CLAIMS TERMS & CONDITIONS



Reimbursement Guidelines

- The reimbursement request expense must be for an IRS eligible expense and incurred during the flex Plan Year. (Claims for future dates of service or dates of service prior to the current Plan Year start date are not eligible for reimbursement).
- The reimbursement request must not have been previously reimbursed and you may not seek reimbursement from insurance or any other source.
- Attach a copy of your insurance company's Explanation of Benefits (indicating date of service), or detailed copies of receipts/bills if there is no insurance coverage to document the amounts.
- Documentation provided must contain the following:
 - · Name of the provider
 - · Name of the person, or persons receiving the service
 - Type of service rendered or item purchased
 - Without a description of the service or care provided, your claim will be denied. Credit card
 receipts, cancelled checks and billing statements without detailed service information are not
 substantial documentation and will not be accepted. The description of the service or care can
 be as generic as "copay" or "office visit". If the description of the service is not listed on the
 receipt provided from your service or care provider, the provider may write the description on
 the receipt.
 - Date(s) of service or purchase
 - Dollar amount of service or supply (unreimbursed portion)
 - For dependent care:
 - TIN or SSN of service provider
- Any medical mileage indicated must be for transportation primarily for and essential to medical care and
 associated with the dates of service identified above. The standard medical mileage rate is set by the IRS
 annually and will be calculated by Surency when determining eligible expenses for unreimbursed medical
 expenses.

I hereby certify that the reimbursement requests I'm submitting are IRS eligible expenses and that I have not been previously reimbursed for these expenses nor am I seeking reimbursement for these expenses from insurance or any other source. I also understand that Surency, its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement. I understand that the expense for which I am reimbursed may not be used to claim any federal income tax deduction or credit. By submitting this claim I certify that I have read and understand all requirements of Surency's Reimbursement Guidelines.

Note: Missing information may delay the processing of your reimbursement. Have questions? Contact Surency at 866-818-8805.