will be reimbursed for the total of your expenses, but not more than your account balance in the Plan. Your account balance is the total of the deposits you've made into your Dependent Care Flexible Spending Account minus the reimbursements you've received.
- In general, the types of expenses for dependent care services which can be reimbursed by the Plan are the same type of expenses which the Internal Revenue Service would consider for the dependent care tax credit as employment-related expenses under Internal Revenue Service Code Section 21(b)(2). Further information can be found by obtaining IRS Publication 503 by calling 1-800-829-3676.