18951

FlexSystem™ REQUEST FOR REIMBURSEMENT

Client Name 4402-8322-8715

Participant TASC ID: _____

NAME_____

ADDRESS_____

_____

PLEASE DUPLICATE THIS FORM FOR FUTURE REQUESTS

Submit Request for Reimbursement:

For claims submitted online: only print and fax the Veriflex Coversheet from the web along with your receipts to the fax number located on the cover sheet.

Claims submitted with RFR Form should be sent to TASC:

a. By Fax: 608-663-2762

b. Or by Mail: TASC
PO BOX 7308
Madison, WI 53707-7308

☐ **New Address, check here and update - please print**
If updates were sent previously, please use your new updated RFR form

_____

_____

WRITE LEGIBLY AND DO NOT HIGHLIGHT AMOUNTS ON YOUR RECEIPT
ALL BOXES AND FIELDS MUST BE COMPLETED
SUBMIT A COPY OF YOUR RECEIPT ALONG WITH THIS RFR
ONLY FOUR LINES PER FORM WILL BE PROCESSED

Receipt Attached	Date of Service (not billing or paid date)	Benefit Code*	Service Type Code**	Request	Amount	Service Provider(s)
☐	__/__/__					
☐	__/__/__					
☐	__/__/__					
☐	__/__/__					

BENEFIT CODES
M - Medical (Out-of-Pocket) Expenses

SERVICE CODES
MD - Medical
VS - Vision
RX - Prescription Drugs
DN - Dental
OT - Over-the-Counter
MP - Medical Preventative

To the best of my knowledge and belief, my statements on this Request for Reimbursement are complete and true. I am requesting reimbursement only for eligible expenses incurred during the applicable Plan Year and for eligible Plan Participants. I certify that these expenses have not been previously reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I understand that the IRS regulates my FlexSystem account and that these guidelines are implemented as a means of ensuring compliance and approval for reimbursement. I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests, as doing so may delay payment. I authorize my Flexible Spending Account balance to be reduced by the amount requested.

Employee Signature (required) _____ Date __/__/__

4202-8671-3711

18951

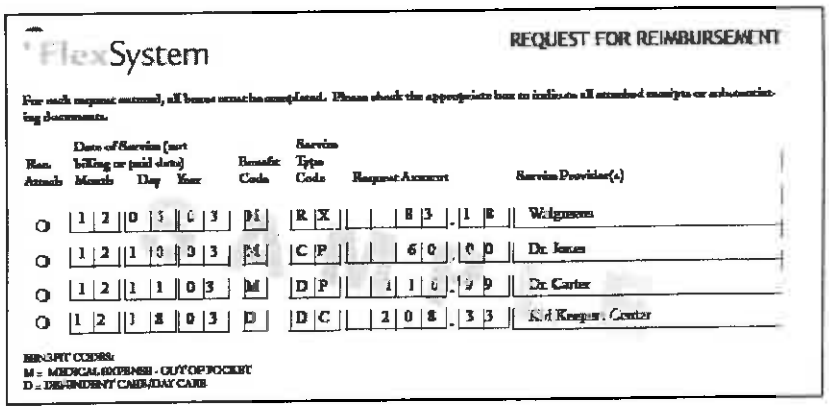
FlexSystem™

TASC

REIMBURSEMENT TIPS

Tips to ensure prompt and accurate reimbursements *when submitting by MAIL or FAX*.

- Incomplete Requests for Reimbursement will be denied.
- Use only your personalized Request for Reimbursement Form. Please duplicate this Form for future requests. (Non-conforming reimbursement forms will be rejected.) One request form can be used for multiple expenses.
- When completing the Request for Reimbursement Form enter each different expense on a separate line, identifying the date of service, the benefit type, the service type, and the service provider. Dates of Service always represents the date your services are incurred or rendered.
- Enter the appropriate benefit and service codes. See front side for a list of codes. Enter the amount requested for each Benefit Code in the Request Amount field for that benefit.
- Copy your original receipts to an 8 1/2 x 11 sheet of paper. (Retain originals for your records.) If sending multiple Requests for Reimbursement Forms, each Reimbursement Form must have it's receipts placed directly behind the applicable Reimbursement Form. If one receipt covers expenses on multiple Reimbursement Forms, make a copy of the receipt to submit behind each applicable Reimbursement Form.
- Remember to sign and date each Request for Reimbursement Form and/or VeriFlex Cover Sheet submitted to FlexSystem.
- All medical expenses must be substantiated by the Participant and verified by FlexSystem. Fax or mail copies of the receipts with your Request for Reimbursement Form or VeriFlex Coversheet to FlexSystem at 608-663-2762 or to TASC, P.O. Box 7308, Madison, WI 53707-7308. If faxing, please fax each Reimbursement Form or VeriFlex Coversheet and it's receipts separately.
- For quickest reimbursement, Requests for Reimbursement may be submitted on-line at www.tasconline.com. (Login to MyTASC.)
- All Participants are expected to maintain a copy of supporting records and documents to validate the expense type and amount. FlexSystem may require additional information or documentation prior to processing a Request for Reimbursement.
- FlexSystem processes Requests for Reimbursement daily, which when received at TASC by noon CST will be processed that business day, with a corresponding payment issued the following business day.
- Access Participants' account status information on the Internet (at www.tasconline.com), or on FlexSystem's Interactive Voice Response System (at 1 -800-422-4661). Participants will need their TASC ID to access this information from the Interactive Voice Response System and to initially access this information via the website.
- Please note, if your employer has elected Claim ConneX and you are enrolled in Claim ConneX for your Medical Out-of-Pocket Flex Plan, your medical insurance provider automatically submits the unpaid portions of your medical claims to TASC for processing. Those claims will be automatically reimbursed to you from your Medical Out-of-Pocket Flex Plan. No action is required from you to receive reimbursement for those claims. In addition if your employer's FlexSystem Plan has Reimbursement Ordering and you have a Medical Out-of-Pocket Flex Plan and a DirectPay Plan, requests submitted via the on-line Request for Reimbursement Wizard or via your medical insurance provider (Claim ConneX feature) will automatically be routed to your Plan that reimburses first and then to the Plan that reimburses second for processing.



FlexSystem

REQUEST FOR REIMBURSEMENT

For each request entered, all boxes must be completed. Please check the appropriate box to indicate all attached receipts or substantiating documents.

Rem. Attach	Date of Service (not billing or paid date) Month	Day	Year	Benefit Code	Service Type Code	Request Amount	Service Provider(s)
O	12	05	03	M	RX	83.18	Walgreens
O	12	10	03	M	CP	60.00	Dr. Jones
O	12	11	03	M	DP	110.99	Dr. Carter
O	12	18	03	D	DC	208.33	Kid Keepers Center

BENEFIT CODES:
M = MEDICAL EXPENSE - OUT OF POCKET
D = DEPENDENT CARE/DAY CARE

TASC • 2302 International Lane • Madison, WI 53704-3140 • 1-800-422-4661 • Fax: 608-245-3623 • www.tasconline.com