



Combination FSA Deductible Verification Form

A Combination Flexible Spending Account (FSA) works in conjunction with your High Deductible Health Plan and Health Savings Account to help you manage your health care expenses. Initially, you can use the funds in the account for your eligible out-of-pocket dental, vision, and preventative care expenses. Once you have met your IRS Statutory Deductible, your Combination FSA can then be used for eligible general-purpose medical expenses. The IRS Statutory Deductible for the plan year can be found in your Benefits Guide. Use this form to provide verification that you have met the IRS Statutory Deductible. ****Note:** This form must be completed, signed, submitted and processed before general-purpose medical expense claims can be filed against the Combination FSA.

Participant Information

*required

Employer Name*

Employee ID (If applicable)

Participant Name (First, MI, Last)*

Last 4 Social Security Number*

Plan Information

In order for general-purpose medical expenses to be eligible for reimbursement, your services must be incurred on or after the date you have met the IRS Statutory Deductible. You cannot be reimbursed for expenses used to satisfy the IRS Statutory Deductible.

Plan Year Start Date (MM/DD/YYYY)

Plan Year End Date (MM/DD/YYYY)

Date Deductible Was Met (MM/DD/YYYY)

Participant Authorization

I certify that all of the information provided on this form is accurate. I have satisfied the IRS Statutory Deductible and now wish to receive reimbursement from my Combination Flexible Spending Account for eligible general-purpose medical expenses.

Participant Signature*

Date*

**Please fax your form to (844) 791-8319
or submit by mail to:**

Aptia

P.O. Box 5319 Fresno, CA 93755

Participant Services: (866) 268-0142 Monday through Friday 8 am to 9 pm ET

For the security of your information, forms cannot be accepted via email.



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