

Post-Deductible Expense Reimbursement Certification Form

While meeting the deductible of your Consumer Driven Health Plan, the Limited Purpose Health Care account can only reimburse for qualified out of pocket dental, vision and preventive expenses, as permitted by your plan. Once you have met your deductible, the account can reimburse for these expenses, as well as, all other qualified health care expenses that have been incurred after meeting the deductible. For a complete list of post-deductible expenses, please visit the web portal.

If you have reached your deductible, please follow these steps to inform PayFlex:

1. Complete the bottom section of this form.
2. Attach a copy of an Explanation of Benefits (EOB) from your insurance carrier showing that your deductible has been met and the date it was met.
3. Fax or mail this form and a copy of your EOB to PayFlex.

Fax Number: 1-888-238-3539

Mailing Address: PayFlex Systems USA, Inc.
PO Box 4000
Richmond, KY 40476-4000

Once PayFlex has received this certification, we will permit reimbursement for all eligible health care expenses.

Name	Member Number	
Employer's Name	Date that deductible was met	

I certify that I have met the annual deductible in my medical plan. I have attached a copy of my insurance carrier's Explanation of Benefits that shows the date my deductible has been met.

Signature 	Date
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