



CONEXIS  
P.O. Box 650466  
Dallas, TX 75265-0466

Date: 6/25/2009  
Form: CLF17-CXDEN  
Doc ID: 24047271  
Account #: 0110630743

PB\_Name: Sample Participant  
PB\_Address1: 6191 N State Hwy 161 STE 400  
PB\_CityStateZip: Irving, TX 75038  
PB\_Insert\_Feeder: 000000  
PB\_Server\_ID: 1  
PB\_Job\_ID:  
PB\_PlanetCode\_ServiceCode: 40  
PB\_Mailing\_ID:

Dear Sample Participant:

Enclosed is your benefit card activity statement.

**IMPORTANT: ACTION IS REQUIRED.** Please review and submit the Return Form, along with any supporting documentation and/or payment at your earliest opportunity.

### Need More Information?

For additional account information, visit [mybenefits.conexis.com](http://mybenefits.conexis.com) where you can:

- Review account activity
- Check claim status
- Obtain up-to-date account balance information
- Order additional benefit cards for your eligible spouse and/or dependents
- Report your benefit card as lost or stolen
- Review a comprehensive list of eligible expenses and frequently asked questions

# CONEXIS Elite Benefit Card Activity Statement



**Sample Participant**  
6191 N State Hwy 161 STE 400  
Irving, TX 75038

**Acct Number:** 0110630743  
**Form:** CLF17  
**DOC ID:** 24047271

**Statement Date:** 06/25/2009  
**Employer:** Sample Client  
**Employer ID:** 32986

## Account Summary \*

**Current Plan:** 2009 Medical FSA  
**Election Amount:** \$45.00  
**YTD Payments:** \$43.42  
**Balance:** \$1.58  
**Card Status ‡:** Active

## Action Required

**Transactions Requiring Action:** 1  
**Total Amount:** \$5.39

The "Card Status" field indicates the overall status of your card account, including any cards issued to your spouse and/or dependents.

See the Return Form on the Following Page for a Detailed Listing.

The "Recent Purchases" section reflects all purchases for the time period covered by the statement, including transactions that require further action.

## Recent Purchases

Transaction Date	Merchant	Status	Transaction Amount
06/02/2009	KROGER #0512	Approved by IIAS	\$3.99
06/01/2009	CVS PHARMACY #15 Q04	Approved by IIAS	\$4.79

## Transactions Resolved Since Last Statement

Transaction Date	Merchant	Resolved Date	Status	Transaction Amount
05/21/2009	PARK CITIES DERMATOL	06/25/2009	Approved by Documentation	\$6.00

This section reflects any transactions that were resolved during the time period covered by the statement. A resolved transaction is any transaction that once required further action but has since been resolved by you.

## Transactions Requiring Action

Transaction Date	Merchant	Status	Card Deactivation Date	Transaction Amount	Remaining Ineligible Amount
04/24/2009	EYEMASTERS #272	Action Required	04/27/2009	\$5.39	\$5.39
<b>Total:</b>				<b>\$5.39</b>	<b>\$5.39</b>

\* Information as of the date of the statement. Visit [mybenefits.conexis.com](http://mybenefits.conexis.com) at any time to obtain up-to-date account balance information, to view or print a statement of your activity, and/or to report your benefit card as lost or stolen.

‡ Current status for all cards associated with the primary account.

**IMPORTANT: ACTION IS REQUIRED.** Please review and submit the Return Form, along with any supporting documentation and/or payment, at your earliest opportunity.

This section reflects any transactions that require action on your part, regardless of the date of the transaction. The amount reflected here should match the amount reflected on the Return Form and in the "Action Required" section above.

# CONEXIS Elite Benefit Card Activity Statement



**Sample Participant**  
6191 N State Hwy 161 STE 400  
Irving, TX 75038

**Acct Number:** 0110630743  
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**DOC ID:** 24047271

**Statement Date:** 06/25/2009  
**Employer:** Sample Client  
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## Return Form

### Transactions Requiring Action

Date	Merchant	Remaining Ineligible Amount	Transaction Amount	Card Deactivation Date	Check One
04/24/2009	EYEMASTERS #272	\$5.39	\$5.39	04/27/2009	<input type="checkbox"/> Documentation <input type="checkbox"/> Payment

CONEXIS is required to review Benefit Card transactions and verify that all purchases meet federal tax regulation guidelines. The transaction(s) listed above require verification. To verify your transaction(s) please submit this return form along with the appropriate supporting documentation. See below for a list of acceptable documentation. When submitting documentation to CONEXIS, please be sure to check "Documentation" (above) next to all applicable transactions.

If you do not have the appropriate supporting documentation or your transaction(s) is ineligible per federal guidelines, please submit this return form along with payment to CONEXIS at the address below. When submitting payment to CONEXIS, please be sure to check "Payment" (above) next to all applicable transactions.

If CONEXIS does not receive supporting documentation or payment by the card deactivation date listed above, your card may be deactivated and/or manual claims may be applied against this expense to resolve the balance due.

Per federal guidelines acceptable forms of documentation include:

- Explanation of Benefits (EOB) from your health, dental, or vision plan.
- Itemized receipt from your doctor or other health care provider that includes the date of service, provider's name, dollar amount, and a service/item description.
- For prescription drugs, a pharmacy statement including the name of the pharmacy, patient's name, date of fill, cost, Rx number, and name of the drug.
- **Do not send canceled checks, account balance statements, balance forward statements, or credit card receipts.**

### Where to Return Your Form

**Fax form with documentation attached:** (888) 866-3312

**Payment mailing address:**  
CONEXIS FSA Reimbursement  
P.O. Box 227197  
Dallas, TX 75222

The Return Form is used as a cover page when submitting receipts or payments to CONEXIS. By submitting the Return Form along with your receipts or payment, you can resolve any transactions that require action. Be sure to resolve all transactions requiring action (listed on page 2 of the activity statement) prior to the card deactivation date. Failure to do so will result in the deactivation of your benefit card.

**Please keep all original documentation for your records and only send copies to CONEXIS.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

I certify the expenses listed for reimbursement are eligible health care expenses under the Internal Revenue Code and my employer's Flexible Benefits Plan ("Plan"). I further certify the listed expenses have been received by me, my spouse, or my dependent on the dates indicated and have not been submitted previously for reimbursement under the Plan; such items have not and will not be covered by any other Plan or program of any employer or other person.

(0110630743)