

FLEXIBLE BENEFIT ACCOUNT (FBA) CLAIM FORM

Participant Information:

Participant's Name			Plan ID Number
Address	City	State	Zip Code

FBA EXPENSE CLAIMS

Attach appropriate receipt(s) for each expense listed below when submitting the FBA Reimbursement form. Flexible Benefit reimbursement requests can be submitted to the Plan at any time, however, such requests **MUST** be **RECEIVED by the Fund Office no later than one year (twelve months) following the date on which the expense was incurred**. Requests for reimbursement must total a minimum of \$100; however, the Plan permits participants to submit one reimbursement request in December of each year for less than \$100.

Along with this form, you must provide the following, as applicable:

- The number **ONE** and most important document we need is the Explanation of Benefits (“EOB”) form sent to you by our office for medical services received by yourself or a member of your family and/or the EOB from any other insurance carrier other than this plan. An itemized bill for services for which you do not receive an EOB (vision expenses, dental expenses, prescription co-pays) may be submitted. These itemized bills must include the name of the person incurring the charges, date of service, description of service, name of provider and amount of charge.
- Proof of the amount and date paid when requesting reimbursement for other insurance premiums, such as a spouse’s group health coverage premiums and verification that the premium was not paid or eligible for payment under an IRC section 125 Plan (you must submit a premium reimbursement form to verify the IRC 125 Plan information – Contact the Plan Office for a copy of this form).
- A receipt and proof of purchase or rental for covered items (such as for crutches or wheelchairs).
- Any additional documentation requested by the Plan.

It’s a good idea to make a copy of all materials you submit for your records. Materials you submit will not be returned to you.

CLAIM SUBMISSION

Mail completed form and any required documentation to:

Wisconsin Electrical Employees
Health & Welfare Plan
2730 Dairy Drive Suite 101
Madison WI 53718

FBA Reimbursement forms are available on our website at www.weebf.com or www.weebf.org. You may also fax a copy of the completed form and documentation to 608-276-9103.

SIGNATURE REQUIRED ON BACK

