



**FLEXIBLE SPENDING REIMBURSEMENT CLAIM FORM  
 MEDICAL – DAY CARE – OVER THE COUNTER  
 STATE OF WYOMING – EGI (307)-777-6835**



<b>Agency/Employer Name</b>	<b>Agency/Employer #</b>	<b>Social Security Number</b>
<b>Last Name, First Name</b>	<b>Home Address</b>	
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Daytime Telephone or email</b>		<b>Check here if this is a new address</b> <input style="float: right;" type="checkbox"/>

<b>MEDICAL REIMBURSEMENT CLAIMS</b>					
<b>Service Provider Name (List each service date separately)</b>	<b>Date of Service</b>	<b>Patient</b>			<b>Requested Amount</b>
		<b>Name</b>	<b>Relationship</b>	<b>Age</b>	

**Total Medical Reimbursement Requested** \_\_\_\_\_

<b>DAY CARE REIMBURSEMENT CLAIMS</b>					
<b>Service Provider Name (Tax ID# or SSN required)</b>	<b>Date of Service</b>	<b>Dependent</b>			<b>Requested Amount</b>
		<b>Name</b>	<b>Relationship</b>	<b>Age</b>	

**Total Dependent Care Reimbursement Requested** \_\_\_\_\_

\_\_\_\_\_  
 Dependent Care Provider Signature  
 (Receipt may be attached in lieu of signature)

Please sign back page

EGI ONLY: Date Received \_\_\_\_\_

<b>OVER THE COUNTER CLAIMS*</b>					
<b>Item Description</b> <i>(Example: Walgreens-theraflu)</i>	<b>Date of Service</b>	<b>Patient</b>			<b>Requested Amount</b>
		<b>Name</b>	<b>Relationship</b>	<b>Age</b>	

**Total Over the Counter Requested** \_\_\_\_\_

ITEMIZED INVOICES AND AN EXPLANATION OF BENEFITS FROM INSURANCE COMPANY MUST BE ATTACHED.

- Requests for reimbursement may be submitted at any time. *Flex deadline is every Friday.* Reimbursements are payable the 2<sup>nd</sup> Thursday after deadline.
- If you apply for reimbursement of expenses that the IRS later determines to be ineligible, those reimbursements may be taxed as ordinary income and IRS penalties may apply. Similar treatment may apply to overpayment of reimbursed expenses that have already been reimbursed from some other source.

**OVER THE COUNTER**

When purchasing over-the-counter items, the intended use should be for that calendar year. For this reason, “stock-piling” (purchasing more than 3 of the same item) is not allowed as this goes against IRS regulations. The purchase of over-the-counter supplies will require an itemized receipt for review of eligibility. If your receipt has hard to read text (i.e. Walmart cash register receipts) and EGI is unable to confirm what the item is, it may be denied. Please list out each item you are purchasing along with the purchase price if the receipt is unclear. \*Over the counter (OTC) items that are not directly related to dental or vision expenses are not eligible through the Wrap Around plan (see flex booklet for further details.)

**LETTER OF MEDICAL NECESSITY**

See the flex plan booklet for OTC details, however please note that while EGI cannot be more lenient than the IRS rules, our plan can be more restrictive. As a general rule, if your purchase is something that would be used to treat a specific medical condition, it may require a letter of medical necessity even if the place you are purchasing from does not specifically indicate that it does. Your letter of medical necessity must be on your provider’s official letterhead with a handwritten signature from a licensed provider or on *EGI Letter of Medical Necessity form* on [egi@wyo.gov](mailto:egi@wyo.gov).

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I request reimbursement from the Flexible Benefits Reimbursement Account(s) for the expenses itemized above. I hereby certify that I have read and understand the guidelines on this form and that these expenses must qualify for reimbursement under the Internal Revenue Code as outlined on the form. I further certify that these expenses are not eligible for reimbursement from any other source. I also understand that reimbursement expenses cannot be claimed as credits or deductions on my personal tax return.

