

SISC Flex 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.
2. Dependent care expenses must satisfy IRS regulations.
3. Supporting documentation must accompany all Claim Forms for each expense submitted for reimbursement.

Supporting documentation for Health Care expenses includes:

- Services provided by a hospital or physician will require an itemized bill or Explanation of Benefits (EOB) Statement.
- Services provided by a non-physician or a non-hospital facility will require a referring physician's statement of medical need or prescription along with a receipt of payment or other evidence of such expense, indicating the original date of service, type and description of each service, charge for each service and the amount paid or denied by insurance.

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.
- 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.

NOTE: Participants have 90 days after the end of the plan year to submit eligible claims for expenses incurred in that plan year, or the 2 ½ month grace period immediately following the plan year end. All claims and supporting documentation must be received by the SISC office no later than March 31st in order to be considered filed during the run-out period. If there is a question regarding eligibility of expenses or the dependency status of a particular individual, SISC may request additional information.

Complete the Flexible Spending Account Claim Form and submit the original along with your supporting documentation by mail or fax to:

**SISC Flex
P.O. Box 1808
Bakersfield CA 93303-1808
Phone: (661) 636-4411
Fax: (661) 636-4063**

IMPORTANT: Please retain copies of the claim form and supporting documentation for your records. Submitted information will not be returned.

All reimbursements will be paid by check and mailed to your home address or by direct deposit when authorized. Please notify SISC of any address change as soon as possible.