



PacificSource Administrators **About Your Benefits**



Flexible Spending Accounts



What Is a Flexible Spending Account (FSA)?

“Cafeteria Plan,” “Section 125 Plan”

- The IRS Code (Section 125) allows you to put pretax dollars into an account and spend those funds tax-free for certain eligible expenses.
- Pretax dollars are deducted from your gross income before federal, state, and Social Security (FICA) taxes are deducted.

Your Plan Year – All Plans

Plan Period: January 1, 2023 – December 31, 2023

Submit claims: Up to 90 days following the end of the plan period

(Date of service must be January 1, 2023 – March 15, 2024)

Your Healthcare Account

Annual Maximum: \$3,050

Availability: Your entire election is available from day one

Grace Period: You will have an additional two and a half months to spend available funds. This grace period ends on March 15, 2024. You will have through June 15, 2024 to submit claims

Sample Healthcare Expenses:

Co-pays	Eyeglasses/contacts
Deductibles	Hearing aids
Coinsurance	Massage therapy*
Prescription drugs	Naturopath/Acupuncture
Lasik eye surgery	Chiropractic
Dental/orthodontia	Vitamins & Supplements*
Over-the-counter medicines & supplies	

Dependent Care Account

Day care expenses for:

- Children up to age 13
- Disabled spouse or parent
- IRS annual contribution limit:
 - \$5,000 (single or married filing jointly)
 - \$2,500 (married filing separately)

Important Note:

Reimbursement is limited to available funds

Dependent Care Account

Custodial care, such as:

- Before and after school day care
- Day camps
- Prekindergarten classes
- Caregiver transportation
- Elder care
- Daycare application fees

Claims, Debit Cards and Reimbursement Requirements



Using the Plans with the Prepaid Benefits Card

- Using the Prepaid Benefits Card (Benny Card): **FSA Only**
 - Receipts, provider bills/statements, EOBs, etc. must be saved and turned in when requested by PacificSource Administrators per IRS rules.
 - Documentation must include the following:
 - Date of service (can be different from the date of payment)
 - Type of service, i.e. Office Visit, Dental Cleaning, X-Rays, etc.
 - Provider Name
 - Patient Name
 - Final Patient Responsibility after insurance has paid
 - Note: A treatment plan or estimate is not sufficient documentation

Required Documentation for Reimbursement

Acceptable forms of documentation:

- Explanation of Benefits (EOB) from your insurance carrier
- Itemized statement from your provider
- Cash register receipt showing merchant name, date, product description and dollar amount paid

Debit Card Documentation Tips

- Most pharmacies and retailers have software in their Point of Sale (POS) system that can auto-adjudicate your debit card swipes
- Separate out your FSA items (2 transactions)
- Snap a picture of your receipt in the mobile app in case you are asked for it
- Debit card readers on phones or tablets will require additional documentation
- If you are paying for multiple office visits at a provider office, consider having the provider run the card separately for the exact “Patient Balance” for each visit.
- Be mindful that the dates of service you are paying for are within your current plan year

How to Submit a Claim for Reimbursement

Submit a claim by:

- Website
- Mobile App
- Fax
- Mail

Receive reimbursement:

- Direct deposit
- Check

Use Your Debit Card:

