

FSA DEBIT CARD SUBSTANTIATION REQUIREMENTS

The FSA debit card allows participants to readily access their full annual contributions at the beginning of the new plan year. The card is for convenience only and does not eliminate the requirement that employees substantiate purchases or medical/dental bills paid using the FSA debit card.

To meet IRS regulations, participants must substantiate claims and it is very important if you have received a request from BSI that you respond in a timely manner. Failure to respond may cause your debit card to be suspended, but BSI will make every effort to help you with any request to substantiate a purchase and will make multiple requests before taking action to suspend the card.

There are four ways you can submit substantiation documentation to BSI:

- 1) Mail;
- 2) Fax;
- 3) Scanned and attached to an email; or
- 4) Uploaded to the processing system

The simplest way to substantiate a claim is to provide a copy of the Explanation of Benefits (EOB) from your insurance carrier, if the service is allowed by your insurance. Or a detailed itemization from the provider will substantiate. Writing the claim number on the substantiation is helpful to match it to the correct claim.

Some claims such as Massage therapy, vitamins, supplements, over the counter medication and orthodontics have limits and/or require additional information. Be sure to inquire prior to using the card for any of these.

If the charge cannot be substantiated or is not eligible, you will need to refund your account.

To monitor your FSA account, BSI can set you up to access your account on-line to view your activity and to see what claims are pending substantiation. If you have questions, you can contact BSI at:

Benefit Solutions, Inc. (BSI)
Consumer Driven Health Plan Department (CDHP)
PO Box 6
Mukilteo, WA 98275
Toll Free: 855-623-6634 | Local: 425-771-7359 | Fax: 425-771-1226
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Account Representatives are:

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