



#### 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 your spouse or other dependent covered under the plan.

#### Things to Include with your Request for Reimbursement Form

- An Explanation of Benefits (EOB) is required for all medical services. Prescriptions are the only exception to this.
- Prescriptions substantiation can be the prescription tag that the pharmacy gives you. This tag must include Patient Name, Name of Prescription Drug, Rx Number, Prescription Amount.
- Provider Statements, 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.
- 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 claim re-processed.
- Do NOT combine your claim with your co-worker's 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](mailto: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](http://www.pensiondynamics.com). If you have not registered for an account yet please refer to the Website Registration and Login Instructions that are included with this Handbook. The website is available 24/7 and is 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](mailto: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.
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FAILURE TO COMPLETE THIS FORM IN FULL MAY DELAY PAYMENT
Please consult your Employee Handbook or contact your Plan Service Provider to be sure your expense is eligible for reimbursement.

SECTION A - EMPLOYEE DATA (PLEASE PRINT)

Name of Employer: (must complete):

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. Prescriptions can be reimbursed without an EOB, as long as the prescription tag from the pharmacy is submitted. This tag will include the patient's name, date Rx filled, name of the prescription, and amount due.
3. Balance Forward Statements, Canceled Checks And Credit Card Receipts Are Not Acceptable.

Table with 4 columns: Provider / Vendor, Name of dependent who incurred the expense, Date(s) of Service, Requested Amount. Includes a 'TOTAL' row and a note: 'If you need additional space to list expenses please use the back of this sheet.'

SECTION C - DISCLOSURE. PLEASE READ AND SIGN BELOW

I certify the above expenses qualify for reimbursement under the terms of the Health Reimbursement Account. 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:

Attach proof of expense and send completed form to:
Fax: 866-320-1931
Email: Benefits@PensionDynamics.com

