

## Roman Catholic Diocese of Lexington

### Flexible Spending Account Claim Reimbursement Instructions

1. Complete all information in **Section 1** (please print or type). **Please include your email address if you want to receive an automatic e-mail notification whenever a claim is processed.**
2. Attach supporting documentation. Substantiation must accompany this request form in order for claims to be considered for reimbursement. Be sure to keep copies of receipts, bills, etc. for your records. Originals will not be returned. **All substantiation must include the following items to be eligible for reimbursement:**
  - Original date of service (not the date of payment)
  - Type of service performed (refer to list of eligible expense to identify valid services)
  - Providers name and address (and Tax ID/SSN for Dependent Care expenses)
  - Amount charged to you (do not include amounts reimbursed by another source)
3. For a Health Care Spending Account Reimbursement Request complete all information in the top part of Section 2 and attach proof of expense as above.
4. For a Dependent Care Spending Account Reimbursement Request complete all information in the bottom part of Section 2 and attach proof of expense as described above unless provider's signature is included on the claim form.
5. Sign and date Section 3.
6. Fax, mail, scan/email the request form and supporting documentation directly to:

#### **CHARD SNYDER**

3510 Irwin Simpson Rd, Mason, OH 45040

Local Phone: (513) 459-9997

Toll-free Phone: (800) 982-7715

Local Fax: (513) 459-9947

Toll-free Fax: (888) 245-8452

E-mail: [flex@chard-snyder.com](mailto:flex@chard-snyder.com)

Website: [www.chard-snyder.com](http://www.chard-snyder.com)

7. Important Reminders:
  - Payments are issued after receipt and processing, subject to adjudication. Transfer between accounts is prohibited.
  - Any items for which you are reimbursed cannot be claimed again as deductions or credits on your individual tax return at the end of the year.
  - If a Dependent care claim is submitted for an amount that is larger than the amount credited to your account, then payments will be issued according to the amount available. Anything requested above the available amount will "backlog" and will be released as additional credits are made to your account. IRS guidelines prohibit the advancement of Dependent Care Spending Account funds.
  - You may only be reimbursed for eligible incurred during the current plan year. *Note: Orthodontia expenses are reimbursed as designated by the provider.*
  - Payment will be made to you, the participant, only. Payments cannot be made to an alternate payee.