

What needs to be included with applications for reimbursement?

- a. To receive reimbursement for qualified health care and dependent care expenses, IRS rules require that employees submit with their claim:
 1. A written statement from an independent third party stating that the expense has been incurred and the amount of the expense; (i.e., Explanation of Benefits (EOB), detailed bill, receipt or invoice); and
 2. A statement that the expense has not been reimbursed and is not reimbursable under any other Plan or reimbursed from another source (included on the Reimbursement Form).
 3. If the employee has medical, dental or vision insurance coverage for the expense, the claims should be submitted to his or her insurance carrier(s) first. After the insurance carrier processes the claim, the employee should submit the Explanation of Benefits (EOB) showing the amount covered by insurance and the patient responsibility. Proof of payment of the expense is not required.
 4. If the employee does not have insurance coverage for the expense, the employee should submit an itemized receipt or statement from the provider of service that indicates: the provider's name and address, the date of service, a description of the charge, patient name and amount of charge.
 5. Canceled checks, credit card receipts, cash register receipts (with the exception of over the counter items), or balance due bills cannot be accepted as documentation of the expense.
- b. These requirements are met by the completion of a [request for reimbursement \(claim\) form](#)** and submitting documentation of the expense with the claim form. You may fax the form and documentation to 269-381-5844 or mail them to Arcadia Benefits Group, 350 East Michigan Avenue, Suite 325, Kalamazoo, MI 49007

**access the forms on the CSI web site at CSIONline.org.

What expenses are reimbursable?

a. Health care and dependent day care expenses

A [Request for Reimbursement Form](#)** must be completed each time the employee has eligible expenses to present for reimbursement. The form requires sufficient information to verify the eligibility of the claimant and of the expenses presented for payment. The claim form with supporting documentation may be mailed or faxed to ARCADIA.

The employee must furnish the name of the school, the employee's name, social security number and home address. If the employee has moved recently, the new address should be carefully printed on the form and a checkmark placed in the box. This will alert the examiner to check the individual's account record and make the correction in case a Change in Benefit Election Form has not yet been submitted.

Several expense items may be included on the same request form, provided they are listed separately by date of service, provider and the amount of the reimbursement under the applicable heading. The total amount of the reimbursement requested should be inserted in the space provided and the form should be signed and dated.

The form also includes a statement of the conditions under which reimbursement is made. The employee's signature signifies understanding and acceptance of these conditions.

The minimum check amount is \$10.00, except for the final reimbursement that allows the employee to reach his or her annual maximum.

b. Prescription drug and Over-the-Counter (OTC) co-payments

To be reimbursed for prescription drug co-payments, submit a copy of the Rx co-payment receipt showing the patient name, name of the drug, date the Rx was filled, and co-payment amount. For OTC drug reimbursement, submit a copy of your cash register receipt detailing the name of the OTC drug, date purchased and amount. If the cash register receipt does not specify the name of the OTC drug, submit a tear-off portion of the box or package that includes the name and price, and submit along with the cash register receipt. Some Rx and OTC drugs are not eligible for reimbursement, including drugs taken for cosmetic reasons (i.e., Rogaine or Retin-A) or drugs taken for weight loss (unless there is a specific medical necessity). OTC drugs taken for general good health are also not eligible (e.g., vitamins and supplements).

c. Orthodontia treatment

To be reimbursed for orthodontia treatment, the employee should submit a copy of the Truth in Lending Statement (contract/treatment plan) with your initial submission itemizing the treatment period, down payment and amount of monthly payments, and the amount covered by insurance if any. Submit a copy of your monthly payment coupon and/or itemized receipt each time you request reimbursement for ongoing treatment. Note: the plan cannot reimburse for future service or for the portion of treatment occurring in another plan year.

d. Dependent care

For dependent care expense reimbursement, the employee should submit a receipt from his or her provider indicating the "from-through" dates of service, description of service (i.e., childcare or pre-school) and the amount of the charge. A receipt is provided on the back of the claim form for the provider to sign in lieu of obtaining a separate receipt.

e. Employee contributions to the school-sponsored Benefit Plans (pre-tax premiums)

Employees are not reimbursed for pre-tax premium contributions. This is an automatic pre-tax deduction that the school takes if the employee elects this pre-tax option.

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