

YOU MAY COMPLETE THIS FORM BEFORE PRINTING BY USING YOUR TAB KEY TO MOVE FROM FIELD TO FIELD (SHIFT + TAB WILL MOVE BACKWARDS).

EMPLOYER NAME: _____

PART 1 - COMPLETE FOR ALL CLAIMS

Social Security Number or Account Number	Last Name	First Name	Middle Name/Initial
* Street or P. O. Box		* Phone Number	
* City	* State Code	* Zip Code	
* Email Address			

* Complete the address, phone number, and email address sections only if recently changed. Go online at www.tri-starsystems.com to verify your information on file.

PART 2 - DEPENDENT CARE (DCRA)

See Provider Certification below if Receipts are not attached

Check the box if this claim is for substantiation of an FSA Debit Card Transaction

Dependent Name	Age	Service From Date	Service Thru Date	Provider Name	Provider TAX ID	Claimed Amount

Total DCRA Claimed: _____

DEPENDENT CARE Provider Certification

Complete this section if Dependent Care receipts are not attached.

I certify the information listed above, in PART 2, is correct.

Provider Name	Authorized Provider Signature	Date Signed

PART 3 - HEALTH CARE (HCRA)

See below for explanation of a VALID RECEIPT

Check the box if this claim is for substantiation of an FSA Benny Debit MasterCard Transaction

Patient Name	Service Dates	Description of Service	Provider Name	Claimed Amount

Total HCRA Claimed: _____

PART 4 - Acknowledgement and Signature

I certify that all services and expenses for which reimbursement is claimed by submission of this form were received by me or an eligible dependent. I certify the medical expenses claimed have not been reimbursed and will not be presented for reimbursement through any other health plan. I acknowledge I am responsible for any inappropriate use or disclosure of my information that occurs due to the method I have selected for transmitting this information. I understand that I alone am fully responsible for the accuracy of all information I have provided by submission of this claim form. I understand that by providing incomplete, false, or misleading information on this form that I may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan made in error.

Employee Signature	Date

VALID RECEIPT: Each claim must be supported by one of the following: a valid statement showing the charges incurred, the date incurred, name of patient, provider of services, reason for the service, and the amount charged, OR an Explanation of Benefits (E.O.B.) from your insurance company. If you are covered by insurance for the services provided you should submit those charges to the insurance company first and then send the E.O.B. to us. Claims received absent the above listed item(s) cannot be processed.

RETURN SIGNED AND DATED FORM WITH SUPPORTING DOCUMENTATION TO:

Tri-Star Systems / EzFlex4U
 ATTN: FSA Claim Department PHONE (Cust Service) (314) 576-4022
 14323 South Outer 40 Road TOLL FREE (Cust Service) (800) 727-0182
 Suite 200 South CLAIMS FAX (314) 985-0277
 Chesterfield, MO 63017-5734 CLAIMS FAX (Toll Free) (800) 818-0829

Tri-Star Systems and Ezflex4U are divisions of
 Tri-Star Benefit Systems, Inc. of Chesterfield, Missouri

DEBIT CARD PARTICIPANTS: IMPORTANT INFORMATION ABOUT THE BENNY CARD®

Your Healthcare Flexible Spending Account includes the option of using a Debit Card to pay for your qualified expenses. You should receive two Benny® Prepaid Benefits Cards (cards are sent in a special envelope indicating “important benefit materials”) at your home address. *Please note: for any “replacement” cards (additional cards or reissue of cards), a \$10 fee (per card) will be charged to your account.*

Activate and Sign your Card(s)

At least 48 hours prior to first usage, Benny™ must be activated. The easiest way to do this is to follow the link on our website, www.tri-starsystems.com. You can also activate by calling the Interactive Voice Response (IVR) toll-free number or accessing the web site listed on the card. Your full-year FSA health care amount is available upon activation.

How to Use your Benny® Prepaid Card

You can use your Card for current plan year qualified expenses only, for you and your dependents covered under your plan.

Swipe your Card for: Health and Prescription plan co-payments, Dental expenses, Vision services and eyeglasses, and Over-the-counter drugs. If prompted, you should select “Credit”. The amount will be automatically deducted from your account and electronically transferred to the provider/merchant for immediate payment.

Save All Itemized Receipts

The Internal Revenue Service (IRS) requires that all debit card transactions be substantiated.

Transactions at a provider with a merchant category code (MCC) of a qualified medical provider that match your medical plan co-pay amounts for office visits or pharmacy charges are automatically substantiated. Additionally, transactions at vendors with an Automatic Inventory Identification System (AIIS), like Walgreens, Walmart and Sam’s Clubs can be automatically substantiated.

For most other charges, you will be contacted to submit receipts to verify expenses to comply with IRS guidelines. Recurring expenses like Orthodontic expenses will be considered automatically substantiated after receipts have been submitted for the same amount twice. If you are asked to provide a receipt, it must include: merchant or provider name, service received or item purchased, date of service, and amount of the expense.

You may submit your receipts for debit card transactions or file claims by completing the form on the reverse side of this page and faxing or mailing them to Tri-Star at the address on the form. You may obtain additional forms and/or complete them on line at www.tri-starsystems.com.

If you need to submit receipts to verify a charge, you will receive notification from us. If receipts are not submitted as required, then the Card may be suspended until receipts are received. The participant may be required to repay the amount charged. You will be advised that the Card has been suspended, if a receipt is not received. Submitting a receipt or repaying the amount in question will allow the Card to become active again.

Check Your Balances

You can check your balances via the web site our website, www.tri-starsystems.com, or the phone number on the back of your Card. If your transaction is more than the balance you have on your card, check with the Merchant to see if they can split the cost at the register. If not, you can either *e-file* your claim at www.tri-starsystems.com or file a claim via a manual claim form – receipts will be required in these cases.

Communication Methods

The primary method of communication from Tri-Star Systems will be via e-mail (including “explanations of benefits “ for direct deposits and requests for substantiating debit card transactions). Please put operations@tri-starsystems.com and claims@tri-starsystems.com in your address book as trusted addresses so your spam filter does not block us. Otherwise, you may not receive the e-mails.

If you have any question on how to use the Benny ® Card, please contact Tri-Star Systems at the number above.