

PayFlex Systems USA, Inc.
FLEX DEPARTMENT
PO BOX 981158
EL PASO, TX 79998-1158

AARON BORNSTEIN
9 PATTON AVENUE
APARTMENT A
PRINCETON, NJ 08540

*** THIS IS NOT A CHECK ***

NO. 295177322
DATE: 04/19/2017



PayFlex Systems USA, Inc.
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PO BOX 981158
EL PASO, TX 79998-1158

At least one of your accounts is in an overpaid status. Please remit the amount below.

AARON BORNSTEIN
9 PATTON AVENUE
APARTMENT A
PRINCETON, NJ 08540

Total Amount Due: \$137.00
Total Amount Paid: _____

NON-NEGOTIABLE

BORNSTEIN, AARON
Trustees of Princeton University

Explanation of Payment (Overpayment Due)

Your account is in Overpayment status, which means you have been reimbursed for a claim that has been denied. The denied amount shown in this Explanation of Payment (EOP) was the overpaid amount. In order to keep your account in compliance, you must do one of the following: 1) Fax or mail in a legible copy of the detailed receipt or Explanation of Benefits (from your insurance provider) for the denied expense; OR 2) Fax or mail in a detailed receipt or EOB for another eligible expense incurred in the same plan year and having an amount greater than or equal to the original denied expense; OR 3) Mail a check to PayFlex for the amount of the original denied expense to repay the plan.

If you do not provide acceptable documentation or repayment by 05/17/2017, your card will be suspended until resolved.

If we do not receive your receipts, EOB or repayment by the end of the plan year's runout period, the amount will be reported to the IRS as taxable income by your employer on your W-2.

NO. #: 295177322

Date: 04/19/2017

Total Amount: *****\$0.00

This Payment Includes

Account Name	Expense Type	Service Dates Begin End	Amt Requested	Amt Paid	Amt Not Paid	Claim #	Amt This Payment
	Dental	01/06/2017 01/06/2017	\$137.00	\$0.00	\$137.00	539016696	\$0.00
Remark: This expense is not eligible for reimbursement and has been denied. This debit card transaction was for an expense incurred in the prior plan year.							
							Total: \$0.00

Access your account information online at payflex.com

**PayFlex Systems USA, Inc. | FLEX DEPARTMENT | PO BOX 981158 | EL PASO TX, 79998-1158
Toll Free: (800) 284-4885 | Fax: (402) 231-4310**

Do you get your claim notices by mail? You can get them faster by e-mail. Log in to your account and click on My Settings. Then click on the notifications link. Be sure to enter your e-mail address and select the e-mail option for Explanation of Payment. Do you get your claim reimbursements by check? You can get your money faster with direct deposit. Log in to your account and click on the Financial Center tab. Then click on Enroll in Direct Deposit to get started.

Appeals: If this notice contains an adverse determination and is not just a request for additional information, you are entitled to a review (appeal) of the determination if you have questions or do not agree. To obtain a review, you or your authorized representative should submit a request in writing to the address shown on the explanation of payment notice. Your request should include the group name (e.g., your employer), your name, your member identification number and other identifying information shown on this notice, and any comments, documents, records and other information you would like to have considered, whether or not submitted in connection with the initial claim. You may also review documents relevant to your claim. Upon request and free of charge, you may receive reasonable access to and copies of all documents, records, and other information including any internal procedures or any specific rules, guidelines or protocols relied upon or used during the processing of your claim. If you are appealing an adverse determination for your Health Care Flexible Spending Account, Health Reimbursement Account, Limited Flexible Spending Account or Retiree Reimbursement Account, then your written request for review must be filed within 180 days following receipt of this notice. A review will be conducted and you will be notified of the decision within 60 days (or 30 days if your plan has 2 levels of appeal). If you are appealing an adverse determination with respect to your Dependent Care Account, then your written request for review must be mailed within 60 days following receipt of this notice. A review will be conducted and you will be notified of the decision within 60 days. Please review your plan documents or contact your plan administrator to confirm the specific appeals process available to you. If you do not agree with the final determination on review, and if your plan is governed by ERISA, you have the right to bring a civil action under Section 502(a). Please refer to your Summary Plan Description, or contact your employer, to confirm the applicability of ERISA to your plan.