

Affac Benefit Services Request for Reimbursement Form

Instruction	ns: Please print or	type the information below.	Aflac	Aflac Benefit Services CLAIM FAX: 1.877.353.9256		
•	and date form. Medical Care Total req	uested boxmust be completed.	4. Allow 48 busin	ess hours to check status of rei	mbursement request.	
3. Rece	eipts attached must be	clear and legible.	Please maintain	Please maintain copies of all receipts for your records.		
Employee	Information	Check here	e if address change			
Participant	's Social Security N	umber (Optional) Em	ployer Name			
Last Name		First Name	First Name Middle Initial		Participant's E-Mail Address	
Street Address		Cit	у	State Z	IP	
Summary Pla	an Description. I certify	and warrant to Aflac that these are	A account as listed below. I agree to eligible medical expenses that I or m is of all documentation for my records	y dependents have incurred, are		
Participant	's Signature:			Date:		
Medical C	Care FSA Claim Info	ormation				
attached bi 1. Patient Na List each re	Ils <u>must</u> contain the ame 2. Service leceipt separately in t	following items to be processed Provider 3. Description the space(s) below • Use additional description of the space(s) descriptio		te was provided 5. Amou	int/Copay	
FSA Card Receipt	Patient Name	Service Provider	Description of Service	Date Service Was Provide		
Provider Ce	ertification			TOTAL \$		
In lieu of recei	pts or EOB(s) the provide	· · · · · · · · · · · · · · · · · · ·	ove listed medical care expenses have completed form. Failure to complete all		·	
Provider Na	me and Address: _		City:	State:	ZIP:	
Loostifu tha	t the Medical Care o	vnances listed shove were inc	urred by the nationt named above	•		

American Family Life Assurance Company of Columbus (Aflac) Worldwide Headquarters • 1932 Wynnton Road • Columbus, Georgia 31999 1.877.353.9487 • aflac.com

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Helpful Tips for Filing Your Claim

- Complete, sign and date the FSA Request for Reimbursement Form. Failure to complete all areas will result in claim rejection and a delay in
 processing and reimbursement. Do not indicate "See Attached" in any field. Descriptions of service should provide as much detail as possible.
 If a provider certification is used, the provider must sign and date each new claim form.
- 2. Submit documentation that is clear and legible. Do not highlight information; these areas often turn black when scanned. In addition, double check to make sure all documentation is clearly visible and not overlapped, written through, or cut off if photocopied.
- 3. Verify that services received are eligible expenses. See below or refer to your Participant Handbook for general guidance.
- 4. The deadline or run-off period for claims submission is determined by your employer. For more information on the run-off period, refer to your employer or your Summary Plan Description. To avoid delays, submit your claims at least two weeks prior to the end of your run-off period.
- 5. Additional reimbursement forms can be obtained at aflac.com or via the IVR at 1-877-353-9487.

Sample Health FSA Expenses

This list is not all-inclusive; for more detailed information, refer to the *Participant Handbook*. Unreimbursed medical expenses are reviewed according to the regulations of Internal Revenue Code Section 125. All claims must be substantiated, and appropriate documentation must be provided. *Some expenses may require additional documentation from your doctor or health care provider.*

(Insurance)

Eligible

Deductibles, copayments, and coinsurance for medical care plans

Ineligible

All premiums/contributions for insurance Long-term care plans Expenses paid totally by your health plan

(Treatments/Therapies)

Eligible

Prescribed weight loss programs to treat a medical condition (not including foods)
Diagnostic services (e.g., X-ray and MRI treatments)
Smoking cessation programs
Fertility treatments

Ineligible

Illegal treatments

Physical treatments for general well-being or relaxation (e.g., massage therapy)

(Fees/Services)

Eligible

Physician consultation fees Routine office visits Nursing services for care of a specific ailment Legal sterilization

Ineligible

Cosmetic procedures that improve appearance but do not meaningfully promote the proper function of the body or treat an illness/disease

Payments to domestic help for nonmedical services Retainer or concierge fees

(Medical Equipment)

Eligible

Wheelchairs/ crutches Blood sugar monitors Oxygen equipment

Hearing aids, batteries, or hearing aid repairs

Ineligible

Equipment replacement insurance and/or warranties

Vacuum cleaners for individuals with dust allergies

(Dental/Orthodontic Care)

Eligible

Routine exams, cleaning, and X-rays Artificial teeth/dentures Braces and orthodontic services

Ineligible

Teeth bleaching/whitening
Tooth bonding that is not medically necessary
(e.g., cosmetic veneers)

(Miscellaneous Charges)

Eligible

Sales tax associated with an eligible item Transportation expenses primarily for medical care, to include mileage, bus, taxi, parking fees and/or tolls

Ineligible

Divorce, even when recommended by a psychiatrist Diaper service Toiletries or cosmetic items (e.g., toothbrush, soap, lotion, etc.)

(Vision Care)

Eligible

Prescription eyeglasses Contact lenses and cleaning solution Prescription sunglasses

Ineligible

Lens replacement insurance/warranties Protection plans Coatings/tints not used to treat a medical condition

(Drugs)

Eligible

Prescription drugs to treat a medical condition Birth control Insulin

Ineligible

Dietary supplements for general health, to include vitamins and herbs Drugs for cosmetic purposes, over-the-counter medicines, unless prescribed by a physician.

Key Numbers

Aflac Benefit Services Claims Fax: 1.877.353.9256

Customer Service: 1.877.353.9487

Submission Guidelines

Fax your completed FSA Request for Reimbursement Form and all documentation to: **1-877-FLEX-CLM (1-877-353-9256).** Please allow 48 hours for the receipt of your faxed form before calling to inquire about your reimbursement.

Maternity clothes

Note: Please use discretion when faxing your personal information to Aflac. You bear full responsibility for any inappropriate use or disclosure that may arise in connection with your transmission of information to Aflac.

For account information 24 hours a day, 7 days a week, please use our IVR at 1-877-353-9487.