



PERKS & POTENTIAL

In Perks and Potential, we highlight the benefits available to you as a Benchmark employee. We focus on one area of benefits, explaining what they are and how you can access them, so you can reach your potential, too.

FLEXIBLE SPENDING ACCOUNTS (FSAs)

Benchmark offers two Flexible Spending Account (FSA) options during open enrollment. These include Healthcare FSAs and Dependent Care FSAs.

Healthcare FSAs and Dependent Care FSAs both allow employees to set aside pre-tax funds from their paychecks to pay for eligible out-of-pocket healthcare and/or dependent care expenses.

Healthcare FSA

Employees enrolled in the Healthcare FSA will receive a debit card from Paylocity, which you can use to pull funds from your FSA to cover eligible expenses.

Dependent Care FSA

Employees enrolled in the Dependent Care FSA do not receive debit cards. Instead, employees file claims to be reimbursed from their FSA to cover eligible costs, such as childcare.

Regardless of which FSA you are enrolled in,

Save your receipts/documents and check your Paylocity notifications!

Without proper documentation, your card may be frozen or your claim may be denied. Paylocity will prompt you to submit documentation when needed.

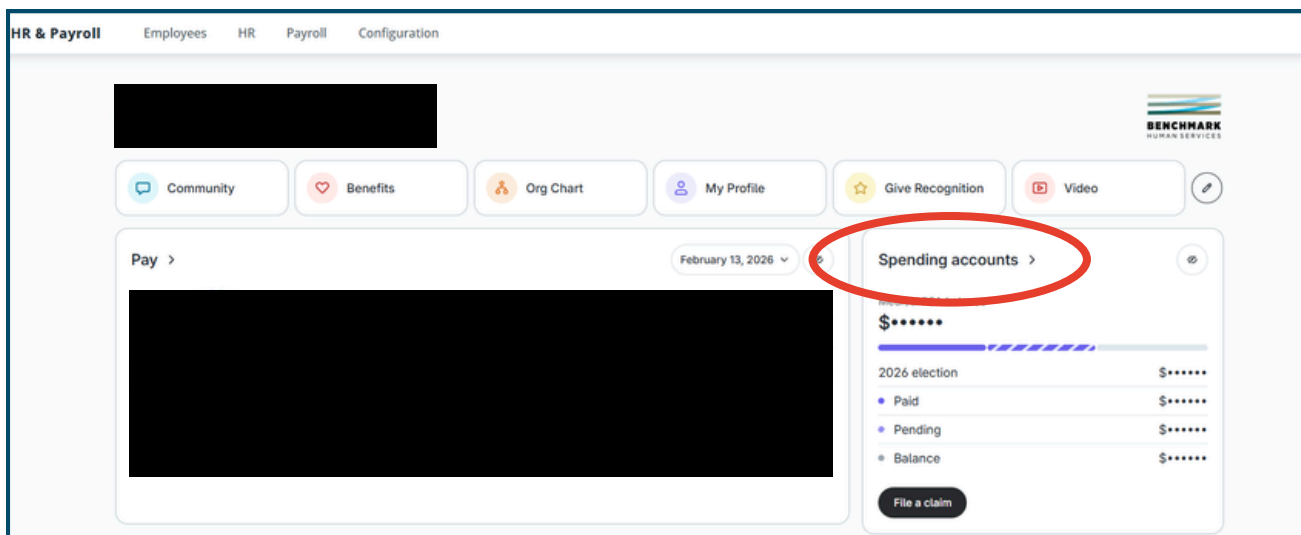
Please ensure your notifications are “on” for the Paylocity app and check the email tied to your Paylocity account, so you do not miss any alerts. Continue reading for info on documentation.

Remember: You need to add your bank account info into Paylocity’s FSA portal, in order to finalize your FSA. Please see page 8-9 for instructions.

