

Outside Premium Claim Form

Instructions: To receive reimbursement under your employer's flex plan, please complete all required fields and attach required supporting documentation for each account. Claims must be submitted directly to SuperiorUSA via fax or mail.

SECTION 1: EMPLOYEE INFORMATION (Please Print)

Name (Last, First, MI)	Social Security Number	Date of Birth
Employer	Preferred Phone Number	Email Address

Change of Address: _____

SECTION 2: OUTSIDE INSURANCE PREMIUM CLAIM REIMBURSEMENT (Please Print)

An itemized payment receipt, current provider billing statement, or other proof of payment must be attached.

Date(s) of Coverage	Name of Insured	Name of Provider	Description or Type of Insurance Coverage	Amount Requested
Total amount requested from your Outside Insurance Premium Account				

SECTION 3: EMPLOYEE SIGNATURE

I, the undersigned, hereby request reimbursement from my accounts in my employer's flex plan for the above listed expenses. I certify that the above information is true, accurate, and complete, and that I, my spouse, or a qualified dependent actually incurred these expenses during a period when I was covered under this Plan. I have not nor will I seek reimbursement for the expenses listed above through this Plan, another plan, or through my insurance coverage, and will not claim these expenses as deductions or tax credits on my income tax return. I understand that I alone am responsible for compliance with applicable tax regulations and documentation maintenance requirements, and that I agree to indemnify and hold harmless my employer and SuperiorUSA for any liability resulting from my reimbursements and participation in the Plan.

Employee Signature: _____ **Date:** _____

General Claim Reimbursement Procedures

- You must use a claim submission form in order to receive reimbursement from SuperiorUSA. Please read all form instructions, print legibly, complete all required fields, and attach all required supporting documentation in order to ensure the timely processing of your reimbursement.
- You must sign and date the claim form or your reimbursement cannot be processed.
- Please either mail or fax your claim to SuperiorUSA, but do not do both.
- Incomplete or erroneous claim submissions will be rejected or required to provide additional information.
- Claims will be processed in the frequency listed on your Plan Specs Sheet and your Summary Plan Description (SPD).
- Reimbursements will be paid by paper check unless you have completed and submitted a Direct Deposit Authorization to your employer or SuperiorUSA (if direct deposit is permitted by the Plan).
- Please keep copies of all your claim form submissions including supporting documentation such as EOB's, itemized receipts, and provider statements. SuperiorUSA does not need the originals in order to process your claim.
- The IRS generally considers the date of service for an expense to be the date service is rendered or received, not the date the expense is actually paid.
- Make sure your identifying information is listed on any additional pages of documentation you submit in case they become separated from the claim form itself.
- You must identify your employer where requested.
- Please calculate and total the amount you are requesting under each account.
- Keep your address and other information up-to-date using the Change of Address box below Section 1 of this form.
- If there is a preferred phone number where you would like to be contacted with any questions or issues regarding this specific claim, please provide it in Section 1.

Outside Insurance Premium Account Claim Procedures

- Reimbursement may be requested for outside individual or family insurance premium expenses (such as health, life, dental, vision, disability, etc.) as specified in your Summary Plan Description. Reimbursement cannot be made for another employer's group insurance plan.
- For outside insurance premium account claim reimbursements, an itemized payment receipt, current provider billing statement, or other similar proof of payment is required as supporting documentation. In general, in order to be deemed adequate and proper by the IRS, documentation must show the date of service (coverage or billing period), patient name (the insured's name), name of service provider, descriptions or types of services (type of insurance), and the amount owed.
- Cancelled checks, credit card receipts, credit card statements, and non-itemized register receipts are not considered proper documentation. Also, provider billing statements often do not provide all of the necessary information.
- Outside insurance premium reimbursements are limited to the balance in your account (the amount deducted from your paycheck less previous reimbursements received). Any excess amounts on your claim will be paid once additional dollars are added to your account balance through payroll deductions.
- Please keep copies of all your claim form submissions including supporting documentation such as EOB's, itemized receipts, and provider statements. SuperiorUSA does not need the originals in order to process your claim.

Visit www.superiorusa.com, then click on "Flexible Benefits Account Access" on the left-hand navigation bar, for more information and participant flex account access.

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CORPORATION

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