

Your PayFlex® FSA year-end reminders: Grace period and filing a claim

You have grace period for your Health Care Flexible Spending Account (FSA). The grace period allows you to incur eligible FSA expenses 2½ months into the new plan year. Your grace period is **January 1 to March 15.**

- When you incur eligible expenses during the grace period, dollars from your **prior plan year** FSA funds are used **first**.
- Once your **prior plan year** FSA funds run out, funds are pulled from your **current plan year** FSA balance.



Get your claim payments faster with direct deposit

- Log in to your PayFlex member website and click **Link a bank account**.
- You can also link a bank account by selecting **Account Settings** from the top of your screen. Then, click **Bank accounts**.

You have three ways to submit a claim

1. Submit a claim online

Once you log in to your PayFlex member website, select **File a claim**.

- Enter your claim information. To add additional claims, select **Add Another Claim**.
- Once you enter in all of your claims, click **Next**.
- Confirm all expense details and click **Next**. To make changes, click **Previous**.
- To include supporting documentation, select **Fax** or **Upload**.
 - To "Upload," use the **Browse** button. Select your documentation from your computer. To add additional documents, click on **Add Additional Document**. Each document must be uploaded in PDF format.
 - To "Fax," click on **Create Coversheet**. Print and sign the form. Fax it with your documentation to the number on the coversheet. When you sign the fax coversheet, you certify that your claim is for an eligible expense.

Don't forget:

When you submit a health care claim, be sure to include:

- An Explanation of Benefits (EOB) statement from your insurance company
- Or, an itemized statement/detailed receipt showing:
 - Merchant or provider name
 - Patient name (if applicable)
 - Date of service
 - Description of service or product
 - Amount you were required to pay

2. Use the PayFlex Mobile® app

Download the PayFlex Mobile app from your mobile app store. Log in to the app with the same username and password you use for the website.

- From the Financial Center, select **File Claim**.
- Select your employer (if applicable) and your expense type.
- In the **Expense Start Date** field, enter the date of service or purchase.
- Enter the amount that you paid for the product or service. For a dependent care expense, enter the expense end date and your dependent's name.
- To attach a document, select the **Add Photo** image. Then select **Review Claim**.
- After you review your claim, select **Submit**. If you need to make a change, select **Cancel**.
- Select **I Agree** to submit your claim. Select **Go Back** to make a change.

3. Send a paper claim form to PayFlex

- Go to your PayFlex member website and click **Documents & Forms** at the top of the page.
- Select **Administrative Forms** and click **Flexible Spending Account Claim Form**.
 - Print the form, and complete all fields. Then, sign and date.
- Mail or fax your completed claim form and supporting documentation to PayFlex.
 - **Mail:** P.O. Box 981158 El Paso, Texas 79998-1158
 - **Toll-free:** 800-284-4885
 - **Fax:** 855-703-5305

Questions?

Log in to your PayFlex member website and click **Help & Support**.

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Note: Standard text messaging and other rates from your wireless carrier still apply.

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