

# FlexSystem Alert!

## FlexSystem Enhances its Request for Reimbursement Process

*The VeriFlex process will not affect the speed in which you receive your reimbursement checks!*

Due to an Internal Revenue Service (IRS) Revenue Ruling, changes have been made to the FlexSystem Request for Reimbursement process. The Ruling upholds the IRS' substantiation requirements for medical expenses, and clearly states that the adjudication of a Request can occur electronically, and can occur post reimbursement.

Under our new *VeriFlex* process, your Plan is considered an **Advanced Reimbursement Plan**, and as such will have the following options:

(1) You may continue to mail or fax Requests for Reimbursement providing substantiation documents for all medical expenses (substantiation documents are not required for non-medical expenses), or

(2) You may continue to submit Requests on-line and subsequently forward your substantiation documents to FlexSystem via fax or mail.

If you choose on-line Request for Reimbursement submission, after

submitting a medical expense you will find a link to the *VeriFlex* Cover Sheet containing a unique identification number. You must print the *VeriFlex* Cover Sheet and submit it by mail or by fax with your substantiation documents to FlexSystem. Reimbursements will occur before the medical expenses are substantiated, and the turnaround time for reimbursement payments will not be affected.

Failure to provide FlexSystem with substantiation documentation (receipts) for medical expenses may result in the withholding of future FlexSystem reimbursements and/or the withholding of wages by your employer.

Included in this mailing is your new Request for Reimbursement Form. Disregard all previous Request for Reimbursement Forms and use only the one included.

Please review the rest of this *FlexSystem Alert!* for complete instructions on the new *VeriFlex* process. For more information, contact the FlexSystem Customer Service Department via phone (at 1-800-422-4661, and press 6) or via e-mail (at [service@tasconline.com](mailto:service@tasconline.com)).

### Important Notes:

**A new phone line dedicated to *VeriFlex* questions is accessible at 1-800-422-4661, press 6.**

**A new toll-free fax line *just for VeriFlex* Cover Sheets and substantiation documents is accessible at 1-800-296-3529.**

**Mail your *VeriFlex* Cover Sheets and substantiation documents to: FlexSystem, PO Box 8837, 2302 International Lane, Madison, WI 53704-8837**

# A Step-By-Step Guide to On-Line Request For Reimbursement Submissions

*How to ensure you receive the fastest Reimbursement when submitting your Requests on-line.*

Submitting Requests for Reimbursements on-line is easy if you follow these few simple steps. (Please note, some of these enhancements and the VeriFlex process is scheduled to be implemented on April 1, 2004.)

1. Log on [www.accessstasc.com](http://www.accessstasc.com) and click on the 'Submit a Reimbursement Request' link located on the left side of the screen. This will take you to the Request for Reimbursement Wizard.

2. Fill in your Participant, Client, and Pin numbers. These numbers are available on your personalized Request for Reimbursement Form, or ask your employer for these numbers. After entering all three numbers, click on the words 'log in.'

3. Fill in your Requests. Your personal information is already pre-filled. However, if applicable, enter any address changes in the space indicated.


Enter the month, day, and year of the service you incurred, *not* the billing or paid date. Remember, these dates must be within the current Plan Year. Choose the appropriate Benefit Code from the drop down menu.

Now enter the Service Type Code, selecting it from the drop down menu offered.

Then enter the amount of the expenses. Do not use the dollar sign or

commas. Do use a period to indicate any decimals. When completing the Request for Reimbursement Form use a separate line for each different medical expense.

5. As determined by your Plan set-up, on the confirmation page you will also find a link to download the VeriFlex Cover Sheet containing a unique identification number (see the ex-



**VeriFlex Cover Sheet**

Group ID# \_\_\_\_\_  
 Member ID# \_\_\_\_\_  
 PIN # \_\_\_\_\_

Please fax to 1-800-296-3529  
 or, return to:  
 TASC  
 PO Box 8837  
 Madison, WI 53707-8837

Member Name  
 ADD1 \_\_\_\_\_  
 ADD2 \_\_\_\_\_  
 ADD3 \_\_\_\_\_

For each line entered, all boxes must be completed. Please check the appropriate box to indicate all attached substantiating documents.

