



Your Flexible Benefits Organization

CLAIM FILING INSTRUCTIONS AND RULES

Filing Instructions - Benny Card swipes may require IRS receipt verification, please submit timely. Two email reminders are sent, but Card may be suspended without final receipt submission:

Claim Filing Options:

1. To expedite your claim payments submit your claims through **your online portal**. You can easily enter all your claim data and upload your receipts. The information will be available online immediately after you click submit.
2. Complete a claim form and submit your claim either by fax to **(877) 303 – 0742** or mailing it to **The125Company, Inc. Flex Claims Group P.O. Box 2401 Germantown, MD 20875**.
3. **Submit claims using your Smart Phone** – You can file your claims using your smart phone (download 125Mobile - Apple and Droid)

Claim Filing Instructions:

1. Please be sure to complete all fields and sign and date your claim form.
2. Include copies of detailed receipts with your claims submission. The IRS requires that either an Explanation of Benefits (EOB) or a detailed receipt from your provider or pharmacy that includes date of service, patient name, type of service or RX Name and amount. **Credit card receipts and canceled checks are not acceptable documentation.**
3. Keep your originals. Please submit only copies of your receipts.
4. Dependent care claims must include dates of service, provider name, address and Tax ID number. Attach a receipt from your provider or include the day-care provider's signature.
5. All claims must be incurred for period in which you were actively enrolled and submitted by the end of the run-out/grace period or within a specified date of your termination. Please be sure to review your Summary Plan Description for additional details.

Medical & Dependent Care Claim Rules:

All Accounts:

1. Claims must NOT be reimbursed from any other means.
2. Claim in which you have received a reimbursement are not eligible deductions on your tax returns.
3. Contributions may not be moved from one account to another. All funds in an account must be used for the specified account.
4. Any unused funds will be forfeited to my employer unless otherwise noted in the Summary Plan Description.
5. IRS requires third party claim substantiation for claim reimbursements.
 - a. Medical Expenses - Please be sure to include either an Explanation of Benefits (EOB) or a detailed receipt from your provider or pharmacy that includes date of service, patient name, type of service or RX Name and amount for medical expenses. **Credit card receipts and canceled checks are not acceptable documentation.**
 - b. Dependent Care Expenses – Please include provider name, address and Tax ID number. Attach a receipt from your provider or include the day-care provider's signature.

Dependent Care Accounts (DCAP):

1. Dependent care expenses must be for a dependent child under the age of 13 or a dependent who is mentally or physically incapable of caring for themselves in order to enable you to work or attend school full-time. If you are married, your spouse must also work or attend school full-time.
2. Reimbursements must not exceed your total contributions minus and previous reimbursements.
3. The Maximum Contribution Amount cannot be more than the smaller of (a) or (b).
 - a. Your income or your spouse's income, whichever is smaller. If your spouse is a full-time student or incapable of self-care, your spouse is considered to earn \$2,400 per year with one dependent or \$4,800 per year with two or more dependents.
 - b. \$5,000 per year if your tax filing status is 'married filing jointly' and or single head of household or \$2,500 per year if your tax filing status is 'married filing separately'.
4. You cannot claim expenses if the service provider is your child or stepchild and are under age 19 or if you claim the service provider as a dependent for Federal income tax purposes.

Medical Accounts (FSA/HRA):

1. Internal Revenue Service Publication 502 lists the eligible tax-free expenses, but this IRS publication is not the sole source of information. An Eligible expense means any item for which you could have claimed a medical expense deduction on an itemized Federal income tax return (except insurance premiums, long-term care and other similar charges) and is not eligible under your medical or any other source. You or your dependents while participating in the plan must incur the expenses.
2. The total annual election will be available on day 1 for covered expenses. You may not exceed your total annual election.

For additional information please be sure to visit our website at www.125Company.com or contact us at (877) 303-3539

Please be sure to review you Summary Plan Description for additional information and restrictions.