



Flexible Benefit Plan Claim Instructions

Tips for Completing the Request for Reimbursement Form

- Fill out each section completely. Incomplete forms cannot be processed.
- Type or write legibly.
- Don't forget to sign your form. It is the employee who is participating in the plan who needs to sign the form, not their spouse or any other dependent covered under the plan.
- Insurance Coverage: If insurance is paying ANY portion of the services that you are requesting reimbursement for, please circle YES. If you do not have insurance or if this item is not covered by your insurance, please circle NO.

Things to Include with your Request for Reimbursement Form

- All Medical substantiation must include:
 - Name of patient (you, your spouse or tax dependent) incurring the expense
 - The date services were provided or the date the item was purchased
 - Service Provider or Merchant Name
 - Description of Service/Purchase
 - Amount of Service/Purchase
- An Explanation of Benefits (EOB) is recommended. If you have insurance coverage that is covering a portion of the services the EOB is sometimes required.
- All Dependent Daycare substantiation must include the following:
 - Dates of Service
 - Dependent Name
 - Care Provider's Name
 - Provider's Tax ID or SSN
 - Amount of Claim

If your provider does not provide receipts they can sign the claim form in the Provider Signature area verifying that what is on the claim is accurate.

- Cancelled checks, credit card receipts, and statements including "Previous Balance", "Balance Forward, or "Paid on Account" are NOT acceptable as they do not contain all of the required information.
- Handwritten statements must be on provider's letterhead or have a provider stamp containing their information.
- Do NOT use a highlighter to highlight items or dollar amounts on substantiation.

Reminders for Submitting your Request for Reimbursement:

- Retain the original of all requests including the substantiation, sending us a copy of the documents only. Benefit Dynamics cannot be responsible for providing copies.
- Please allow 2 business days for your claim to be processed. Payments are not able to be issued until services have been incurred in full.
- If your claim is denied, you will receive a written statement explaining why the item could not be processed. If we need further information, the denial letter will state what you can do in order to have your item re-processed.
- Do NOT combine your claim with your co-workers claim. It will cause a delay in processing and may not be processed at all.
- If possible scan your Request for Reimbursement and all substantiation and email the documents to us at Benefits@PensionDynamics.com. This is the preferred method of claim submission as you will get a personal response back stating your claim was received.
- You may also Fax your Request for Reimbursement to 1-866-320-1931
- If you mail your Request for Reimbursement please be sure to send only copies, not originals, to: Benefit Dynamics, 2300 Contra Costa Blvd, Ste 400, Pleasant Hill, CA 94523-3987.

Benefit Dynamics Customer Service

- The best way to check your claim status is to log into your account online at www.pensiondynamics.com. If you have not registered for an account yet please contact us for log on instructions including your temporary user ID and Employer Code. The website is available 24/7 and a great resource once you have registered. Customer Service is available at 925-956-0514 from 8 AM – 5 PM PST, Monday – Friday. You can also email us at Benefits@PensionDynamics.com. Please include your name and your employer name on any correspondence sent to us but do not include confidential information such as your Social Security Number.

Request for Reimbursement Form

FAILURE TO COMPLETE THIS FORM IN FULL MAY DELAY PAYMENT

SECTION A – EMPLOYEE DATA (PLEASE PRINT)

Company Name: _____		
Last 4 Digits of SSN: _____	Name: _____	Daytime Phone: _____

SECTION B – CLAIM ENTRY- PLEASE BE SURE ALL INFORMATION IS ENTERED.

1. Attach copy of Explanation of Benefits (EOB's) for deductible and coinsurance reimbursement requests.
2. Attach **itemized bills** for expenses not covered by medical/dental insurance. Itemized bills **must include** the date of service, provider's name, services provided, "condition being treated" and amount of expense.
3. Please contact Benefit Dynamics with information on how to submit Orthodontia claims.
4. **Balance Forward Statements, Canceled Checks And Credit Card Receipts Are Not Acceptable.**

Miscellaneous Health	Provider / Vendor	Name of dependent who incurred the expense	Date(s) of Service	Insurance Coverage	Requested Amount
	_____	_____	_____	YES NO	\$ _____
	_____	_____	_____	YES NO	\$ _____
	_____	_____	_____	YES NO	\$ _____
	_____	_____	_____	YES NO	\$ _____
	If you need additional space to list expenses please use another form.				TOTAL

Dependent Daycare	Proof of expense must include dates of service, provider's name, amount of expense and provider's tax identification number (T.I.N) or social security number. If no receipt is available, complete the claim form and have your provider sign where indicated.				
	Dependent Care Provider	Name of dependent of whom expense incurred	Date(s) of Service From / To	SSN / TIN	Requested Amount
	_____	_____	_____/_____/_____	_____	\$ _____
	_____	_____	_____/_____/_____	_____	\$ _____
Provider Signature: _____				TOTAL	\$ _____

SECTION C - DISCLOSURE. PLEASE READ AND SIGN BELOW

I certify the above expenses qualify for reimbursement under the terms of the Flexible Benefit Plan. I specifically state that the expenses listed have been incurred for the benefit of me and/or my eligible dependents. I have attached acceptable proof of expense to this form. I certify that the above is correct and complete and that all out-of-pocket expenses reimbursed to me under this program will not be deducted on my, or my spouse's personal tax return or be reimbursed to me or my dependents by any other means.

Date: _____	Employee Signature: _____
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Attach proof of expense and send completed form to:
 BENEFIT DYNAMICS
 Fax: (866) 320-1931
 Email: Benefits@PensionDynamics.com