



Flexible Spending Account Proof of Claim Form

Employer: _____

Participant Name	Social Security Number
Home Address <input type="checkbox"/> Check here if new address	
Daytime Phone Number	

Medical Expenses							
<ul style="list-style-type: none"> The Health Care FSA reimburses eligible medical expenses for you, your spouse and other qualified individuals. Certain over-the-counter medicines/items may be eligible if used for medical purposes. General health and cosmetic expenses, toiletries and vitamins/supplements are generally ineligible. Additional documentation may be required for personal and dual use expenses. The Limited FSA is designed to offer employees with HSA coverage a Health Care FSA option. Covered benefits are limited to dental and vision services. The IRS requires third-party documentation showing the date of service, type of service, and out-of-pocket cost for each expense listed. Canceled checks, credit card receipts, or statements showing only a balance due on your account are not acceptable types of documentation. Orthodontia expenses require an orthodontic treatment plan from your orthodontist/dentist. Expenses are reimbursed over the entire treatment period and typically span more than one plan year. 	Mi Qualified Expense Card Transaction	Date(s) of Service	Patient	Expense Type	Expense Amount	Admin Use Only	
	Y / N						
	Y / N						
	Y / N						
	Y / N						
	Y / N						
	Y / N						
	Y / N						
	Y / N						
	Y / N						
Total Amount Requested							

Dependent Care Expenses					
<ul style="list-style-type: none"> The Daycare FSA reimburses eligible work-related day care for your child (under age 13) or other qualified individuals. Attach a Provider statement that includes the provider's name and tax ID or social security number, dates of service and the amount paid to the provider OR the Provider can complete and sign the section directly below. Altered receipts or claim forms cannot be accepted. Canceled checks, credit card receipts, or statements showing only a balance due on your account are not acceptable types of documentation. 	Date(s) of Service	Dependent Name	Expense Amount	Admin Use Only	
	Total Amount Requested				

Dependent Care Provider Signature (If no receipt is provided)

I certify that the above listed Dependent Care services have been provided.

Daycare Provider Signature	Tax ID Number	Date
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Participant Statement

Read Carefully: I certify and understand the following: 1) Expenses are considered as having been received on the date the covered individual (myself, my spouse or a person whom I am entitled to claim a reimbursement) is provided with the care; not when the service is billed or paid; 2) were not incurred for general health or cosmetic purposes; 3) have not been and will not be reimbursed under this or any other plan covering health benefits; and 4) will not be claimed as a tax credit or deduction. I understand that in accordance with IRS regulations I must provide third-party documentation for these expenses, that I have a right to appeal a denied claim, and that if an appealed claim is denied a second time, the decision of the Plan Administrator will be final.

Participant Signature _____	Date _____
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Please mail or fax proof of claim forms to:
M&I Institutional Trust Services
P.O. Box 2517
Appleton, WI 54912-2517
Phone #: 800-236-3539
Fax: 920-749-5998 or 888-244-2759
Online: <https://www.miwebflex.com>

- Have you visited miwebflex.com?**
- View all claim and payment details
 - View account balance(s) and print your statement(s)
 - Print FSA forms and look up qualified expenses
 - Create a proof of claim form
 - Contact us with questions or concerns

Important Information

- **Miwebflex.com offers a secure, easy and convenient way to manage your FSA account(s):**
 - Verify your election(s)
 - Monitor your account(s) by viewing all claim and payment details
 - View account balance(s) and print your statement(s)
 - Print FSA forms and look up qualified expenses
 - Create a proof of claim form to begin your request for reimbursement (follow up documentation is still required)
 - Submit proof of claims to our secure site by scanning and emailing documents
 - Use our secure website to contact us with questions or concerns
 - If your company offers the Mi Qualified Expense FSA debit card, you can:
 - Order a debit card
 - View your debit card transactions
 - Create a proof of claim form when documentation is required

- **Submitting Proof of Claim Form:** Claims are considered submitted when received by M&I. Department personnel are unable to verify if claims have been received unless more than four days have elapsed from the date the claim was submitted. Approved claims are posted to our website at miwebflex.com within four business days of receipt. Contact our office if you do not receive reimbursement after 15 days.
 - When faxing your claim form/receipts, **do not mail the originals.**

- **Documentation Requirements:** Under IRS and Treasury regulations, all payments from your Reimbursement Account require third-party documentation.

- **IRS Requirement - Retain ALL Copies of Documents For Your Records:** Proof of Claim Forms and the relevant documentation need to be retained on file for your own personal audit purposes. Copies of documents, records and information relevant to the appeal of denied claims are available free of charge upon written request. Requests for copies not related to the appeal of denied Flexible Spending Account claims are subject to a \$25 minimum copy/handling charge.

- **Substantiating Mi Qualified Expense Card Transactions:** Keep all receipts and statements for your records. Some transactions require after purchase documentation. You are responsible for meeting any documentation requirements. Failure to meet document requirements may result in card suspension or termination.
 - When submitting documentation, make sure to indicate Y/ N under Mi Qualified Card Transaction(s). If you fail to properly identify the transaction type, receipts received with the claim form could be processed for reimbursement, which would require repayment to the account.

- **Reimbursements:** Fully documented claims are generally reimbursed within four business days of receipt. Check reimbursements are mailed to your home. Direct deposits reach your financial institution within two business days of issue. Participants are responsible for verifying that funds are available prior to spending them. Failure to notify M&I of closed or changed accounts may result in delayed payments.

- **Period to request reimbursements:** Reimbursement requests may be made for eligible health care and/or dependent care expenses under the respective account by submitting a proof of claim form documenting the requested service or expense within your coverage period. Refer to your Plan's SPD for details when claims must be submitted for reimbursement.

- **Privacy:** Account information that is protected under HIPAA privacy rules will not be disclosed without your consent.

- **Internal Revenue Service:** Failure to comply with IRS requirements will delay a reimbursement. Any person who knowingly files a claim containing false or misleading information may be guilty of a criminal act punishable under law.

- **Your company's Plan Document governs all plan provisions**