



Checklist for Turning in your Flexible Spending Account Claim (FSA)

- ___ Include your name, Social Security number, mailing address, & telephone number on a request for reimbursement form.
- ___ Itemize your expenses & dollar amount for each receipt attached
- ___ Attach all Explanation of Benefits (EOB's) and/or receipts for each item requested
- ___ Total the charges and list the amount of reimbursement you are requesting
- ___ Sign and date your reimbursement form
- ___ Mail your completed reimbursement form and your documentation to Principal Financial Group, Central Mail Facility, PO Box 39710, Colorado Springs CO 80949-3910.

Important Reminders

- Balance Due statements, cancelled checks and credit card receipts are not valid for reimbursement.
- We can only reimburse charges that have been incurred. Any charges for future dates of service cannot be reimbursed until the services have been provided, even if the charges have already been billed or paid.

Helpful Hints and General Guidelines

- When submitting multiple receipts, it is helpful to only submit one reimbursement form provided that all the receipts can be itemized on the back of one form. If you are submitting claims for two plan years, separate the receipts and reimbursement form by plan year. This will speed up the processing of your claims.
- If you are submitting several receipts it is a good idea to tape them down to a larger piece of paper to be certain they stay attached to the reimbursement form. We recommend making copies for your records.

If you have any questions regarding any of this information, please contact your Service Center at the phone number listed on your reimbursement form. You can also log on to www.principal.com 24 hours a day and check the status of your FSA claims and balances by choosing the Personal Login option.

Health Care Reimbursement

- When submitting a claim that has been paid partially by your medical, dental, and/or vision insurance, attach a copy of the EOB.
- When submitting a claim that is not covered by your medical, dental, and/or vision insurance, attach a copy of a receipt that includes the following:
 - ❖ Dates of service
 - ❖ Provider's name
 - ❖ Procedures and dollar amounts
- If you are requesting reimbursement for a prescription copay, attach a copy of a print out from the pharmacy, or the individual receipts showing patient name, the name of the prescription, date of service and the amount that you are responsible for.
- If you are requesting reimbursement for an Over-the Counter drug expense we will require an itemized receipt that includes the name of the provider, the name of the product purchased, the cost of the item, and the date it was purchased. (i.e., Walgreen's, 01/10/04: Tylenol-\$6.99, Vicks 44 - \$4.99, etc).

If a cash register receipt from the provider includes all the information listed above, it will be considered acceptable documentation. If the cash register receipt does not include all that information, and (for example) is missing the name of the provider, the date, or just lists OTC and an amount, rather than the actual name of the OTC drug, we will not be able to reimburse the participant for that OTC drug.

Dependent Care Reimbursement

- If your daycare charges are for services provided by an in-home daycare provider, your receipt must contain the following information:
 - ❖ Provider name
 - ❖ Dates of service and children's names
 - ❖ Amount of the charges for the dates of service listed
 - ❖ Provider signature
- If your daycare charges are from a daycare center the center will usually provide you with a receipt on their letterhead. The same information is required on the receipt that an in-home daycare provider must provide, except a signature is not necessary.

When you submit your daycare charges for reimbursement, we will automatically hold any charges over the balance in your account to the next payday for reimbursement provided funds are available.

If you do not want your remaining charges over the account balance held for future reimbursement and only want to be reimbursed for what has been withheld from your check, clearly mark this on your reimbursement form under the amount requested column.