



PROFESSIONAL SERVICES

How to Submit a Claim: Reimbursement request forms with accompanying documentation, as well as debit card transaction documentation, can be sent electronically, by fax, or by mail to Allegiance. Claims are normally reimbursed within a week of Allegiance receiving the claim.

Send scanned claims securely through the website: www.allegianceflexadvantage.com

Fax toll-free to: 1-877-424-3539

Mail to:
Allegiance Benefit Plan Management, Inc.
P. O. Box 4346
Missoula, MT 59806-4346

If you have a health flexible spending account (FSA), complete a reimbursement request form for out-of-pocket medical expense reimbursement. If the services provided were covered by insurance, include the explanation of benefits (EOB) from your insurance carrier. A bill from the provider that estimates insurance is not adequate documentation. If the services were not covered by insurance, write “not covered by insurance” on the face of the bill or receipt. Remember, it doesn’t matter when (or if) you pay for the services, only that the services were actually received during the flex plan year.

If you have a dependent care FSA, complete a reimbursement request form to file a claim. Your provider can sign the form, or you can include a billing statement or receipt from your day care provider showing expenses and service dates. If the amount you pay for dependent care is the same each month, call us about the day care contract, or find the contract on the website under *Claim Forms*.

The Allegiance Website: You can access the website at your convenience. The site has a *Contact Us* feature that allows you to ask questions on-line. You do not need a password to:

- Find enrollment assistance tools, such as the tax savings calculator
- Download and print reimbursement request forms for FSA accounts
- Request direct deposit of reimbursements
- Submit reimbursement requests on-line
- Browse examples of eligible expenses

Once you have established a personal password, you can:

- Register for email notification of direct deposit claim reimbursement
- Check your account balance
- Check the status of pending claims
- View the explanation of benefits for claims that have been processed
- Access a comprehensive table of health care expenses
- View your summary plan description
- Change your address

Customer Service: Customer service representatives are available to answer your questions Monday through Friday between 7:00 a.m. and 6:00 p.m. Mountain time. After hours, and on holidays or weekends, you may access our toll-free automated voice-response system for your account information.

Call us toll-free at 1-877-424-3570

Unused Balance Advisory: In the tenth month of the plan year, Allegiance will mail you a reminder if you have an unused balance in your flex account.

KEY POINTS

- Your flex plan paycheck deductions are exempt from federal income, state income, and FICA/Medicare taxes.
- Benefits are available to you, your spouse, and your eligible dependents, regardless of insurance coverage.
- Eligible services must be incurred during the plan year or your period of participation, whichever is shorter. Please refer to your summary plan description (SPD) for your plan year dates. **Expense eligibility is determined by the date on which the service is provided, not the date on which payment was made for the service.**
- Eligible expenses that were incurred during the plan year may be submitted for reimbursement for a limited time after the end of the plan year. If you terminate employment during the plan year, there is also a “run-out” period for submitting claims incurred during your period of employment. The run-out period is determined by your employer and is listed in the SPD.
- With a health FSA, the full amount of your annual election is available to you for reimbursement of eligible claims at any time during your period of coverage.
- A dependent care FSA only allows reimbursement up to the amount that has been contributed at the time reimbursement is requested.
- The use-or-lose rule states that all unused flexible benefit amounts remaining at the end of the plan year are forfeited to your employer. Your employer is not allowed to give back unused funds to those who lost them, but must use leftover funds to provide benefits equally to all participants.
- You make a new flex election during open enrollment before the beginning of each plan year. You may not change your elections during the plan year unless you experience a qualifying event. Qualifying events that would allow a mid-year change to a health FSA are limited to a change in your number of dependents, or a gain or loss of eligibility for benefits by your spouse at his or her place of employment. Mid-year dependent care FSA change rules are less stringent. For example, a change may be made if your day care provider changes. Submit change forms to your employer.

TRACK YOUR EXPENSE RECEIPTS:

Expense Type	Date of Service	Amount	Date Submitted