

SUBMIT COMPLETED CLAIM FORM TO:
claims@anchorbenefit.com via the secure email portal at www.anchorbenefit.com.
Fax: (407) 667-8765

QUALIFIED BENEFIT REIMBURSEMENT CLAIM FORM

PALM BEACH COUNTY FIREFIGHTERS' RETIREE INFORMATION

Name (Last, First, MI)

Social Security Number

Street Address

Email Address

City, State, Zip Code

Phone Number

REIMBURSEMENT REQUEST FOR QUALIFIED OUT-OF-POCKET EXPENSES

REMINDER: You must include proof of each expense (e.g. Explanation of Benefits, detailed receipts, etc.) Claims for employee-paid premiums deducted after-tax require a letter from the employer confirming that no pre-tax option exists. Premiums paid by an employer or deducted pre-tax through a section 125 plan are not eligible for reimbursement.

Date of Service	Service Provider or Item Purchased From (e.g. Dr. Smith, Hospital, Pharmacy, etc.)	Description of Service/Item (e.g. office visit, Hospital Care, Dental, Prescription, etc.)	Name of Qualified Individual for Whom the Expense is Incurred/Relationship	Amount You Paid
				\$
				\$
				\$
				\$
				\$

Have more expenses? Include an itemized list on a separate sheet of paper. If you want to note certain items on receipts, circle them. Do not use a highlighter. Keep copies of everything you submit.

Total Reimbursement Request	\$
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CERTIFICATION (Signature is Required)

I hereby certify that (1) the information provided in this claim request is true and correct; (2) the amount of the submitted claim to Anchor Benefit Consulting is an accurate statement of my (a) unreimbursed medical/dental/vision expenses after payment by insurance (if any) and/or; (b) medical/dental/vision tax-qualified long-term care insurance premiums; and (3) the submitted claim is not reimbursable from any other source. With respect to claims submitted on behalf of qualified dependents, I hereby certify that such person meets the Plan requirements and is a qualified dependent as defined under the terms of the Plan. With respect to claims for qualified insurance premiums, I hereby certify that such premiums have not been paid by an employer, and are not eligible for pre-tax deduction through my employer's section 125 cafeteria plan.

Signature: _____

Date: _____



Email Form to: claims@anchorbenefit.com



Fax Form to: (407)-667-8765



Mail to: P.O. Box 945260, Maitland, FL 32794



www.anchorbenefit.com

Secure Email Portal: https://web1.zixmail.net/s/login?b=anchorbenefit

For questions, please call customer service at 1-(800)-845-7629 or (407)-667-8766.

IRS Code Section 213(d) FSA Eligible Medical Expenses

An eligible expense is defined as those expenses paid for care as described in **Section 213 (d)** of the Internal Revenue Code. Below are two lists which may help determine whether an expense is eligible.

For more detailed information, please refer to **IRS Publication 502** titled, "Medical and Dental Expenses," If tax advice is required, you should seek the services of a competent professional.

Deductible Medical Expenses

- | | | |
|---|--|--|
| <ul style="list-style-type: none">• Abdominal supports• Abortion• Acupuncture• Air conditioner (when necessary for relief from difficulty in breathing)• Alcoholism treatment• Ambulance• Anesthetist• Arch supports• Artificial limbs• Autoette (when used for relief of sickness/disability)• Birth Control Pills (by prescription)• Blood tests• Blood transfusions• Braces• Cardiographs• Chiropractor• Christian Science Practitioner• Contact Lenses• Contraceptive devices (by prescription)• Convalescent home (for medical treatment only)• Crutches• Dental Treatment• Dental X-rays• Dentures• Dermatologist• Diagnostic fees• Diathermy• Drug addiction therapy• Drugs (prescription) | <ul style="list-style-type: none">• Elastic hosiery (prescription)• Eyeglasses• Fees paid to health institute prescribed by a doctor• FICA and FUTA tax paid for medical care service• Fluoridation unit• Guide dog• Gum treatment• Gynecologist• Healing services• Hearing aids and batteries• Hospital bills• Hydrotherapy• Insulin treatment• Lab tests• Lead paint removal• Legal fees• Lodging (away from home for outpatient care)• Metabolism tests• Neurologist• Nursing (including board and meals)• Obstetrician• Operating room costs• Ophthalmologist• Optician• Optometrist• Oral surgery• Organ transplant (including donor's expenses)• Orthopedic shoes• Orthopedist• Osteopath | <ul style="list-style-type: none">• Oxygen and oxygen equipment• Pediatrician• Physician• Physiotherapist• Podiatrist• Postnatal treatments• Practical nurse for medical services• Prenatal care• Prescription medicines• Psychiatrist• Psychoanalyst• Psychologist• Psychotherapy• Radium Therapy• Registered nurse• Special school costs for the handicapped• Spinal fluid test• Splints• Sterilization• Surgeon• Telephone or TV equipment to assist the hard-of-hearing• Therapy equipment• Transportation expenses (relative to health care)• Ultra-violet ray treatment• Vaccines• Vasectomy• Vitamins (if prescribed)• Wheelchair• X-rays |
|---|--|--|

