YOUR spending ACCOUNT™

HEALTH CARE CLAIM FORM

P.O. Box 661147
Dallas, TX 75266-1147
Fax: 1-888-211-9900

LAST NAME

FIRST NAME

M.I.

EMPLOYEE ID (OPTIONAL)

ZIP CODE

ITEM 1

DATE OF SERVICE (MM/DD/CCYY)

SERVICE PROVIDER

REQUESTED AMOUNT

$

PATIENT NAME

SERVICE TYPE

Insert the appropriate letter:

M = Medical D = Dental V = Vision S = Health Care Supplies R = RX

H = Hearing O = Over-the-Counter Medicine*

* Over-the-counter medicine requires a prescription from an authorized health care provider to be eligible.

ITEM 2

DATE OF SERVICE (MM/DD/CCYY)

SERVICE PROVIDER

REQUESTED AMOUNT

$

PATIENT NAME

SERVICE TYPE

Insert the appropriate letter:

M = Medical D = Dental V = Vision S = Health Care Supplies R = RX

H = Hearing O = Over-the-Counter Medicine*

* Over-the-counter medicine requires a prescription from an authorized health care provider to be eligible.

EMPLOYEE CERTIFICATION (REQUIRED)

EMPLOYEE SIGNATURE

DATE

Employee Certification (Continued)

By adding my signature on the first page, I certify that the information I'm providing is correct and the expenses for which I'm requesting reimbursement, or for which I'm validating:

- Were incurred for services or supplies received by my eligible dependents or me under the plan;
- Were for services or supplies furnished on or after the date my spending account takes effect;
- Haven't been reimbursed in any other way or from any other source and won't be submitted for future reimbursement; and
- Don't include any amounts that are otherwise payable by plans for which my dependents or I are eligible.
- For OTC medicine expenses, I'm submitting a valid prescription and itemized receipt.

I understand that health care reimbursements aren't eligible deductions on my individual tax return. Claim decisions will be made in accordance with the provisions of the plan.

Health Care Claim Instructions

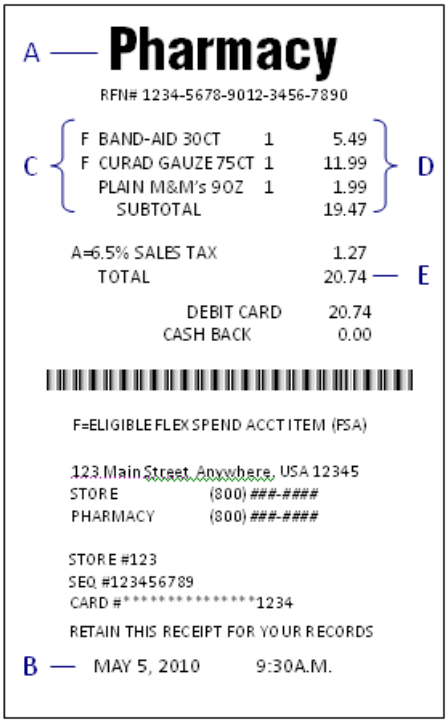
To have your claim approved, you must complete and sign the enclosed form and fax or mail it to Your Spending Account with the required documentation. Once received, your claim will typically be processed within ten days.

Documentation You'll Need to Provide

You must provide proper supporting documentation so that your claim can be approved. This includes copies of receipts or other documentation, such as an Explanation of Benefits (EOB) from your health plan.

Although your itemized receipt might look different than the example below, it must <u>always</u> contain the following information:

A. Name of service provider, supplier, or pharmacy
B. Date of service or purchase
C. Identification of drug or product, or description of service
D. Amount paid for each item purchased
E. Total amount paid



Visit the YSA Web site for more documentation requirements concerning medical necessity, orthodontia, and other services.

Sending Your Form to YSA

Send this form and supporting documentation to Your Spending Account by fax or mail:

Fax: (888) 211-9900

Mail: Your Spending Account
P.O. Box 661147
Dallas, TX 75266-1147

If faxing, be sure to place this form before your receipts and don't include a cover letter.

Helpful Hints

- <u>If the receipt is handwritten</u>, it must include the service provider's signature. For prescription drugs, remember to submit the receipt that the pharmacist has attached to the prescription, instead of the cash register receipt.
- <u>If you have medical insurance,</u> proof of any amount paid by other coverage, such as an EOB, is required. However, EOBs aren't required for RX, vision or hearing expenses, or receipts stating that the amount is for a copayment.
- <u>If you have dental insurance,</u> submit your claims to that plan before submitting them to Your Spending Account. If your receipt indicates you have dental insurance, proof of any amount paid by other coverage, such as an EOB, is necessary.
- <u>If you lost a receipt,</u> contact your doctor or pharmacy to request a copy, or call your health plan for an EOB. If you don't provide the necessary information, the processing of your claim may be delayed.
- <u>If your expense is for an over-the-counter medicine,</u> you'll need to also provide a prescription from an authorized health care provider. Visit the YSA Web site for additional details.