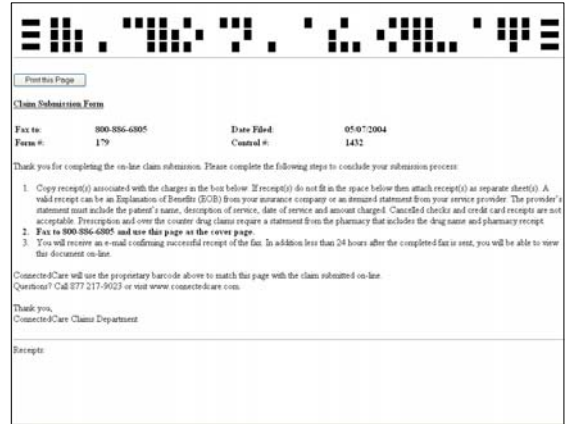


How to Submit a Claim for Flexible Spending Account Expenses

Follow this process to submit a claim for reimbursement only for those qualified expenses paid out of pocket. If you paid for your purchase using your payment card, you do not have to submit your claim information. Instead, simply log into your online account; card purchases requiring documentation will display on the Home page.

Online Claim Submission

1. Log into your account at www.floridacapitalcdh.com.
2. Select Add New Claim from the Quick Links section on the Home page. Enter the requested information about your claim and continue through the screens. This process will create a Claim Submission Form that is unique to that particular claim.
3. Print the Claim Form and send it along with the required documentation to ConnectYourCare. You may send your form and documentation via fax or postal mail to the number or address on the form.



The screenshot shows a 'Claim Submission Form' with a barcode at the top. Below the barcode is a 'Print this Page' button. The form contains the following information:

Claim Submission Form	
Fax to: 800-886-6805	Date Filed: 05/07/2004
Form #: 179	Control #: 1432

Thank you for completing the on-line claim submission. Please complete the following steps to conclude your submission process:

1. Copy receipt(s) associated with the charges as the box below. If receipt(s) do not fit in the space below then attach receipt(s) as separate sheet(s). A valid receipt can be an Explanation of Benefits (EOB) from your insurance company or an itemized statement from your service provider. The provider's statement must include the patient's name, description of service, date of service and amount charged. Cancelled checks and credit card receipts are not acceptable. Prescription and over the counter drug claims require a statement from the pharmacy that includes the drug name and pharmacy receipt.
2. Fax to 800-886-6805 and use this page as the cover page.
3. You will receive an e-mail confirming successful receipt of the fax. In addition less than 24 hours after the completed fax is sent, you will be able to view this document on-line.

ConnectYourCare will use the proprietary barcode above to match this page with the claim submitted on-line.
Questions? Call 877-217-9023 or visit www.connectyourcare.com.

Thank you,
ConnectYourCare Claims Department

Receipt:

Paper Claim Submission

1. While the Online Claim Submission process provides faster reimbursement, if you are unable to access the Internet, **complete the Paper Claim Submission Form on the next page.**
2. Send the Paper Claim Submission Form and the required documentation to ConnectYourCare via fax or postal mail to the number or address on the form.

Documentation Requirements

Remember, documentation for FSA expenses must contain the following information.

- Name of the patient (you, your spouse or dependent)
- Date of service
- Name and address of provider
- Description of the service provided
- Amount charged

Cancelled checks, credit card receipts or balance forward statements are not acceptable. Examples of acceptable documentation include a copy of the Explanation of Benefits (EOB) from your insurance company, an itemized statement from a provider and/or an itemized pharmacy receipt or statement (if applicable to your plan).

For more information, call Customer Service at 866-551-7170. Our Interactive Voice Response (IVR) system is available 24/7. Customer Service Specialists are available Monday – Friday 8:00 am – 8:00 pm EST.

Paper Claim Submission Form

**Use this form to file for reimbursement of expenses paid out of pocket that were not already submitted online.
For fastest reimbursement, submit your claims online.**

Follow these easy steps:

1. Complete all entries on this submission form. Please print or type.
2. Sign and date this form.
3. Fax or mail it, along with the required documentation, to the claims department. (See submission instructions below)

Personal Information	
Name of Employer	
Employee Name (last name, first name)	Social Security Number

Documentation Required
All documentation must include the patient's name, description of service, date of service and amount charged. Cancelled checks, credit card receipts or balance forward statements are not acceptable. Examples of acceptable documentation include a copy of the Explanation of Benefits (EOB) from your insurance company, an itemized statement from a provider and/or an itemized pharmacy receipt or statement (if applicable to your plan).

Claim Details					
Date of service	Patient's Name	Relationship to employee	Name of service provider	Description of service	Amount Requested
Total					\$

Authorization and Certification
<i>Read carefully: This claim will not be processed without your signature.</i>
I certify that these expenses have been incurred by me, my spouse or my eligible dependent. The expenses have not been reimbursed and are not reimbursable under any other plan, such as an individual policy or my spouse's or dependent's plan. I understand that any amount reimbursed may not be used to claim any federal income tax deduction or credit on my or my spouse's income tax return.
<div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <div style="border-top: 1px solid black; width: 50%;"></div> <div style="border-top: 1px solid black; width: 20%;"></div> </div> <div style="display: flex; justify-content: space-between; width: 80%; margin: 5px auto;"> Employee Signature Date </div>

Submission Instructions
You may submit this form and documentation via fax or mail.
<ul style="list-style-type: none"> • Fax: 866-879-0812 • Mail: Claims Department, 307 International Circle, Suite 200, Hunt Valley, MD 21030
If you have any questions about submitting a claim, please call Customer Service at 866-551-7170