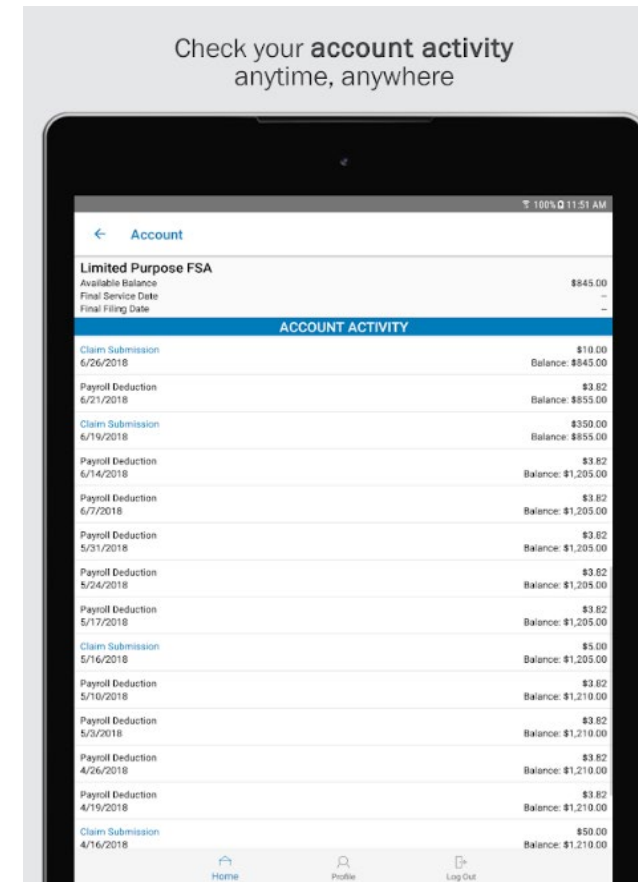
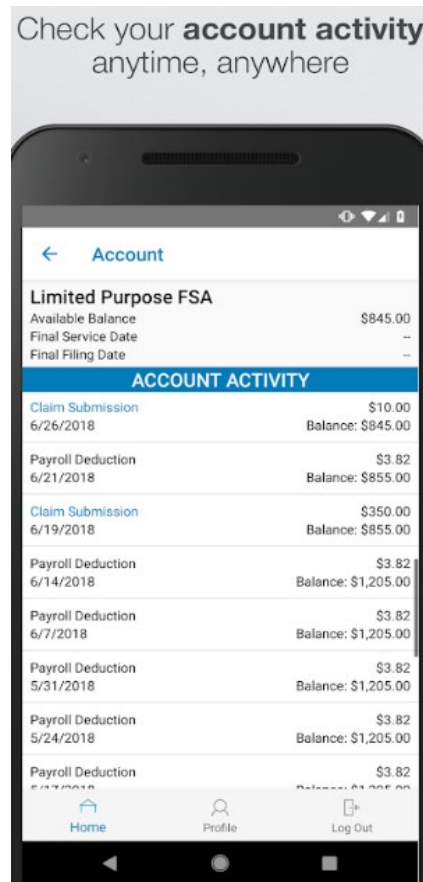
- Participating Vendors
 - Doctor & Dentist offices
 - Pharmacies
- Automatic Approval
 - Swipe the card
 - **Save receipts**
 - Send when Requested*

** Transactions requiring documentation may be reported as taxable income if the documentation is not received*

PacificSource Administrators – Mobile App



Once you've downloaded the app, you'll need your username and password from the PSA web page: **PSA.Consumer.PacificSource.com**. The app also enables you to use your fingerprint to login, if your device supports that function.



Remember...

- Save receipts / submit EOB with reimbursement claims
- The last date to incur expenses is **March 15, 2024**
- The last date to submit expenses is **June 15, 2024**
- For questions please contact our customer service team at 800-422-7038 or psacustomerservice@pacificsource.com

Questions

Customer Service
800-422-7038
psacustomerservice@pacificsource.com



Carter Motors

Flexible Spending Account Handout

January 1, 2023 – December 31, 2023



A Flexible Spending Account (FSA) is a plan that allows you to receive certain benefits on a pretax basis. Think of it as a tax-free and interest-free loan to yourself. The pretax contributions may be used for qualified healthcare and childcare expenses for you and your tax dependents. It also allow you to pay for your group's sponsored insurance premiums on a pretax basis.

Contributing to Your FSA

Component	Maximum Annual Election
Health FSA Component	\$3,050
Dependent (Daycare) Expenses	\$5,000 if married & filing a joint return or a single parent \$2,500 if married, but filing separately

The Plans: The following FSA components are available through your employer.

