



Benefit Plan Administrators, Inc.

Since 1954

Administrator for Woodworkers District Lodge W1, IAM Flexible Spending Account

Health Care Flexible Spending Account Claim Reimbursement Form

(Please see the reverse side for instructions in preparing and submitting this form)

Employee Name (Last, First, M.I.)	Social Security Number
Address (Street, City, State, Zip)	Daytime Telephone

List expenses submitted for reimbursement (Please attach all supporting documentation).

Patient Name	Relationship to Employee
Date of Service FROM: TO:	Service Provider Amount \$

Patient Name	Relationship to Employee
Date of Service FROM: TO:	Service Provider Amount \$

Patient Name	Relationship to Employee
Date of Service FROM: TO:	Service Provider Amount \$

TOTAL Reimbursement Amount: \$ _____

I request reimbursement for the attached expenses under the Health Care Reimbursement Account. I certify that my eligible dependents or I have incurred these services and that they are reimbursable under the terms of my employer's Health Care Reimbursement program. Furthermore, I certify that I have not been nor will be reimbursed for these expenses from any other source.

Account Holder's Signature _____

Date _____

We have made the Health Care Flexible Spending Account administration as simple as straightforward as possible, but we remind you of the following important points:

- You must use the Health Care Spending Account Claim Reimbursement Form to request these dollars.
- Health Care Reimbursement Account dollars are paid to you. They may not be assigned to another person.
- Dependent means any individual who is a tax dependent of the participant as defined by the Internal Revenue Code (see IRS Publication 502).

If you have any questions regarding your Health Care Reimbursement Account, or how to complete this form, please call (503) 222-7696 or (800) 811-8853 ext. 1105.

Submit signed, ORIGINAL Reimbursement Claim Form to:

A&I Benefit Plan Administrators, Inc.
ATTN: Woodworkers District Lodge W1, IAM Flex Plan
1220 SW Morrison St., Suite 300
Portland, OR 97205-2222

The Internal Revenue Code permits health care spending account reimbursements only for tax-deductible expenses. A&I Benefit Plan Administrators, Inc. is not liable to the participant or any other entity for taxes, interest, penalties or other consequences, which may be assessed by any taxing authority for disallowed expenses.

INSTRUCTIONS

Please use blue or black ink, print clearly in the spaces provided.

1. Complete all employee information.

2. Complete expense information.

The expense must be a health care (medical, dental, vision, or rx) expense incurred by you or one of your eligible dependents.

The expense must be an expense that would have qualified for a tax deduction as defined by the Internal Revenue Code (see IRS Publication 502).

3. Sign and date form.

4. Supporting documentation must accompany this claim form. Supporting documentation includes the following:

- Schedule A, Over-the-Counter Benefits Request Form, and receipt(s) for each expense.
- An itemized bill or receipt showing dates of service, provider's name, patient's name and amount for service
- Copy of any Explanation of Benefits statement from any insurance plan under which claimant is covered.
- **PLEASE NOTE: Balance forward statements and checks (copies of initial and/or canceled checks) are not acceptable.**
- Effective with expenses incurred on or after January 1, 2011 you will be required to provide a physician's prescription with your Over-the-Counter reimbursement claim request(s), per IRS requirements. Please go to www.irs.gov for more detailed information.

Plan year 2010 will allow for reimbursement of Over-the-Counter (OTC) drugs without a physician's prescription as long as the date of service (DOS) was prior to January 1, 2011, the claim is filed within twelve months of incurring the expense, and your account balance supports the reimbursement request.

5. Submit the completed Claim Reimbursement Form along with your supporting documentation to:

A&I Benefit Plan Administrators, Inc.
ATTN: Woodworkers District Lodge W1, IAM Flex Plan
1220 SW Morrison St., Suite 300
Portland, OR 97205-2222

Retain a copy of the Claim Reimbursement Form and copy(ies) of supporting documents for your records, as those submitted cannot be returned.

All reimbursements will be paid by check and mailed to your address on file.

If you have any questions, call A&I Benefit Plan Administrators, Inc. at (503) 222-7696 or (800) 811-8853 ext. 1105.