

WASHINGTON WEST SECTION 125 PLAN

Health Care Expense Claim Form

Name	School	Social Security #
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The undersigned Participant in the Plan requests reimbursement in the amount shown below (please list individually on the reverse side):

Due to changes under the "Patient Protection and Affordable Care Act," effective January 1, 2011, OTC benefits will be limited to Doctors' Prescriptions only

Please attach the following documentation for each expense (*a cancelled check or credit card receipt /statement is not considered acceptable evidence*):

- **Services or products covered by any other benefit plan** (i.e., health insurance plan): Explanation of Benefits Statement (EOB), or
- **Services or products NOT covered by any other benefit plan:** invoices or receipts which indicate the name and address of the service provider, name of employee or dependent for whom the service was provided, date of service, type of service or product provided and amount of expense.
Prescription drugs require the receipt from the pharmacist (a cash register receipt is not sufficient). Over-the-counter (OTC) drugs (purchased for medical purposes) require an invoice or receipt (a cash register receipt is sufficient with the drug(s) and/or items identified).

Total Amount of Medical Expenses (from page 2 of this form): \$ _____

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The undersigned participant in the plan certifies that all expenses for which reimbursement or payment are claimed by submission of this form, were incurred during a period in which the undersigned was covered under the Washington West Section 125 Plan with respect to such expenses and that such expenses have not been reimbursed, or are not reimbursable, under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the plan, the undersigned may be liable for the payment of all related taxes including federal, state or city income tax on amounts paid from the plan which relate to such expense. The undersigned further understands that no medical expense tax deduction is permitted for amounts for which reimbursement is made. Furthermore, the undersigned agrees that any amounts paid which are in excess of his or her current account balance will be considered a loan and will be owed to the Plan in the event he or she terminates employment (for any reason) prior to the completion of the current Plan Year.

Participant's Signature	Date
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Please return completed form to:

Future Planning Associates, Inc.
 ATTN: Washington West Plan Administrator
 P.O. Box 905
 Williston, Vermont 05495-0905
Phone: 802-878-6601, ext 101, E-Mail: lena@futureplanningassoc.com
FAX: 802/878-9455 – If faxing this request, to avoid duplication, **DO NOT** mail.

Direct Deposit for Claims Reimbursement is available – check this box and complete the "Employee Authorization Agreement for Direct Deposit..." and send to Future Planning Associates, Inc.

• only one request is needed to implement this service •

- This form must reach Future Planning Associates, Inc. by noon on the 29th of each month •
- Disbursements are paid the next month •

Health Care Reimbursement Worksheet

This worksheet will help you estimate your annual medical costs which may not be reimbursed by insurance. This list is not intended to be comprehensive, but it contains some of the more common medical expenses. Please review the attached list for additional qualifying health care expenses.

List all costs expected to be incurred by you, your spouse or qualified dependents that are not reimbursed by insurance.

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Estimated Health Care Qualifying Expenses	Annual Expense
Medical doctor's fees	\$ _____
Annual physical examinations	\$ _____
Dental examinations	\$ _____
Eye examinations	\$ _____
Eyeglasses	\$ _____
Lasik Surgery	\$ _____
Contact lenses	\$ _____
Drugs: prescription and <i>over-the-counter (OTC) with limitations*</i>	\$ _____
X-rays	\$ _____
Lab fees	\$ _____
Hospital services	\$ _____
Chiropractors	\$ _____
Hearing aids	\$ _____
Surgery	\$ _____
Ambulance service	\$ _____
Nursing home costs	\$ _____
False teeth	\$ _____
Psychiatrists	\$ _____
Psychologists	\$ _____
Acupuncturists	\$ _____
Orthodontists	\$ _____
Total Annual Allowable Expenses	\$ _____
Number of pay periods	÷ _____
Amount of reduction per pay period	= \$ _____

Qualifying Expenses

Dependent Care Expenses

Expenses necessary for you to be gainfully employed:

- Expenses paid to a dependent care provider (includes day care)
- Expenses paid for care of a dependent under age 13
- Expenses paid for care of any dependent who is physically or mentally incapable of caring for himself

Health Care Expenses

Under the Health Care Reimbursement Plan, you will be reimbursed only for those types of medical expenses normally deductible on your federal income tax return (without regard to the 7.5% of adjusted gross income limitation). Only expenses **not** reimbursed by insurance can be claimed. See the reverse side of this form for a listing of qualified expenses.

Qualifying health care expenses include only those expenses incurred for:

- Yourself
- Your spouse
- All dependents you list on your federal tax return
- Any person that you could have listed as a dependent on your return if that person had not received gross income equal to or in excess of the exemption amount or had not filed a joint return.