Health FSA Component – includes the following account(s)

Health Related Expense Account (HRE) - the General Purpose FSA

- If you're eligible for your employer's health plan, you can set up an HRE account. With an HRE account, you can save pre-tax money for healthcare expenses, including medical, dental, and vision expenses that are either not covered or only partially covered by your insurance plan.
- These expenses are for your tax dependents. Examples include: you, your spouse, or child(ren), whether or not they are covered on your employer's group insurance plan.
- When you have a qualified change in status—such as if you add or remove dependents from your insurance plan—you can increase your election

Dependent Care Assistance Plan (DCAP) Component

Dependent Daycare Expense Account (DCE)

- Our Dependent Daycare Expense Account (DCE) allows you to save pre-tax dollars to pay for dependent care. This is specifically for expenses for a child up to age 13 or disabled taxable dependent who is unable to care for themselves, including elder care expenses. In many cases, this account will be more beneficial to you than the federal tax credit.
- When you have a qualified change in status, such as if your spouse's employment changes, you can increase or decrease how much you put into your account.

Premium Component

- Your employer will deduct your portion of the group-sponsored insurance plans, including premiums for medical, dental, vision, hospitalization, accident insurance, and/or other qualified benefits from your gross salary on a pre-tax basis. This reduces income taxes and results in an increase in take home pay and lower taxable salary.

Claims Reimbursement

Reimbursement Time Frame

Reimbursements may be requested during the plan year or after it ends. Your claim submission period ends 90 days after the plan year ends. This is known as a run-out period.

Your company offers a Grace Period allowing a 2 ½ month extension to incur expenses, ending **March 15, 2024**. Claims for the 2023 plan year must be submitted by **June 15, 2024**.

Submitting Claims

Claims can be submitted through manual submission, or using your Prepaid Benefit Card. If you're reimbursed for a claim and it is later determined that the expense was not eligible for reimbursement, you will be liable for repaying the money to your FSA. Additional information is listed below.

Manual Claims

We offer several ways you can submit your claims for reimbursement:

- Submit your claim online using our PSAConsumer portal: <https://psa.consumer.pacificsource.com>
- Submit your claim via our Mobile App: myPacificSource Admin (PSA)
- Mail or fax a Request for Reimbursement Form. You'll find the form at [PSA.PacificSource.com/Forms_Flex.aspx](https://psa.pacificsource.com/Forms_Flex.aspx)

Prepaid Benefit Card

A Prepaid Benefits Debit Card gives you an easy, automatic way to pay for qualified healthcare expenses. When you opt to receive the card, you will receive two benefits cards. Replacements or additional cards can be purchased for \$10 per set of two cards.

When you use the card to make a purchase or payment, it deducts directly from your FSA. Only use your card if the service date/purchase is within your current plan year. *You must save all expense documentation, such as itemized receipts, per IRS regulations.* PSA will send a notice if your transaction is ineligible or needs additional documentation. You will be required to submit the documentation, or refund the account, or "offset" the expense as indicated in the notice. If the transaction issue hasn't been resolved within the allotted time, the card will be suspended. Amounts for transactions that aren't properly documented or that have been deemed ineligible may be included as wages on your W-2. *Additional debit card tips and information can be found on the PSA Debit Card flier.*

Funds Remaining After the Plan Ends

The Grace Period is a 2 ½ month extension to incur expenses. Expenses incurred and paid with the debit card during the Grace Period will be drawn from your current plan year election. If you wish for your expenses to be drawn from your prior plan year please submit them manually for reimbursement. Any unused balances will be forfeited.

What Happens if I Terminate Employment during the Plan Year?

If you terminate employment or lose eligibility, your participation in the plan will end with your last payroll contribution. You may be eligible to continue the Health FSA under COBRA or by making an additional pre-tax contribution out of your last paycheck.

