



Flexible Spending Plan CLAIM FOR REIMBURSEMENT

Name _____ Employer _____
 Address _____ E-Mail Address _____
 City _____ State _____ ZIP _____ SS# _____

Unreimbursed Medical Expense Claims (including mileage reimbursement – see sample below)

Date Incurred	Name of Service Provider	Expense Description	Expense Incurred For	Net Amount

Attach appropriate receipts

Total Medical Expense Claims

SAMPLE MILEAGE REIMBURSEMENT (Mileage for trips for medical, dental and vision expenses.)

Date Incurred	Name of Service Provider	Expense Description	Expense Incurred For	Net Amount
1/1/2009	Dr. Jones /200 Miles @ \$.24 per	Mileage	Jane Doe	\$48.00

Dependent Care Expense Claims (For Child Care, Day Care or Babysitting expenses ONLY)

Name of Dependent(s)	Period Covered		Name, Address & Taxpayer I.D # of Provider of Service	Amount Incurred
	From	To		

Attach appropriate receipts

Total Dependent Care Expense Claims

READ CAREFULLY: The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submissions of this form were incurred during a period while the undersigned was covered under the Company's Cafeteria Plan with respect to such expenses and that the medical expenses have not been reimbursed under any other health coverage. The undersigned fully understands that he/she alone is fully responsible for the sufficiency, accuracy and veracity of all information relating to this claim which is provided by the undersigned, and that unless expenses for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state or city income tax on amounts paid from the Plan which relate to such expense.

Signature _____

Date _____

3 Ways to File a Claim

1. Fax to: **816-968-0557** Attention: Section 125
2. E-mail: Scan your claims and email to: tcox@ftj.com
3. Mail to: Group Insurance Administrative Office
 Attn: Section 125 Dept 3130 Broadway
 PO Box 418131 Kansas City, MO 64141-9131

Questions?

Call Tim Cox
 800-821-7303 ext 1158
 or e-mail: tcox@ftj.com

CLAIM FILING INSTRUCTIONS

Who Can File a Claim Form

- Active employees participating in the Cafeteria Plan can file a claim during the plan year and for a certain period after the plan year as described in the Summary Plan Description.
- Terminated employees can file a claim for a certain period after the date of termination if allowed by the Plan. Please see your Summary Plan Description.

What Expenses Can Be Claimed

- Only expenses incurred during the plan year can be claimed for reimbursement. Each year is treated separately and the year of claim is the year the expense was actually incurred by the participant
- Allowable expenses are the same as those allowed for tax purposes.

Qualifying Dependent Care Expenses

- Expenses paid to a dependent care center or care provider
- Expenses paid for the care of a dependent under age 13
- Expenses paid for care of other dependents who are physically or mentally incapable of caring for themselves.
- Expenses paid for tuition for preschool up to Kindergarten.

Acupuncture (excluding remedies and treatments prescribed by acupuncturist)	Fees: Acupuncture Anesthetist	Medical information plan Midwife Nurse	Psychotherapist Sex Therapist Specialist	Rental of medical or hearing equipment
Alcoholism treatment	Blood Donor	Obstetrician	Surgeon	Retirement home less portion allocable to medical care
Ambulance	Diagnosis	Oculist	Therapy	Seeing eye dog
Artificial limbs/teeth	Diathermy	Ophthalmologist	Halfway house	Special education
Automobile modifications (hand controls, special equipment, mechanical lifts)	Examination, physical	Optician	residency	Support or corrective device (including special mattress and board for arthritis)
Braille books & magazines	Eye examinations	Optometrist	Hearing Devices	Telephone for deaf
Crutches	Gynecologist	Oral Surgery	Hospital Bills	Television set modification for closed captions
Drugs (legal) (prescription only or insulin) and medical supplies	Hearing Services	Osteopath	Iron Lung	Therapy treatment
Deductibles	Hospital	Pediatrician	Laser Eye Surgery	Transportation expenses relating to illness
Dental expenses	Laboratory	Physician	Mileage (Medical, Dental, Vision)	Wheelchairs
Elastic hose, medically prescribed	Laetrile, where prescribed by doctor	Podiatrist	Nursing Care	
	Lip reading lessons for	Psychoanalysis	Obstetrical Expense	

Effective January 1, 2011 Over the Counter Medicines and most Medical Supplies are NOT covered without a Medical Doctor's Prescription. Insulin, medical devices (crutches, blood sugar monitors, etc.) and items such as bandages, contact lens solution, denture bond, etc. will not require a prescription.

Examples of expenses that DO NOT qualify: Cosmetic surgery and procedures, Dental bleaching, Marriage and family counseling.

How to file the Claim Form:

- Complete all information on the claim form for each amount claimed for reimbursement.
- Make sure the claim does not include items for more than one plan year.
- Attach a copy of a bill, invoice, or other written statement from a third party which supports each reimbursement request.
- **Mail to:** Group Insurance Administrative Office
Attn: Section 125 Dept.
3130 Broadway PO Box 418131
Kansas City, MO 64141-9131

Changes in Plan Participation during the year

You can change your participation during the plan year only if you have a change in family status. "Change of family status" includes birth, death, marriage, divorce, change of employment by the spouse, or certain other situations as determined by the Plan Administrator.