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| COMPANY/CLIENT NAME | | CLIENT # (BRMS USE ONLY) |
| EMPLOYEE NAME | | E-MAIL ADDRESS |
| ADDRESS (Complete only if a new address) | | |
| SOCIAL SECURITY NUMBER | EMPLOYEE PHONE NUMBER (including area code) | |

HEALTH CARE EXPENSE CLAIM

| Claim # | Member Name | Relationship to Employee | Date(s) Service Performed | Description | Provider | Amount |
|--|-------------|--------------------------|---|-------------|--|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| Reminders: <ul style="list-style-type: none"> ▪ Enclose a copy of all bills for reimbursement. ▪ If expense is covered by Insurance, submit to appropriate carrier prior to submitting claim to BRMS. An E.O.B. will be necessary to verify appropriate financial responsibility and reimbursement amounts. Attach an Explanation of Benefits from the insurance carrier. ▪ Verify that bills contain the date and description of service, the amount, and the provider's name stamped on receipt. ▪ Sign your claim form. ▪ BRMS may request further information if necessary to process your claim according to IRS guidelines. | | | | | | TOTAL HEALTH CARE EXPENSE CLAIM: \$ |
| Acceptable Documentation includes the following: <ul style="list-style-type: none"> a.) Explanation of Benefits (EOB) from insurance carrier b.) Itemized Statement or bill from your provider which includes: <ul style="list-style-type: none"> • Provider name • Patient name • Description of service • Original date of service (the date of service, not the date of payment, must fall within the plan year for which you are currently enrolled.) • Patient portion of charge(s) | | | <ul style="list-style-type: none"> c.) Pharmacy Statement which includes: <ul style="list-style-type: none"> • Patient name • Prescribing physician • RX number • Name of the drug • Date Rx was filled • Co-payment amount Un-acceptable Documentation includes the following: <ul style="list-style-type: none"> • Canceled checks • Credit/Cash receipts with no descriptions • Balance forward statements | | ORTHODONTIA IS AN EXCEPTION. We cannot accept a claim for the entire contracted amount. We will accept claims for the initial down payment usually associated with the appliances. <ol style="list-style-type: none"> 1. Monthly payments will also be accepted as the charge for the medical services rendered for that month. 2. If the entire orthodontia process is not complete in one visit, we can only reimburse you for the cost per adjustment visit until the entire process is complete. Please do not send Visa or MC receipts. 3. A copy of the orthodontist contract must be submitted for first time orthodontia claims. | |

I certify that the expenses for which reimbursement is requested under my employer's Health Care FSA Plan were incurred by myself or my eligible dependents, and that these expenses were incurred within the plan year period of my election. I also certify that the incurred expenses have not been reimbursed, and that I will not seek reimbursement, under any other plan covering health benefits. The expenses are for medical care, excluding cosmetic purposes. I will not use expenses reimbursed through my employer's Health Care FSA Plan as deductions when filing my income tax return. I authorize BRMS to issue the amount requested above from my employer's Cafeteria Plan account in accordance with the terms and provisions of the Plan.

Employee Signature

Date

Claim cannot be processed without signature

Please mail your claim forms to:

BRMS
P.O. Box 1697
Folsom, CA 95763
Or fax to: 866-410-0880

For more information about your FSA account, ways to spend your money, and a convenient place to buy FSA eligible products visit www.brmsonline.com/fsa_eligible_store.aspx

For questions regarding your account, please call BRMS toll free at 888-326-2555.

Expense Listing

HEALTH CARE EXPENSES THAT ARE ELIGIBLE:

The following list identifies some of the common medical, dental and health-related expenses that the Internal Revenue Service considers to be deductible expenses. These expenses are eligible for reimbursement through Health Care FSA provided that you have not been reimbursed for them through any other benefits plan. Allowable expenses include:

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| <ul style="list-style-type: none"> • Abortion • Acupuncture • Alcoholism treatment • Ambulance • Artificial limbs and teeth • Birth Control pills • Braces • Braille books and magazines (to the extent prices exceed prices for regular books and magazines) • Car (special medical equipment within) • Contact lenses and solutions • Crutches • Diathermy • Examination, physical • Eye examination • Eyeglasses (prescribed only) • Fees to doctors, hospitals, etc. for: <ul style="list-style-type: none"> - Anesthesiologist - Chiropractor - Practitioners - Clinic charges - Dentist - Dermatologist - Gynecologist - Midwife - Neurologist - Obstetrician - Ophthalmologist - Optometrist - Osteopath, licensed - Podiatrist | <ul style="list-style-type: none"> - Practical Nurse - Psychiatrist - Psychoanalyst (medical care only) - Psychologist (medical care only) - Surgeon • Physical Therapy type services provided at a health club • Guide dog and its upkeep • Hearing aids and batteries • Hospital Services • HMO (Health Maintenance Organization) Co-payments • Insulin • Iron Lung • Laboratory fees • Lead-based paint removal to treat lead poisoning • Lip-reading lessons • Lodging for medical care • Medical information plan • Mentally retarded, special home • Nurses' expense and board • Nursing care • Nursing Home (if for medical reasons) • Operations and related treatments • Over-the-Counter Items • Oxygen equipment • Prescription drugs and medicine • Radial Keratomy • Rental of medical equipment • Sanitarium | <ul style="list-style-type: none"> • Smoking Cessation Program, Prescriptions • Sterilization • Special schooling for physically or mentally handicap family member • Telephone (for the deaf) • Television equipment which displays the audio part of TV programs for the deaf • Therapy (for medical treatment) • Transplants • Transportation expense for essential medical care • Wigs to cover baldness due to medical reasons • Wheelchair • X-ray <p>HEALTH CARE EXPENSES THAT ARE TYPICALLY NOT REIMBURSABLE:</p> <ul style="list-style-type: none"> • Any illegal treatment • Cost of remedial reading classes for non-handicapped child • Dancing or ballet, even when recommended by doctor • Dental bleaching • Diaper service • Family/marital therapy • Funeral Expenses • Insurance premiums • Over the counter items (such as vitamins and herbs) • Warranties for eyeglasses • Weight reduction programs • Cosmetic procedures |
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ATTENTION

HEALTH CARE REFORM CHANGE – No Over The Counter Medications Without A Prescription – Effective January 1, 2011 (Insulin Excluded)

Beginning January 1, 2011 a covered individual will no longer be able to use tax-advantage money from the FSA for over-the-counter medications that are not prescribed by a doctor. This change does not affect insulin, even if purchased without a prescription, or other health care expenses such as medical devices, eye glasses, contact lenses, co-pays and deductibles. The new standard applies only to over the counter purchases made on or after January 1, 2011. Claims submitted for over the counter medicines or drugs purchased without a prescription in 2010 can still be reimbursed in 2011. All over the counter medicines and or drugs purchased after January 1, 2011 must be accompanied by a prescription from a physician for reimbursement.