PSA Consumer Portal: Online Account Access for Participants

Manage your FSA from the convenience of your home or office by utilizing our website:

www.psa.pacificsource.com/PSA or <https://psa.consumer.pacificsource.com>

- File a claim online.
- Access information on the most recent reimbursement payments.
- View payment details.
- Check your account balances, annual election, and year-to-date deposits.
- Change your address and other personal information.
- View FAQs and fliers.

Questions?

Our Customer Service Team is happy to help.

Phone

Direct: (541) 485-7488
Toll-free: (800) 422-7038

Email

psacustomerservice@pacificsource.com

Forms and Materials

https://psa.pacificsource.com/Forms_Flex.aspx

[PacificSource.com/PSA](https://psa.pacificsource.com/PSA)





FSA Participant Guide

A flexible spending account (FSA) is a cafeteria plan that allows you to receive certain benefits on a pretax basis. PacificSource Administrators, Inc. (PSA) offers several FSA options to help save you money. The pretax contributions may be used for qualified healthcare and childcare expenses for you and your tax dependents. They also allow you to pay for your group's sponsored insurance premiums on a pretax basis. Depending on your tax bracket and state residence, you could save 22% or more in taxes.

Understanding and Enrolling in an FSA

- Read this guide to understand the FSA features your employer is offering.
- Attend your employer's benefit meeting, if offered.
- Estimate your expenses using the FSA Expense Allocation Worksheet, provided in this guide.
- Complete and sign the enrollment form, and submit it to your Human Resources Department before your plan year begins.

FSA Plans

We offer the following plan types. Plan availability is based on what your employer chooses to offer.

Premium Payment Component

Your employer will deduct your portion of the group-sponsored insurance plans, including premiums for medical, dental, vision, hospitalization, and accident insurance, and/or other qualified benefits your employer offers. This benefit effectively reduces the net cost of your insurance premium. Your premium will be paid directly to the insurance carrier from your gross salary, before taxes.

DCAP Component

The DCAP component, also known as a dependent care expense account (DCE), allows you to set aside pretax dollars for qualified individuals, including dependents under the age of 13 and eldercare expenses incurred while you and your spouse are at work or school. A DCE account is funded on an accrual basis, meaning funds become available when employee payroll deductions are received and posted by PSA. In many cases, this will be a better benefit for you than the federal tax credit. Deductions for DCAP will be reflected on your W-2 and will be used to calculate your dependent care benefits on your taxes.

Health FSA Components

There are three health FSA components. With all three accounts, your entire health FSA contribution is available on the first day of your plan year. If you have a large medical bill early in your plan year, you can submit a reimbursement claim immediately. Payroll contributions will be deducted from your paycheck in equal amounts throughout the year to fund the account.

Continued >

Questions?

Our Customer Service team is happy to help. For more information about FSA details, please refer to your Plan Document and Summary Plan Description.

Phone

Direct: 541-485-7488
Toll-free: 800-422-7038

Email

PSACustomerService@PacificSource.com

[PacificSource.com/PSA](https://www.pacificsource.com/PSA)



General-Purpose Health FSA: A general-purpose health flexible spending account is the most common health FSA component. We also refer to it as a health related expense account (HRE). This plan allows you to set aside pretax dollars to use toward reimbursable healthcare expenses, including medical, dental, vision, and preventive care expenses. You must be eligible for your group-sponsored insurance, and neither you nor your tax dependents may be covered under a health savings account.

Limited-Purpose Health FSA (LFSA): An LFSA is available when employees or their family members are covered under a health savings account (HSA) with active contributions. It allows you to set aside pretax dollars to use toward reimbursable dental, vision, and preventive care expenses.

Limited-Scope Health FSA (LSFSA): An LSFSA is available for employees who are not eligible for their employer's group-sponsored health plan and are not enrolled in any employer's group-sponsored health plan. It allows you to set aside pretax dollars to use toward reimbursable dental and vision expenses.

Frequently Asked Questions

General Questions

How will I know what items and services are covered under the FSA accounts?