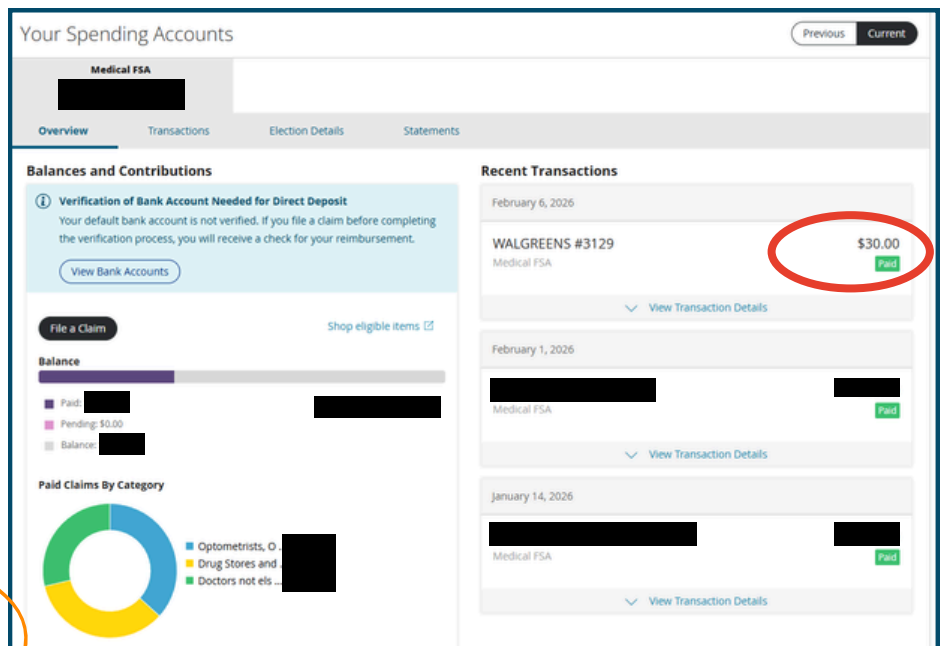
HEALTHCARE FSA

Employees enrolled in the FSA can view their account balance and recent claims and transactions on Paylocity. Instructions:

1. Log into Paylocity on a desktop computer or web browser.
2. On your homepage, see the “Spending accounts” information on the top right. Click “Spending accounts.”



3. You can view recent transactions on this page. In the bottom-right corner of each transaction, you'll be able to see if a transaction was paid or if documentation is required.



If documentation is required, the green “Paid” icon will be replaced with an orange “Receipt Required” icon.

You should receive notifications to submit documentation. Documentation can be submitted via the Paylocity website or on the Paylocity app.

Receipt Required

WHAT IS PROPER DOCUMENTATION?

Healthcare FSA

Acceptable documentation includes:

- Itemized receipt from doctor, dentist, vision provider
- Explanation of Benefits (EOB) from insurance
- Pharmacy printout showing medication name (not just “prescription”)
- Detailed store receipt listing FSA-eligible items separately
- Invoice from provider showing services rendered

It is NOT acceptable to submit:

- Credit card receipts
- Bank statements
- Cancelled checks
- Non-itemized receipts
- “Balance forward” statements
- Appointment reminder cards

Please do NOT make non-FSA purchases on the same receipt as the FSA-eligible purchase.

For example, do NOT go to Walgreens and purchase makeup on the same receipt as FSA-eligible items, such as a prescription, if you plan to use your FSA to cover any costs.

Please see next page for a list of Healthcare FSA-eligible expenses.

NOTE: Some ‘general health items’ may require a Letter of Medical Necessity (LMN). This document is completed by you and your healthcare provider. A blank copy is included on the last page of this PDF.

FSA, HSA, HRA, 213D

Eligible Medical Expenses

Per IRS regulations, the following, while not intended to be complete, illustrates examples of section 213 eligible medical or medical-related expenses.*

