PriorityFSA℠
Flexible Spending Arrangement Withdrawal Request Form

PriorityHealth

Attention: ASO Flex MS 2260
1231 East Beltline NE • Grand Rapids, MI 49525-4501 • Fax: 616.942.0631 • Customer Service: 800.956.1954

Section 1 - Employee information

EMPLOYEE NAME (LAST & FIRST)	EMPLOYEE DATE OF BIRTH	EMPLOYEE TELEPHONE NUMBER	
EMPLOYEE ADDRESS	CITY	STATE	ZIP CODE
EMPLOYER NAME	CONTRACT NUMBER **(REQUIRED)**	GROUP NUMBER	

Section 2 - Health care expenses (supporting documentation must be attached)

Patient name	Relationship to employee	Date of birth	Dates of service		Expense category (see key)	Amount
			From	To		
					TOTAL	0

Key

Expense categories

Dental	Orthodontia	Pharmacy
Medical	Over-the-counter (OTC)	Vision

OTC drugs require a doctor's prescription for reimbursement. Please see our website for details.

For expenses that are payable under any health plan, attach a copy of the Explanation of Benefits (EOB) or any other itemized receipt to this form. Generally, your health/dental plan or any other insurance company should make payment before you request a FSA reimbursement.

Section 3 - Dependent care expenses (supporting documentation must be attached)

DEPENDENT CARE PROVIDER NAME	ADDRESS	TAX ID OR SSN

Dependent's full name	Relationship to employee	Date of birth	Dates of service		Amount
			From	To	
				TOTAL	0

A receipt is required. Please make sure it includes dependent's name, date or date range of service and the provider's name, address and Tax ID number.

Section 4 - Employee's certification for reimbursement

I certify that the expenses for reimbursement requested from my FSA were incurred by me (and/or my spouse, and/or eligible dependents) and were not reimbursed/reimbursable by any other plan. To the best of my knowledge and belief, these expenses are eligible for reimbursement under FSA. I will not use the expenses reimbursed through the FSA program as deductions or credits when filing my individual income tax return.

Any person who knowingly files a statement of claim containing false or misleading information may be guilty of a criminal act punishable under law.

EMPLOYEE SIGNATURE REQUIRED FOR PROCESSING

Employee signature_____ Date_____

Frequently asked questions and answers

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Which form do I complete for reimbursement under my PriorityFSA?

If you and your covered dependents are covered by Priority Health, your medical or prescription drug copays, coinsurance or deductible expenses will automatically be reimbursed. There's no need to file a claim form.

For claims not processed by Priority Health, you need to complete the **Priority**FSA withdrawal request form. The request form and instructions can be found at *priorityhealth.com* in Member Forms or you can call Customer Service at 800 956-1954 to request a copy.

Can I use my PriorityFSA **to pay for my spouse's deductibles, copays, or other out-of-pocket medical expenses?**

Yes. It can be used to pay for expenses incurred by you, your spouse and any dependents covered under your **Priority**FSA and listed on your original enrollment form. In general, expenses include copays for prescriptions and doctors visits, along with many routine health services and purchases including health care deductibles, dental care, braces, glasses or contacts.

How are claims for orthodontia expenses reimbursed?

Because orthodontia treatment can span several plan years, claims are reimbursed according to the financial contract/agreement you have with your orthodontist and/or insurance company.

PriorityFSA can pay for orthodontic expenses, including those incurred before services are provided, but only if required by the provider. For example, if you've agreed to pay your orthodontist a portion of the total treatment cost each month, you'll need to submit a copy of the bill each month with your withdrawal request form. Please attach a copy of your contract/agreement to your initial withdrawal request form.

What's an eligible "dependent care" expense under my PriorityFSA**?**

You may be reimbursed for dependent care expenses for services that enable you and your spouse (if married) to work or to look for work. Expenses may be incurred by:

- Any family member under 13 whom you can claim as a dependent on your federal income tax return
- Any other dependent, including your spouse, who is mentally or physically incapable of caring for themselves

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If my child's 13th birthday is this year, can I use the dependent care account for the entire year?