We've provided a brief list of eligible expenses on the last page of this guide. You can also view our list of eligible expenses at PSA.PacificSource.com/Eligible_Expenses.aspx. If you have any questions about an item you don't see listed, please call Customer Service at 800-422-7038.

When can I submit a claim?

You can submit claims for services and expenses incurred during your plan year.

Who can I claim expenses for?

You can use your account to pay for products and services for you, your spouse, and tax dependents. IRS regulations currently state that domestic partners and their children are not eligible under an FSA unless considered the employee's dependent.

How soon can I submit claims?

Once enrolled, you may submit claims at any time during the plan year. There is a 90-day runout period where you may submit claims after your plan ends for eligible expenses that occurred during the prior plan year.

How do I submit a claim?

Complete and sign a Request for Reimbursement form, log in to our mobile app, or sign in to our secure consumer web portal to submit a claim electronically. Visit PSA.PacificSource.com and click the "FSA/HRA Benefits" button. Then click the FSA/HRA login.

Do I need to send receipts when requesting reimbursement?

Yes, the IRS requires documentation of expenses along with the Request for Reimbursement form. Documentation can include a copy of the explanation of benefits (EOB) from your insurance carrier or a medical bill, which must include the date(s) of service, a brief description, amount paid, and patient responsibility.

When will I receive reimbursement?

Reimbursements take about a week from the date we receive the request, as long as proper documentation is included. Dependent care claims may be pending depending on the status of your contributions.

How will I receive reimbursement?

Reimbursements are issued by check, or you can sign up for direct deposit using one of these methods:

- 1. Real-time verification:** Enter your direct deposit information at our FSA/HRA web portal at PSA.PacificSource.com, or through the PSA Mobile App. Direct deposit requests submitted this way will become effective the next business day.
- 2. Micro-deposit verification:** Fill out an Authorization Agreement for EFT/Direct Deposit form and send it to PSA with a canceled check. Information submitted this way will require your confirmation of a random micro-deposit amount between \$0.01 to \$0.99. Verify the amount of the deposit on the FSA/HRA web portal or PSA Mobile App. The process may take up to ten business days. If your direct deposit information isn't successfully verified, you'll receive reimbursements by check.

What if I have a balance left in my account at the end of the year?

Under current IRS regulations, you either need to use the funds for services during your plan year or you will forfeit them. In some instances your plan may permit a grace period or health FSA carryover provision. See your HR department or Summary Plan Description to learn more.

We'll send you a year-end reminder letter letting you know how much you need to claim before the plan year ends, but it's your responsibility to keep track of the remaining balance so that you use the funds during the time allotted.

Can I change my election mid-plan year?

You will have the opportunity to make a new election each plan year, but the IRS limits you to one election per year. Once you've made your decision, you won't be able to change it during the plan year, except under certain conditions. If you want to change your election, you must determine whether your plan allows changes, establish that the change is due to a qualifying event, and show that the change is "consistent with the event." (Refer to your Summary Plan Description for a list of allowable changes under each account.)

What does “consistent with the event” mean?

Under the general consistency rule, an election change must be “on account of and correspond with a change in status that affects eligibility for coverage under an employer’s plan.”

Premium Payment Component Questions**What are the benefits of participating in the premium payment component?**

By participating in the premium-only plan, you can save in federal, state, and FICA taxes. Depending on your tax bracket and state residence, you could save 22% or more in tax savings.

Do I need to send receipts to request reimbursement?

You don’t need to request reimbursement for premiums to be taken on a pretax basis. Your deductions are sent directly to the carrier by your employer.

DCAP Component Questions**What happens if my claim amount is greater than the balance in my DCAP account?**

We’ll reimburse you up to the amount available in your DCAP FSA and hold off on reimbursing the remaining expense until you’ve contributed additional funds to your account.

How do reimbursements for recurring expenses work?

1. Complete our Dependent Care Recurring Expense Form.
2. Have your dependent care provider complete their portions of the form.
3. Send us the completed form via our FSA/HRA web portal, fax, or mail.