- Acupuncture
- Addition treatments smoking, alcohol, & drug therapy
- Ambulance fees
- Braille books and magazines
- Breast Pump
- Childbirth classes mother-to-be expenses only
- Chiropractic & osteopath care
- Coinsurance
- Contact lenses, solutions, & cleaners
- CPAP devices and apparatus cleaner
- Deductibles
- Dental & orthodontia fees
- Diagnostic & laboratory testing fees
- Eyeglasses with prescription
- Guide dog
- Hearing aids & batteries
- Hospital bills
- Insulin & diabetic supplies
- Laser eye surgery
- Mobility Aids crutches, wheelchairs, etc.
- Nurse fees
- Obstetrical expenses
- Oxygen
- Physician fees
- Psychologist fees or individual therapy
- Routine physicals
- Special communication equipment for the deaf
- Surgical & operation fees
- Prescribed therapy treatments
- Transplants
- Transportation expenses/mileage to receive medical care or services
- Tuition at special school for learning disabled requires a letter of medical necessity
- X-rays

*Eligible items subject to change

Over-The-Counter Items

Eligible without a doctor's prescription

- Acid controllers
- Allergy & sinus
- Antibiotic products
- Anti-itch & insect bite
- Anti-parasitic treatments
- Asthma flow meters
- Band-aids
- Blood pressure monitors
- Callous, corn, & wart removers
- Cholesterol tests
- Cold sore remedies
- Contact lens solution
- Cough, cold, & flu
- Crutches
- Diabetes care: blood test strips, glucose kits, monitors, and tests
- First aid kits
- Gauze & gauze pads
- Heating pads
- Hemorrhoidal preps
- Incontinence supplies for adults
- Medical bracelets/necklaces
- Medical tape
- Menstrual products
- Nasal strips
- Nebulizers
- Ointments
- Orthopedic shoe inserts
- Pain relief
- Reading glasses
- Respiratory treatments
- Rubbing Alcohol
- Sleep aids
- Stomach remedies
- Sunburn Creams
- Sunscreen (SPF 15+)
- Supports & braces
- Thermometers

Expenses That May Not Be Claimed

- Cosmetic surgery or treatment not done for the primary purpose of proper functioning of the body or to prevent or treat illness or disease; including but not limited to face lifts, whitening or capping of teeth, hair transplants, or treatments including Retin-A or vein surgery. [To be eligible, treatments must be proven medically necessary.]
- Diaper service for infants
- Ear piercing by a physician
- Employment-related expenses (physicals, transportation)
- Fitness programs or physical therapy for general health benefits
- Illegal treatments
- Insurance premiums, including contact lens insurance programs
- Hygiene items
- Expenses reimbursed by an HSA or HRA

Dual Use

Requires doctors letter - To be eligible, treatments must be proven medically necessary.

- Accommodations made for disabling medical conditions
- Activity trackers*
- Baby Rash Ointments
- Feminine anti-Fungal/anti-itch
- Foot spa
- Gloves and masks
- Herbs
- Humidifier
- Massagers
- Minerals, vitamins, & multivitamins
- Orthopedic shoes only the cost above a regular shoe qualifies
- Special supplements
- Weight Loss Programs

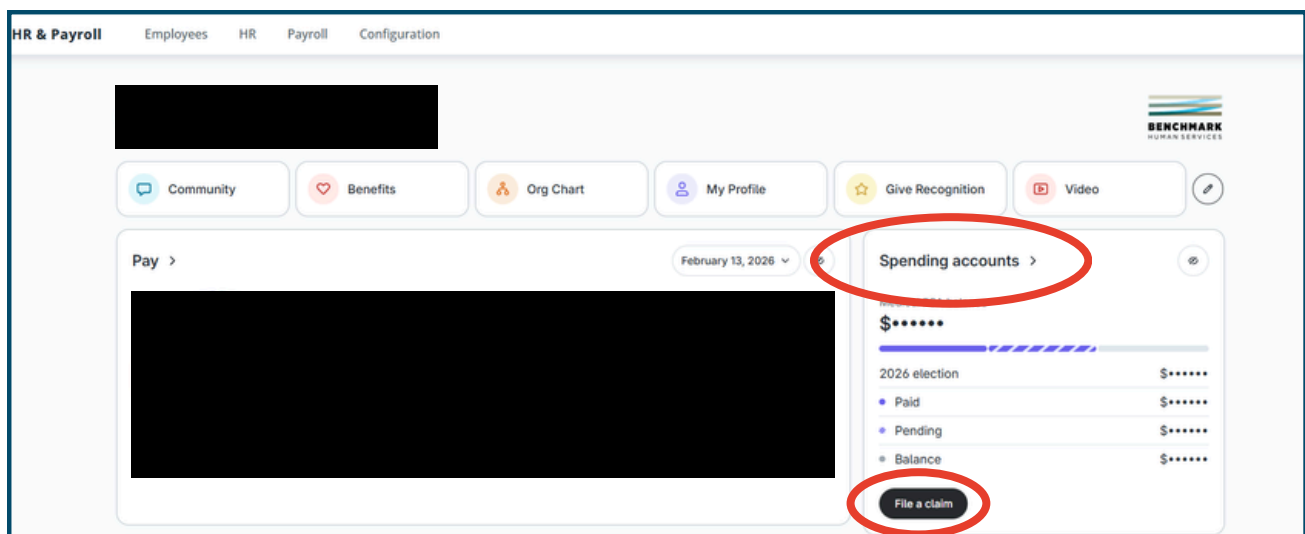
Note: Plan restrictions may apply. Check with your plan administrator.

