SUPERIORUSA CORPORATION
Payroll & Employee Benefits Consultants

Recurring Claim Form (Annual)

Instructions: *To establish automatic reimbursement under your employer's plan for certain types of recurring expenses throughout the rest of the plan year, please complete all required fields and attach required supporting documentation for each account. This form may be used for, as examples, orthodontia contract payments, monthly parking or transit claims, and/or outside insurance premium payment claims. This form must be re-submitted annually for each new plan year and you are required to notify SuperiorUSA if there are any changes to the recurring claim amount or if it is canceled or no longer applies, including reimbursing the plan for any excess or unsubstantiated payment amounts. 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: RECURRING CLAIM REIMBURSEMENT *(Please Print)*

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

Date(s) of Claims or Coverage inc. End Date	Name of Insured	Name of Provider	Description or Type of Payment of Claim	Amount Requested & Frequency

SECTION 3: EMPLOYEE SIGNATURE

I, the undersigned, hereby request reimbursement from my accounts in my employer's 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. If the Plan I am seeking reimbursement from is a QSEHRA, I further attest that the individual being reimbursed for was insured by health insurance meeting Minimum Essential Coverage (MEC) at the time of the claim and that future recurring payments of claims related to this request will not be considered new claims requests themselves. I have not nor will I seek duplicate 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 am required to notify SuperiorUSA if there are any changes to the recurring claim amount or if it is canceled or no longer applies, including reimbursing the plan for any excess or unsubstantiated payment amounts. 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: _____

Completed claim forms must be submitted along with required supporting documentation directly to SuperiorUSA for reimbursement. Claims may be faxed (218-725-9161 or 877-422-5192), emailed, or mailed. Please visit our website at www.superiorusa.com, email, or call (877) or (218) 529-2477 with questions.

SuperiorUSA – Flexible Benefits
525 Lake Avenue South, Suite 410
Duluth, MN 55802
flexservices@superiorusa.com

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.

Specific Account Claim Procedures

- Refer to the Claim Forms for the specific type of expenses you are seeking to establish a recurring annual claim for, such as the Parking and Transit Claim Form, QSEHRA Claim Form, HRA Claim Form, or Flex Claim Form, for specific guidance on the rules related to your particular type of claim.
- Recurring claims forms must be re-submitted annually for each plan year so the end date can be no later than the plan yearend.
- 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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SuperiorUSA - Flexible Benefits Department
525 Lake Avenue South, Suite 410
Duluth, MN 55802
Phone: (218) 529-2477 Toll Free: (877) 529-2477
Fax: (218) 725-9161 Toll Free Fax: (877) 422-5192
Email: flexservices@superiorusa.com