Once you’ve set this up, you won’t need to submit additional documentation. As we receive payroll contributions for your DCAP, we’ll automatically generate recurring reimbursements based on the rate provided. The arrangement is valid for the duration requested or for the current plan year, whichever is less. If you need to make a change to your recurring reimbursement before the plan year is over, simply submit a new form, and we’ll make the adjustment.

What are examples of DCAP election changes that are consistent with an event?

A DCAP election change permits special consistency allowances if the change is on account of and corresponds with a change in cost, coverage, or status event.

A DCAP election may be decreased or end when a child turns age 13; if the child is switched from a paid provider to lower cost or free care; or if there is no longer care in the case of a “latchkey” child.

A DCAP election may be increased when a new dependent is added, or if the cost of the provider increases.

Health FSA Questions**Can I participate in the health FSA if I’m not enrolled in my company’s health plan?**

You can still participate in the health FSA if you’re eligible for your employer’s benefits. Your employer has certain eligibility requirements for all benefits. Your HR department can assist you.

When do I have access to my FSA funds?

Once you make your election during open enrollment and are entered in our system, you have access to the entire annual election at the beginning of the plan year. Your employer will then deduct the election amount from your paychecks in equal amounts throughout the year and will pass those funds to PSA for deposit in your account.

What are examples of a health FSA election change that are consistent with an event?

If upon marriage your eligibility and benefits change under an employer’s plan, you may increase or decrease your health FSA, although marriage does not automatically permit a change.

If your spouse terminates employment and loses health insurance coverage, you may increase your health FSA.

Know the Rules

The IRS regulates FSAs and there are many regulations governing Section 125.

- Plan maximums are determined by the IRS and change from year to year.
- Remember, double dipping is not allowed, so you can’t use DCAP and the full dependent-care tax credit. But families with multiple kids can max out the DCAP benefit and still take a dependent-care credit for the difference.

For more information, please refer to your Summary Plan Description.

FSA Expense Allocation Worksheet



Please note: This is not an enrollment form. Use this PacificSource Administrators, Inc. worksheet to calculate the estimated annual amount you'll allocate on your enrollment form. It is for your records only.

1. Calculate Your Monthly Expenses

A. Health FSA

Monthly health insurance deductibles \$ _____
Monthly coinsurance and copays \$ _____
Monthly vision care \$ _____
Monthly dental care \$ _____
Monthly prescription drugs \$ _____
Monthly subtotal \$ _____

B. Dependent Care

What do you pay per month for dependent childcare or eldercare while you and/or your spouse work, look for work, or attend school? \$ _____

C. Health Insurance Premiums

\$ _____

2. How Do I Save?

To calculate your income tax savings, take-home pay, and monthly savings, fill in the data from A, B, and C in both the pretax and after-tax rows in the right hand column.

	Sample Without FSA	Sample With FSA	Your Calculation
1. Gross monthly salary	\$ 2,000	\$ 2,000	_____
2. Health FSA expenses (from A above)	\$ 0	\$ 50	_____
3. Dependent care (from B above)	\$ 0	\$ 400	_____
4. Health insurance premiums (from C above)	\$ 0	\$ 200	_____
5. Adjusted salary (subtract lines 2, 3, and 4 from 1)	\$ 2,000	\$ 1,350	_____
6. Income tax (estimated at 22%; multiply line 5 by .22)	\$ 440	\$ 297	_____
7. Net salary (subtract line 6 from 5)	\$ 1,560	\$ 1,053	_____
8. After-tax healthcare (from A above)	\$ 50	\$ 0	_____
9. After-tax dependent care (from B above)	\$ 400	\$ 0	_____
10. After-tax premiums (from C above)	\$ 200	\$ 0	_____
11. Take-home pay (subtract lines 8, 9, and 10 from line 7)	\$ 910	\$ 1,053	_____
12. Monthly savings (add lines 2, 3, and 4 and multiply by .22)		\$ 143	_____
13. Annual savings* (multiply line 12 by 12)		\$ 1,716	_____

Reimbursement for limited flexible spending accounts is limited to vision and dental expenses and sometimes preventive care. This list is not comprehensive and is subject to change. Additional restrictions may still apply. For more extensive lists of eligible expenses, see our Eligible Expenses web page at PSA.PacificSource.com/Eligible_Expenses.aspx.

