

SISC Flex Health Care & Dependent Care Claim Filing Instructions

1. Health care expenses must be a qualified health care expense (e.g., medical, dental or vision deductibles, co-payments or other un-reimbursed expenses) incurred by you or one of your dependents, and not for general health or cosmetic purposes.
2. Dependent care expenses must satisfy IRS regulations.
3. Supporting documentation must accompany all Claim Forms for each expense submitted for reimbursement.
4. You have 90 days (run-out period) following the end of the plan year to file claims for the current year. Expenses for Health Care claims must be incurred during the current plan year, or during the grace period (2 ½ months following the plan year-end) associated with that plan year. If there is a question regarding eligibility of expenses or the dependency status, SISC may request additional information. All claims and supporting documentation must be received by the SISC office no later than March 31st.
5. Complete the appropriate claim form and submit the original along with your supporting documentation to: **SISC Flex, P.O. Box 1808, Bakersfield CA 93303-1808, or FAX to (661) 636-4063**. Eligible reimbursements will be paid by check and mailed to your home address, or directly deposited to your bank account when authorized. Please notify SISC of any change in address as soon as possible. Please retain a copy of the claim form and supporting documentation for your records. Submitted information will not be returned.

Supporting documentation for Health Care expenses includes:

- ▶ For **prescription drugs**, attach a legible receipt from the service provider, which includes the date prescription was purchased, the drug name and prescription number, or the Rx label, the amount of purchase, and the name of the pharmacy. The Rx ticket typically contains this information.
- ▶ For **medical, dental, vision and other health care expenses**, documentation must include a legible copy of the provider's itemized statement of the charges including: 1) Provider's name and address; 2) Date of service or purchase; 3) Description of service or product; and 4) Amount charged for service or product. A copy of the Explanation of Benefits (EOB) is acceptable and preferred.
- ▶ For **over-the-counter medications**, purchases must be clearly defined on the receipt. The IRS ruling states that employees seeking reimbursement for nonprescription medications **must** present a receipt of purchase indicating: 1) Date of purchase; 2) Amount; and 3) Name of the product. If the item you are claiming is abbreviated on your receipt, you must attach a photocopy of the package label showing the full product description. We are unable to approve any item that is submitted with insufficient documentation. ***When using your SISC Flex Card, please purchase your qualified over-the-counter medications separately from ineligible expenses.*** Refer to our website for a list of eligible expenses.
- ▶ In some cases a Certification of Medical Necessity may be required. The Internal Revenue Service (IRS) regulations specify that in order to reimburse products and/or services that may have both a medical purpose and a personal or general health purpose; we must require a medical practitioner's certification or letter. Some health care services and products are potentially eligible for reimbursement from your SISC Flex Health Care Flexible Spending Account when your medical practitioner certifies that they are medically necessary. Your provider must indicate your (or your spouse's or dependent's) specific medical condition, the specific treatment needed, and the duration of treatment. A Certification of Medical Necessity form is available on our website.

Supporting documentation for Dependent Care expenses includes:

- ▶ Services provided by a pre-school or day care center will require an invoice indicating provider's name, address and taxpayer identification number (TIN) or Social Security Number, dates services were provided, incurred charges and payments, or completion of the Provider's Certification on the claim form.
- ▶ Services provided by a nurse's aid or individual will require a receipt of payment, indicating the provider's name, address and taxpayer identification number (TIN) or social security number, dates services were provided, incurred charges, and payments, or completion of the Provider's Certification on the claim form.