

FSA COMMONLY ASKED QUESTIONS

How do I request funds from my accounts?

All requests for reimbursement of eligible expenses must be made directly to Mountain States Administrative Services (MSAS) on a Flexible Spending Account Reimbursement Request Form.

In addition to the form you must provide MSAS with supporting evidence (check carbons, cancelled checks or credit card slips are not considered supporting evidence), a receipt or statement of your expense(s) that includes the following information:

Health Care Expenses

If you have a deductible and co-insurance you must first file the claim with your insurance carrier and provide:

- A copy of the Explanation of Benefits from your insurance carrier.

If you have a co-pay and do not receive an Explanation of Benefits, your receipt or statement must include:

- Name of Provider
- Date Service was performed
- Description of Service provided
- Name of Person who received the Service
- Amount charged for the Service

Dependent Care Expenses:

- Name of the Provider
- Social Security Number or Tax Identification Number of the Provider
- Date(s) Service was provided
- Name of the Child or Adult receiving the care
- Amount charged for the Service

How long will it take to process my request?

In general, if the expenses are eligible for reimbursement and the required supporting documentation is included; your claims will be processed by MSAS each Thursday.

Who do I contact if I have any questions about my Flex account?

If you have any questions regarding your Medical or Dependent Care Flexible Spending Account(s) contact:

Mountain States Administrative Services at (520) 722-0811 or (866) 323-4243.

Period of Coverage

Reimbursement available from your Health Care Flexible Spending Account is limited to qualifying expenses incurred during the annual "period of coverage" (January 1 through December 31). Your "period of coverage" and eligible reimbursements will be affected if you start, change or cancel your medical FSA election due to a qualified status change or mid-year enrollment. Eligible claims must be incurred during your "period of coverage".

Separation from Service

If you terminate Employment for any reason, Your Health Care Flexible Spending Account terminate on the last day of the month in which you were employed. You will only be able to seek reimbursement for expenses incurred through the last day of the month in which you were employed, unless you elect continuation of coverage under COBRA law. However, if you have a Dependent Care Spending Account you will be able to seek reimbursement through the end of the Plan Year.

Forfeiture of Unused Funds

You need to carefully consider how much you want to deposit. Because if the tax advantages available, the amounts you deposit in your FSA account(s) can only be used for expenses incurred with dates of service during the Plan Year (January 1 through December 31). Federal law requires that you forfeit any money remaining in your FSA account(s) if it is not used to reimburse expenses incurred within the Plan Year. The regulations do not allow your employer to return unused funds to you, permit you to transfer dollars from one account to another, or carryover dollars from the following Plan Year.

Since it is likely that you will incur some expenses late in the year, you may submit claims for reimbursement until March 31 after the Plan Year ends. If you submit claims after the Plan Year ends, it must be postmarked on or before March 31. Claims received after March 31, which do not have a postmark date on or before the March 31 date will not be considered for payment.

Remember that after the Plan Year ends, any unused amounts are forfeited. So it is very important to estimate your expenses carefully when determining your annual election.

Forfeiture of Unclaimed Reimbursement Account Benefits

Reimbursement checks issued from the FSA accounts must be cashed within 12 months of the close of the Plan Year or funds will be considered "unclaimed" and the monies will be forfeited.