No. Only expenses you incurred before your dependent child reaches age 13 are eligible for dependent care reimbursement.

Are expenses for care before and/or after school eligible under the dependent care account?

Yes. If a child under 13 receives before- and/or after-school care at school, you must separate the cost of the before- and after-school care from the cost of tuition, if applicable. If this cost isn't available separately, it'll be prorated based on the number of hours your child spends in before- and after-school programs.

Weekly deadline

Withdrawal requests, along with the proper receipts/statements, must be received by 7:00 p.m. on Thursday to be processed the next Sunday. Requests received later than 7:00 p.m. on Thursday will be processed on Sunday of the following week.

How to complete your **Priority**FSA withdrawal request form

1. Fill out the health care expenses or dependent care expenses portion of the PriorityFSA **withdrawal request form (Don't forget to sign and date the form)**

Health care expenses — sections 1, 2 and 4
Dependent care expense — sections 1, 3 and 4

2. Attach detailed receipt(s).

Health care expenses — Attach the receipt(s) or billing statement(s) with the vendor name, contact information, incurred date, description of the expense(s) and the expense(s) amount. An Explanation of Benefits (EOB) from a medical plan can also be used as documentation.

Prescription expenses — Attach the detailed receipt, not the cash register receipt. If your prescription was filled by Express Scripts mail service, please include the statement showing the fill date, not the shipping date.

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Over the counter drugs — Include prescription with reimbursement requests for over-the-counter drugs. Prescriptions will be kept on file for 1 year.

Dependent care expenses — Attach your dependent care provider receipt with the provider name, contact information, your dependent's name(s), dates of care (beginning and end), description of care and the expense amount.

Please save your itemized receipt(s) even if you pay with a credit card or check. A credit card receipt or canceled check won't have enough information to process your claim (see examples below).

Good receipt ▶

Michigan Child Care
125 Main Street
Anywhere, MI 49432
999 555-2020
Tax ID number: 12 3456789

Bill for: Sara Sample
1414 Elm St., Anywhere, MI 49432
Child name: Jeffrey Sample

Date	Service Type	Amount
January 4-8, 200X	Daily child care, toddler group	$375.00

Receipt missing information ▶

Michigan Child Care
125 Main Street
Anywhere, MI 49432
999 555-2020

Date: 01-08-200x Time: 05:43 PM

ITEM: 0041 VIS SALE
ACCT: XXXXXXXXXXX9876
AUTH: 9898

TOTAL $375.00

I AGREE TO PAY THE ABOVE AMOUNT ACCORDING TO CARD ISSUER AGREEMENT (MERCHANT AGREEMENT IF CREDIT VOUCHER)

X _____

3. Send us the form and the receipt(s) by fax or mail.

Keep your original receipt(s), and send clear copies with your withdrawal request form. Please fax or mail the documents to us. Keep a copy for your records. Please place your documents in this order to avoid delays in processing: 1) **Priority**FSA withdrawal request form; 2) Your receipt(s).

Fax: 616 942-0631 or 800 541-0985

Mail: Priority Health ASO Flex, MS2260,
1231 East Beltline NE, Grand Rapids, MI 49525-4501

Still have questions or need a new form? Call Customer Service at 800 956-1954 or visit our website at *priorityhealth.com.*

Why providing documents is important

The IRS has strict requirements for expenses reimbursed through a Flexible Spending Arrangement. Your request must be substantiated with itemized receipts or provider acknowledgement. All supporting documents must include the provider name, provider contact information, dependent name(s), service dates (beginning and end), a description of the service(s) and the expense amount(s). Requests submitted without these documents cannot be paid, per IRS regulations. If your claim is declined for incorrect proof of expense, or ineligible, we will notify you by mail.