3. Generally Reimbursable Expenses

Acupuncture and chiropractic	Coinsurance and deductibles**	Dental and orthodontia
Bandages and first aid kits	Contact lenses, solution, and	Immunizations and vaccines
Blood glucose and pressure monitors	reading/prescription glasses	Sunscreen (SPF 15+ or broad spectrum)

* Assumed 22% federal and FICA taxes combined. In states with income tax, savings may be as high as 44% depending on your tax bracket.

** Coinsurance and deductibles are only reimbursable if not reimbursed by another source (e.g., secondary insurance).



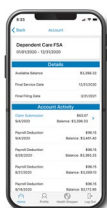
Manage your reimbursement accounts with the PSA mobile app

Check reimbursement account balances, submit receipts, and get the information you need on the go.

One app for many types of accounts

You can use the PacificSource Administrators, Inc. (PSA) app to manage:

- Flexible Spending Accounts (FSA)
 - Health and Dependent Care Accounts
- Health Reimbursement Arrangements (HRA)
- Transportation Benefits
- Premium Reimbursement Plans



Check your balances

Wondering whether you can pay for an elective procedure or cover an upcoming bill? Your accounts and their balances are easily viewable, right at the top of the main screen. And you can tap on any account to get a detailed list of activity.



File a claim, submit a receipt

Filing a claim is almost as easy as depositing a check using a bank app. Just fill in the claim details and use your mobile device to take a photo of the receipt. If you prefer to upload receipts and submit claims later, there's a handy receipt organizer for that, too.

Continued >

Questions?

Contact PSA Customer Service

Email

PSACustomerService@PacificSource.com

Phone

800-422-7038

Web

PacificSource.com/PSA





Does it qualify?

If you have an FSA, you have likely wondered whether a particular item is eligible or not. Prescription sunglasses? Over-the-counter medicine? And, recent changes via the CARES Act have expanded the list of qualified items. You can use the app while at the pharmacy to scan a product's bar code to see if it qualifies as a medical expense.

Add your bank account for faster reimbursement

You can add or update information to have reimbursements deposited directly into your bank account. Direct deposit information added through the PSA mobile app goes through a real-time verification process and becomes effective the next business day.

Download it today

The PSA app is available for download from your device's app store. You'll find it by searching "myPacificSource Admin (PSA)." Note that there are two apps with similar names. The other one, called "myPacificSource," is for PacificSource Health Plans, and includes a member ID, a doctor or hospital finder, benefits information, and more.



Once you've downloaded the app, you'll need your username and password from the PSA web page: PSA.Consumer.PacificSource.com. The app also enables you to use your fingerprint to log in, if your device supports that function.

Request for Reimbursement from FSA or HRA Form

Instructions

Please complete all information on the reverse and follow the instructions below. This form is used to request reimbursement for eligible healthcare and dependent care expenses. One form may be used for multiple expenses. Claims may be submitted electronically through our FSA/HRA portal at PSA.PacificSource.com or by mail or fax. Only one method of requesting reimbursement is necessary. If you have a question or would like assistance completing this form, please call us at (541) 485-7488 or (800) 422-7038 and we will be happy to assist you.

For a list of eligible expenses, please see the appropriate Examples of Eligible Expenses on our Forms and Fliers page at PSA.PacificSource.com/forms.