Eligible Over-the-Counter Drugs

- | | | |
|--|---|--|
| <ul style="list-style-type: none">• Antacids• Allergy Medications• Pain Relievers• Cold medicine• Anti-diarrhea medicine• Cough drops and throat lozenges | <ul style="list-style-type: none">• Sinus Medications and Nasal sprays• Nicotine medications and nasal sprays• Pedialyte• First aid creams• Calamine lotion | <ul style="list-style-type: none">• Wart removal medication• Antibiotic ointments• Suppositories and creams for hemorrhoids• Sleep aids• Motion sickness pills |
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Non-Deductible Medical Expenses

- Advancement payment for services to be rendered next year
- Athletic Club membership
- Automobile insurance premium allocable to medical coverage
- Boarding school fees
- Bottled Water
- Commuting expenses of a disabled person
- Cosmetic surgery and procedures
- Cosmetics, hygiene products and similar items
- Funeral, cremation, or burial expenses
- Health programs offered by resort hotels, health clubs, and gyms
- Illegal operations and treatments
- Illegally procured drugs
- Maternity clothes
- Non-prescription medication
- Premiums for life insurance, income protection, disability, loss of limbs, sight or similar benefits
- Scientology counseling
- Social activities
- Special foods and beverages
- Specially designed car for the handicapped other than an autoette or special equipment
- Stop-smoking programs
- Swimming pool
- Travel for general health improvement
- Tuition and travel expenses a problem child to a particular school
- Weight loss programs

Ineligible Over-the-Counter Drugs

- Toiletries (including toothpaste)
- Acne treatments
- Lip balm (including Chapstick or Carmex)
- Cosmetics (including face cream and moisturizer)
- Suntan lotion
- Medicated shampoos and soaps
- Vitamins (daily)
- Fiber supplements
- Dietary supplements
- Weight loss drugs for general well being
- Herbs

FSA Dependent Care Expenses that are Eligible

For more detailed information, please refer to **IRS Publication 503** titled, "Child and Dependent Care Expenses." If tax advice is required, you should seek the services of a competent professional.

Dependent Care Reimbursement

An eligible dependent is any dependent who is less than 13 years old and your dependent under federal income tax rules. An eligible dependent may also include your mentally or physically impaired spouse or a dependent who is incapable of caring for him or herself (for example, an invalid parent). The dependent must spend at least eight hours per day in your home.

Child care services will qualify for reimbursement from the Dependent Care Reimbursement Account if they meet these requirements:

- The child must be under 13 years old and must be your dependent under federal tax rules. Note: If your child turns 13 you are married, to be employed during the year, you cannot stop your contribution at that time.
- The services must be incurred to enable you, or you and your spouse to be employed
- The amount to be reimbursed must not be greater than your income or the combined income of an employee and spouse, whichever is lower.
- The services may be provided inside or outside your home, but not by someone who is your minor child or dependent for income tax purposes (for example, an older child).
- Services must be for the physical care of the child, not for education, meals, etc.
- If the services are provided by a day-care facility that cares for six or more children at the same time, it must be a qualified day-care center.

Dependent Care Expenses that are Eligible

Allowable Dependent Care expenses include payments to the following when the expenses enable you to work*:

- Child care centers
- Caregivers for a disabled dependent or spouse who lives with you
- Family day care providers
- Baby-sitters
- Nursery schools
- Household services, provided that a portion of these expenses are for a qualifying dependent incurred to ensure the dependent's well-being and maintenance

Dependent Care Expenses that are not Eligible

- Dependent care expenses that are provided to one of your dependents by a family member, unless the family member is age 19 or over by the end of the year and will not be claimed as a dependent
- Expenses for food and clothing
- Education expenses from kindergarten on, such as private school fees
- Health care expenses for your dependents
- Overnight camps