IRS Publication 502, Medical and Dental Expenses, has a checklist of medical expenses that can be deducted and therefore reimbursed under this plan, and those that cannot. *Over-the-counter (OTC)* drugs (e.g., aspirin, allergy and cold medications) purchased for medical purposes are an allowable expense under a Section 125 Plan (although not deductible on your federal tax return).*

Due to changes under the "Patient Protection and Affordable Care Act," effective January 1, 2011, over-the-counter (OTC) benefits will be limited to Doctors' Prescriptions only

Qualifying Health Care Expenses

Health Insurance Premiums are **NOT** a Qualifying Health Care Expense

Air conditioning used for alleviating illness
Ambulance hire
Artificial limbs and teeth
Automobile modifications (hand controls, special equipment, mechanical lifts)
Birth control pills
Braille books and magazines
Childbirth preparation classes
Deductibles under your health & dental plans
Drugs (legal -- prescription and **over-the-counter (OTC) with limitations***) and medical supplies
Elastic hose, medically prescribed
Eyeglasses and Contact Lenses
Fees:

Abortion
Acupuncture
Anesthetist
Blood donor
Chiropractor
Christian Science practitioners
Clinic
Dentist
Diagnosis
Diathermy
Examination, physical
Eye examination
Gynecologist
Healing services
Hospital
Laboratory
Lasik Surgery
Lip reading lessons for the deaf
Medical information plan
Midwife
Nurse
Ophthalmologist
Optician
Optometrist
Oral surgery
Orthodontists** (with limitations)
Osteopath
Pediatrician
Physician
Physiotherapist
Podiatrist

Fees (continued):
Practical Nurse
Psychiatrist
Psychologist
Psychoanalyst
Sex therapist
Specialist
Surgeon
Therapy, weight loss program where prescribed as treatment for a specific disease
Food and beverages (special) for specific ailments when medically necessary and only to the extent that costs exceed normal diet
Halfway house residency
Health spa in home (to extent value of home not increased)
Hearing devices and Hearing Exams
Hospital bills
Iron lung, operating cost
Laetrile, when prescribed by doctor
Lifetime care at medical facility
Nursing care expenses
Obstetrical expenses
Operations and related treatments
Oxygen equipment
Rental of medical or healing equipment
Retirement home fees, portion allocable to medical care
Sanitarium or rest home
Seeing-eye dog and hearing-assisting cat (including maintenance)
Special education
Special television set to receive closed captions
Support or corrective devices (including special mattress and board for arthritis)
Swimming pool fees for use of pool for exercises prescribed by a physician to alleviate specific medical conditions
Telephone for deaf
Therapy treatments
Transportation expenses relative to illness
Vasectomy
Wood clapboard in home to treat allergy
X-rays

See IRS Publication 502 for additional information. **Caution:** some expenses listed in Publication 502 are not eligible for reimbursement under this plan due to IRS Regulations. Check with your Plan Administrator if you have any questions.

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**** Cosmetic surgery and orthodontics are limited to medically necessary procedures.**

Eligible Over-The-Counter (OTC) Medicines and Drugs

Due to changes under the "Patient Protection and Affordable Care Act," effective January 1, 2011, OTC benefits will be limited to Doctors' Prescriptions only

Some Over-The-Counter Medicines and Drugs are eligible to be reimbursed under a Section 125 Plan's Health Reimbursement Account.

OTC Medicines and Drugs must be purchased for medical purposes only for you, your spouse and/or dependents. Claims must be accompanied by a receipt or invoice with the name of the OTC item, medicine or drug as well as the date of purchase. As with other eligible expenses, purchase and use of the items must be incurred within the current Plan Year.

Eligible Items:

- Allergy medications
- Antibiotics
- Anti-diarrhea medications
- Anti-fungal medications
- Antihistamines
- Aspirin and other pain medications
- Asthma medications
- Bandages, gauze pads, rubbing alcohol, liquid adhesives
- Bug bite medications
- Carpel tunnel wrist supports
- Cold/hot packs for injuries
- Corn/callus removers
- Cough drops
- Decongestants
- Eye products (including non-prescription reading glasses)
- First aid creams (diaper, fever blister, cold sores, poison ivy, sunburn)
- Heartburn medicines
- Hemorrhoid treatments
- Laxatives
- Menstrual cycle products for pain and cramp relief
- Motion sickness treatments
- Muscle or joint pain treatments or medicines
- Nasal sprays
- Nasal strips
- Nicotine gum or patches for smoking cessation purposes
- Sinus medications
- Thermometers/accu strips
- Throat lozenges
- Topical creams for pain relief
- Wart removers

Some items, such as vitamins, botanicals/herbs, feminine hygiene products, hormones, minerals and sunscreens would require a medical doctor's "letter of medical necessity" to be eligible for reimbursement.

Some items, such as cosmetics, toiletries and items used primarily for your general health and well-being are not a permitted expense.