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

All sections of the claim form must be completed. The plan requires the Explanation of Benefits from insurance when the service is an insurance eligible expense, whether you have met your deductible or not. **It is not necessary to submit the applicable physician statement/bill.**

### **MEDICAL REIMBURSEMENT**

Eligible expenses are qualified medical/dental expenses of the employee, spouse, and dependent(s) that are not eligible for reimbursement from any other source. Expenses that are eligible for reimbursement under a health insurance plan should not be included on this form. A list of typical IRS approved medical/dental expenses is documented in your Flexible Benefit Plan Booklet. General information on the Flexible Benefits Reimbursement Accounts as well as claims status may be obtained by contacting the Employees' Group Insurance Office at 777-6835 or 1-800-891-9241.

### **WRAP AROUND MEDICAL REIMBURSEMENT**

This option is intended to complement the Health Savings Account. Taking the Wrap Around does NOT enroll you in a Health Savings Account. This option does not reimburse services covered by the health insurance including deductibles, coinsurance, and prescription drug expenses for the High Deductible Health Plan (HDHP). \*Over the counter (OTC) items that are not directly related to dental or vision expenses are not eligible through the Wrap Around plan (see flex booklet for further details.)

### **DEPENDENT DAY CARE REIMBURSEMENT**

Expenses to provide care for your eligible dependents may qualify for reimbursement. Eligible dependents include children under age 13, a disabled child, a disabled spouse, or a dependent disabled parent. To be eligible, you must be working while your dependents receive care. Also, if you are married, your spouse must be:

- A wage earner, or
- A full-time student for at least 5 months during the year, or
- Disabled and unable to provide for his or her own care.

Expenses eligible for reimbursement are those incurred to enable you to be gainfully employed, and include covered charges by:

- Licensed nursery schools and day care centers
- Individual – other than your dependents – who provide care for your children in or outside your home, or for your disabled spouse or dependent parent in your home.

Under IRS Regulations, qualified individuals can receive a tax credit for dependent care costs. This credit is claimed on your personal tax return. You CANNOT claim the tax credit for any dependent care costs reimbursed from the Flexible Benefits Reimbursement Account.

### **FLEXIBLE BENEFITS CLAIM SUBMISSION REQUIREMENTS**

All medical and dependent care claims are scanned into the computer when processed. Therefore, certain standards need to be adhered to when preparing claims for submission.

For all claims, please follow these standards:

- Any piece of paper smaller than the standard page size (8 ½ x 11 inches) needs to be taped down on all four edges to a standard sized page.
- Prescription receipts (must include name of patient, medication name, doctor name, and patient price) must be taped on all four edges to a standard size (8 ½ x 11 inch) paper or send a legible copy of all prescription receipts. An alternative is to get a printout from your pharmacy or use a printout from the pharmacy website: [caremark.com](http://caremark.com). Cash register receipts are not necessary or acceptable documentation for prescriptions.
- Due to the scanning process, glue and staples cannot be permitted to attach smaller pieces of paper to the standard sized paper. Please attach all documentation pages to your claim form with one paper clip or one staple.
- **UPLOADS:** When you are uploading a claim, it should be a claim form with the documentation in one PDF file. A second upload would be for another claim form with its correlating documentation, as a PDF. Do not upload 1 page at a time as separate uploads.

- Unbundled Claims – **Do not** combine service dates or same providers together on your claim form. Please list each date of service individually. Your claim could be delayed or returned if you are bundling claims. For audit purposes, EGI must ensure no duplicate claims.
- Documentation – Please review your claim prior to submitting or uploading. Your documentation (EOB's or invoices) should be in the order of your claim form. Your claim could be delayed or returned.
- Itemized receipts for items not covered by insurance must include all of the following items: date of service, service provider's name, type of service rendered, name of patient, dollar amount of service.
- Incorrectly submitted claims will be returned to you for correction, thereby delaying reimbursement. If you have any questions, please do not hesitate to contact our office at 1-800-891-9241 or 777-6835.