Receipts Attached	Request ID#	Amount	Service Type	Service Provider
<input checked="" type="checkbox"/>	6000001	\$16.74	Prescription	Walgreens
<input checked="" type="checkbox"/>	6000002	\$20.00	Medical Co-Pay	Dr. Smith
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

A VeriFlex Cover Sheet must be accompanied by the required substantiation documents when returning to FlexSystem.

- Please check the box beside each request that has substantiation documents attached.
- Do not submit the same VeriFlex Cover Sheet more than once. If subsequent submissions are required, print another copy of the VeriFlex Cover sheet, note the related receipts, sign, date, and submit it to FlexSystem.
- A replacement copy of this VeriFlex Cover Sheet can be obtained at [www.accessstasc.com](http://www.accessstasc.com) under the Account Balance link.
- Remit all receipt(s) on a standard 8.5 x 11 piece of paper. Copy or attach receipt(s) (do not use staples) to a standard piece of paper prior to submitting.

All requests for reimbursement for medical expenses must be accompanied by substantiation documents. For any other benefit reimbursement, the requester must maintain substantiation documents.

To the best of my knowledge and belief, my statements on this VeriFlex Cover Sheet are complete and true. I am requesting reimbursement only for eligible expenses incurred during the applicable Plan Year and for eligible Plan Participants. I certify that these expenses have not been previously reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I understand that the IRS regulates my FlexSystem account and that these guidelines are implemented as a means of ensuring compliance and approval for reimbursement. I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests, as doing so may delay payment. I authorize my Flexible Spending Account balance to be reduced by the amount requested.

Employee Signature (required) \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

123-45-6789 - 0000

Finally, describe the services, and enter the Service Provider (e.g. Dr. Smith, Corner Pharmacy, Kid Keepers Daycare).

4. Click on 'submit.' A new screen will inform you that your Requests have been submitted.

ample on this page). You **must print** this VeriFlex Cover Sheet.

6. Fax or mail the VeriFlex Cover Sheet to FlexSystem along with your substantiation documents. Be sure to fill in the box for the Request ID's

*(continued on page 3)*

## How To Mail and/or Fax Request for Reimbursement Submissions

If you prefer, you can still mail or fax your Requests for Reimbursements to FlexSystem. You must include your substantiation documents (receipts) with your Request for Reimbursement Form at the time of submission when faxing or mailing a Request for Reimbursement of medical expenses. Complete the Request for Reimbursement Form, attach a copy of the required substantiation documents, and fax or mail in your request.

Requests can be faxed to FlexSystem at **608-663-2762** or mailed to **TASC, P.O. Box 7308, Madison, WI 53707-7308**. If you choose to fax in a Request for Reimbursement, do not mail the same request.

Here are some other tips to ensure prompt and accurate reimbursements:

- Incomplete Requests for Reimbursements will delay processing.
- One Request for Reimbursement Form can be used for multiple expenses.

- When completing the Request for Reimbursement Form use a separate line for each different medical expense. Each medical expense must have a substantiating document.
- Participant's account status information can be accessed on the Internet (at [www.accesstasc.com](http://www.accesstasc.com) and click on the link), or on FlexSystem's Interactive Voice Response System (at 1-800-422-4661, and press 3). Participants will need their Client ID, Participant ID, and Pin Number to access this information.

**ATTENTION:  
Two Important Notes**

- **FlexSystem will not process any Request for Reimbursement for medical expenses mailed or faxed without substantiating documents included.**
- **When faxing in a Request for Reimbursement, make sure to use the 608-663-2762 number. FlexSystem will not process and will destroy any documents other than VeriFlex Cover Sheets and substantiation documents faxed to the toll-free VeriFlex number.**

**FlexSystem** REQUEST FOR REIMBURSEMENT

For each request entered, all boxes must be completed. Please check the appropriate box to indicate all attached substantiating documents.

