

Staker Parson Companies

Fax Cover Sheet *FSA/HRA/Dependent Care Reimbursement Request*

Employee Name	Total Pages Attached (not including cover)
Email Address	Today's Date / /

Use the attached documentation to process reimbursements as follows:

- FSA Only** (Note: Items that qualify will be credited toward the HRA deductible).
- FSA then HRA** - Process all eligible amounts from Flex Spending Account first, and any remaining balance from Staker Parson HRA benefit account as available. (Note: Items that qualify will be credited toward the HRA deductible).
 - Required Documentation – For FSA, use FSA Claim Form and attached detailed receipts and/or a Blue Cross EOB. (Note: For HRA Deductible credits, a Blue Cross EOB, Lasik/RK Vision bill, or Rx Receipt is required).

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- HRA** – Process all eligible amounts from HRA benefit account as available. I understand that for Insured Medical, Prescription Drug, Lasik Surgery and RK Vision expenses, the annual HRA deductible must be satisfied. The HRA deductible is \$250 for individuals, \$500 for families.
 - Required Documentation –
 - Insured Medical Claims – Blue Cross EOB
 - Prescription Drugs – Detailed Rx Receipt with Patient information and cost.
 - Insured Dental Claims – Delta Dental EOB (Note: \$50 Plan Deductible not eligible for HRA reimbursement).
 - Lasik Surgery/RK Vision Claims – Provider Receipt/Billing Statement
 - Vision Expenses – Provider Receipt/Billing Statement
 - All Other Qualified Medical Expenses – Detailed receipts showing patient responsibility or amount paid.

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- FSA Debit Card** – See attached receipts for substantiation purposes toward HRA deductible.
 - FSA Dependent Care** – Provide Daycare Provider receipt, or Dependent Care Verification Form with provider signature.

Fax Completed Form and Required Documentation to 1-866-469-4868

Allow 3 to 5 days for Payment Processing (\$25 check minimum reimbursement)

For prompt response to your questions:
Email membercare@benefitsmgt.com
or call 1-866-315-1777, enter option #2