For more information please contact us at batinfo@paylocity.com

DEPENDENT CARE FSA

Dependent Care FSAs are often used to cover care expenses for your dependent(s). If you enroll in a Dependent Care FSA, you will pay for care costs out-of-pocket. Then, you will submit a claim to Paylocity to be reimbursed out of your Dependent Care FSA funds.

Claims are submitted via Paylocity. Below, please see a screenshot of where to find the “File a Claim” button on Desktop. You can also complete this process on the Paylocity app.



WHAT COUNTS AS PROPER DOCUMENTATION?

Receipts must include ALL of the following information:

- Provider's name
- Provider's address
- Provider's Tax ID number or Social Security Number
- Dates of care (specific service dates — not just billing date)
- Amount charged
- Name of dependent receiving care

WHAT COUNTS AS PROPER DOCUMENTATION?

Dependent Care FSA

Acceptable documentation includes:

- Daycare center invoice with EIN listed
- Summer camp invoice showing dates of care (day camp only – not overnight camp)
- Before/after school care statement
- Nanny invoice including SSN and service dates
- Signed provider statement including all required information

It is NOT acceptable to submit:

- Credit card receipts
- Cancelled checks
- Bank statements
- Registration fee invoices without dates of care
- Kindergarten or tuition bills (educational expenses are not eligible)
- Overnight camp expenses
- Additional Notes

Eligible dependents include:

- Children under age 13
- Spouse or dependent who is physically or mentally incapable of self-care.

Important notes:

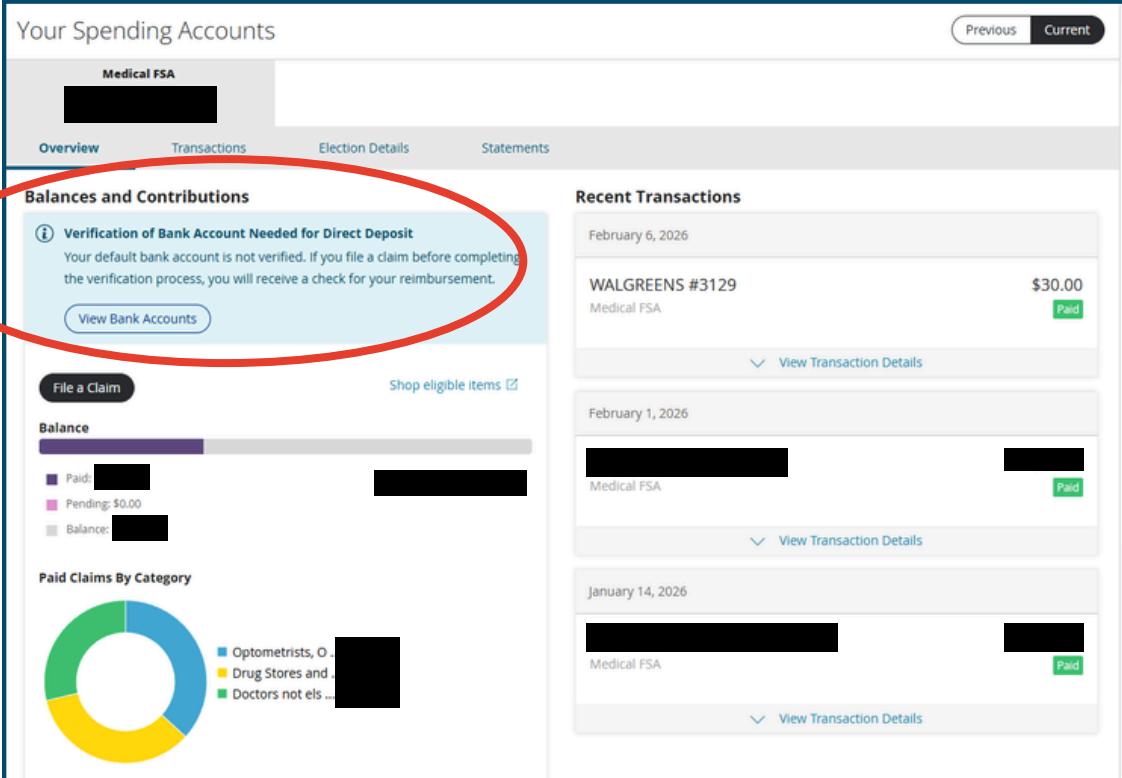
- Expenses must be for custodial care, not educational instruction.
- Reimbursements are limited to the amount currently available in the DCFSA account (unlike medical FSAs, DCFSA funds are only available as contributed).
- The provider information must be sufficient for the employee to report the expense on their IRS Form 2441 when filing taxes.