Rec. Attach	Date of Service (not billing or paid date)			Service Benefit Code	Type Code	Request Amount	Service Provider(s)
	Month	Day	Year				
<input checked="" type="checkbox"/>	1	2	05	03	M R X	8318	Walgreens, Smith's Pharmacy
<input checked="" type="checkbox"/>	1	2	10	03	M C P	6000	Dr. Jones
<input checked="" type="checkbox"/>	1	2	11	03	M D P	11699	Dr. Carter
<input checked="" type="checkbox"/>	1	2	11	03	D D C	20833	Kid Keepers Center

BENEFIT CODES    M - MEDICAL EXPENSE - OUT OF POCKET    D - DEPENDENT CARE/DAY CARE

(continued from page 2)

that have substantiation documents attached.

7. To make submission of your substantiating documents as easy as possible we have installed a new fax line and a PO Box number just for

your VeriFlex Cover Sheet and substantiation documents. **The new toll-free fax number is 1-800-296-3529**; use it only for VeriFlex Cover Sheets and substantiation documents. **All other documents faxed to this number will be destroyed.** Or you can also mail your VeriFlex Cover Sheet and substantiation documents to

**FlexSystem, PO Box 8837, 2302 International Lane, Madison, WI 53704-8837.** Remit all substantiation document(s) on a standard 8.5 x 11 piece of paper. Copy or attach substantiation document(s) (do not use staples) to a standard piece of paper prior to submitting. Your request will then be processed.

# Request for Reimbursements Substantiation Questions & Answers

**Q:** When do I need to start using this new Request for Reimbursement submission process?

**A:** At once. The ruling states that Plans must be in compliance by January 1, 2004. To be fully compliant, FlexSystem is modifying some of its current processes related to Request for Reimbursement substantiation, web Request submissions, debit card transactions, and record keeping and reporting.

**Q:** What about the Requests I have already submitted earlier this Plan Year?

**A:** Some who submitted a Request for Reimbursement to FlexSystem in January, February, and/or March of 2004 **may be** requested to forward the appropriate substantiation documentation to FlexSystem for verification in accordance with the new *VeriFlex* process. If applicable, FlexSystem will notify you by mail, and instruct you to forward the required information to FlexSystem. Those who receive no such communication from FlexSystem on this issue may assume that further substantiation for January, February, and/or March 2004 Requests for Reimbursements is not necessary.

**Q:** How will FlexSystem change their processes to comply with the Ruling?

**A:** FlexSystem will continue offering web-based Request for

Reimbursement submission. Participants will be able to submit a Request for Reimbursement on-line, and be reimbursed promptly. The ruling clearly allows electronically submitted medical Requests to be reimbursed prior to obtaining substantiating documents.

To facilitate the verification process, the on-line Request for Reimbursement submission process has been enhanced to facilitate the collection of the substantiation documents. The web Request for Reimbursement submission process will issue a *VeriFlex* Cover Sheet with a unique Request identification number. This sheet must be faxed or mailed to FlexSystem along with the necessary substantiation documents (receipts). Those documents will be used by FlexSystem to verify the Request for Reimbursement and the subsequent payment.

**Q:** Will this delay receipt of my reimbursement checks?

**A:** No. FlexSystem Participants will receive reimbursement checks just as quickly as they have in the past. FlexSystem will continue to process Requests on a daily basis.

**Q:** Why are receipts required for medical expenses only and not other expenses?

**A:** The legal and/or technical requirements on the substantiation of medical

expenses is much higher than for other types of expenses. There are no mandates requiring submittal of documentation in direct correlation with the event of disbursement for dependent daycare accounts, transportation accounts, or premium reimbursement accounts. All FlexSystem materials clearly state which requests must be substantiated by a third-party and other key elements. This requirement is reaffirmed at the time of enrollment and at the time of the Request.

**Q:** How do I obtain a copy of the *VeriFlex* Cover Sheet?

**A:** Print a copy of the *VeriFlex* Cover Sheet by accessing it on-line at [www.accessstasc.com](http://www.accessstasc.com). Obtain a paper or e-mail copy from FlexSystem Customer Service (at 1-800-422-4661, and press 8).

**Flex\$ystem™**

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