Healthcare Expenses for FSA or HRA

1. After completing the Request for Reimbursement Form, attach a copy of your insurance company's Explanation of Benefits (EOB) or bills/account histories for the services you have received. Submitted documentation must include:
 - a. the date the service was incurred (not necessarily equal to the date of payment)
 - b. a brief description of the service or product
 - c. the amount paid for the service
 - d. the patient responsibility (the amount you owed to the provider or merchant) for the service or product after the insurance has paid (if insurance was billed)
2. If a service has been partially covered by insurance, send a copy of the EOB received from the insurance company. Request only the amount you will actually be paying for a service. PacificSource Administrators cannot reimburse you for amounts that will be paid by insurance.
3. Third party verification is required; therefore, cancelled checks and/or check copies may not be used as documentation.
4. Please retain originals of the bills/forms submitted for your personal tax records. We store documents electronically and destroy the originals after processing; therefore, originals will not be returned to you. Incomplete Reimbursement Request Forms or those received without proper documentation attached cannot be processed. If this happens, you will receive a letter or explanation.
5. In certain instances, statements from your healthcare provider may be necessary to verify the medical necessity of the procedure or prescription. Please call if you have questions.

Dependent Care Expenses

6. Please include your dependent's full name and date of birth on the Request for Reimbursement form.
7. After completing the Request for Reimbursement Form, attach a copy of the bill showing the provider's name, dates of service, and the amount you are responsible for paying. Childcare expenses may be submitted for children up to the age of 13.
8. Third party verification is required; therefore, cancelled checks and/or check copies may not be used as documentation. If your daycare provider does not provide documentation, they must sign this form each time you submit a claim. (Photocopied signatures are not accepted.) In certain instances, statements from your healthcare provider may be necessary to verify the medical necessity of adult daycare. Please call if you have questions.
9. Please obtain originals of the bills/forms submitted for your personal tax records. Refer to #4 above for more information.

Please send the completed form to PacificSource Administrators, PO Box 2797, Portland, OR 97208;
(541) 485-7488, (800) 422-7038; fax (866) 446-6090



Request for Reimbursement from FSA or HRA Form

Employee

Employer _____ PSA Member ID _____

Employee Last Name _____ First Name _____ MI _____

Mailing Address _____ Check if address is new ☐

City _____ State _____ ZIP _____

Primary Phone _____ Secondary Phone _____

Email _____

Healthcare Expenses (for those not charged to your benefit debit card)

Per IRS guidelines, please attach appropriate documentation (explained on the reverse). One form may be used for multiple expenses. Do not send original documentation. If you are enrolled in both health FSA and HRA and would like to be reimbursed automatically per your plan specifications, check both FSA and HRA. Selecting both is the default.

FSA	HRA	SPA	Service Date	Amount	Description
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
			_____	\$ _____	_____
Total reimbursement (add amounts)				\$ _____	

If you have an expense that you expressly do not want run through both plans, indicate either FSA or HRA. Many HRAs only allow prescriptions to be paid if they apply toward your deductible. Please send an Explanation of Benefits (EOB) for each prescription. If you would like the prescription to pay from your FSA because you already know that it is not eligible for the HRA, select the FSA checkbox.

Dependent Care Expenses (childcare and/or preschool up to age 13, adult daycare for dependents)

Dependent Name	Date of Birth	Service Dates	Amount	Provider's Signature (see reverse for requirements)
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
_____	_____	_____	\$ _____	_____
Total reimbursement (add amounts)				\$ _____

Authorization

To the best of my knowledge, my statements on this form are complete and true. I am claiming reimbursement only for eligible expenses incurred for eligible plan participants during the applicable plan year. I certify that these expenses have not been, nor are they expected to be, reimbursed under this or any other benefit plan, and will not be claimed as income tax deduction. I have read and understand the information provided on the reverse of this form. I authorize my flexible spending account or health reimbursement arrangement to be reduced by the amount requested above.

Employee Signature _____ Date _____

Please send the completed form to PacificSource Administrators, PO Box 2797, Portland, OR 97208;
(541) 485-7488, (800) 422-7038; fax (866) 446-6090

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