Smart-Choice Accounts™

Health Care Claim Form



IRS rules require Alight Smart-Choice Accounts to validate your eligible expenses before you're reimbursed.

Visit your benefits website for a complete list of eligible expenses and documentation requirements concerning medical necessity, orthodontia, or other services.

Getting Reimbursed

Once you've sent your required items, Smart-Choice Accounts will process your claim within five business days. If we have your email address, we'll notify you when your items have been received. You can review your claims status on your benefits website or the mobile app.

Documentation You'll Need to Provide

You must provide proper supporting documentation so your claim can be approved. This includes copies of receipts or other documentation, such as an Explanation of Benefits (EOB) statement from your health plan.

An itemized receipt must include:

- Date of service
- Name of service provider, supplier, or pharmacy
- Name of patient (not required for health care supplies)
- Identification of drug or product, or description of service
- Amount paid

If you have medical insurance, proof of any amount paid by other coverage, such as an EOB, is required. However EOBs aren't required for:

- Prescriptions
- Vision or hearing expenses
- Receipts stating that the amount is for a copayment

If you've lost a receipt, contact your doctor or pharmacy to request a copy or call your health plan for an EOB. If you don't provide the necessary information, the processing of your claim may be delayed.

Submitting Claims and Receipts

IMPORTANT NOTE:

Prescription or Over-the-Counter Expense?

An itemized receipt is always required. If the receipt is handwritten, it must include the service provider's signature. For prescription drugs, remember to submit the receipt attached to the prescription, instead of the cash register receipt.



Online

- Your Benefits Website
- Smart-Choice Mobile App (available in app stores at no cost, if your employer offers this feature)



Fax

1.855.673.6719

If faxing, do not include a cover letter and please place this form before any itemized receipts.



Mail

Alight Smart-Choice Accounts P.O. Box 64009

The Woodlands,TX 77387-4009

Smart-Choice Accounts™

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Health Care Claim Form

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More than two expenses? Print another form (forms can't be reused).

EMPLOYEE CERTIFICATION

 $By signing \ below, I \ certify that the information I'm \ providing is \ correct, and that the \ expenses for \ which I'm \ requesting \ reimbursement (or \ ambursement) and \ reimbursement (or \ ambursement) a$ $validating) \ were for services \ or supplies \ that (1) \ I \ (or \ my eligible \ dependents) \ received \ under the \ plan, (2) \ were \ furnished \ on \ or \ after \ the \ date$ my spending account took effect, (3) haven't been reimbursed through any other source and won't be submitted for future reimbursement, and (4) don't include any amounts that are otherwise payable by plans for which I am (or my dependents are) eligible. For prescription and (4) don't include any amounts that are otherwise payable by plans for which I am (or my dependents are) eligible. For prescription and (4) don't include any amounts that are otherwise payable by plans for which I am (or my dependents are) eligible. For prescription are otherwise payable by plans for which I am (or my dependents are) eligible. For prescription are otherwise payable by plans for which I am (or my dependents are) eligible. For prescription are otherwise payable by plans for which I am (or my dependents are) eligible. For prescription are otherwise payable by plans for which I am (or my dependents are) eligible. For prescription are otherwise payable by plans for which I am (or my dependents are otherwise payable by plans for which I am (or my dependents are otherwise payable by plans for which I am (or my dependents are otherwise payable by plans for the payable by plans for the plans for the payable by plans for the payable byexpenses, I am submitting a valid prescription and itemized receipt. I understand that health care reimbursements aren't eligible deductions on my individual tax return. Claim decisions will be made in accordance with the provisions of the plan.

 $For over-the-counter \ medicine, I \ also \ certify \ that \ any \ expenses \ for \ which \ I'm \ requesting \ reimbursement \ (or \ am \ validating) \ (1) \ were \ used$ primarily for medical care, (2) were used to treat an existing medical condition, (3) were not used for cosmetic purposes, (4) weren't $purchased\ just\ to\ benefit\ general\ health, (5)\ were\ used\ for\ my\ treatment\ or\ the\ treatment\ of\ my\ eligible\ dependents.$



claim, please submit an itemized receip



Emplovee Signature Date