HOW TO FINALIZE YOUR ACCOUNT

Connecting your personal bank account to Paylocity FSA

Both Healthcare FSA and Dependent Care FSA require access to one of your bank accounts. If you do NOT add your bank information, your card may be suspended or you may be unable to receive reimbursement.

If you need to add your bank information to the Paylocity FSA, you will see a notice like this on the FSA page:

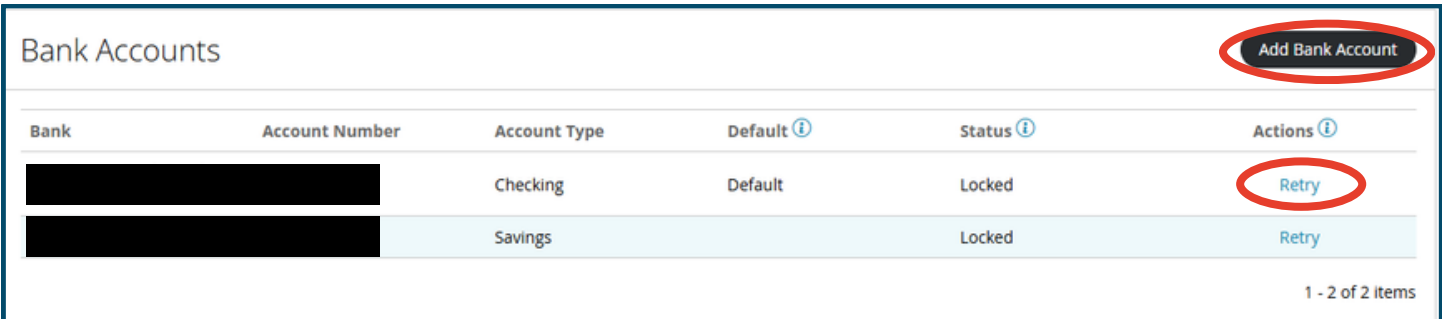


The screenshot shows the 'Your Spending Accounts' page for a Medical FSA. A red circle highlights a notification box under the 'Balances and Contributions' section. The notification reads: 'Verification of Bank Account Needed for Direct Deposit. Your default bank account is not verified. If you file a claim before completing the verification process, you will receive a check for your reimbursement.' Below the notification is a 'View Bank Accounts' button. Other visible elements include a 'Recent Transactions' list with three entries (WALGREENS #3129, February 6, 2026; a transaction from February 1, 2026; and a transaction from January 14, 2026), a 'Balance' section with a progress bar, and a 'Paid Claims By Category' donut chart.

1. Click “View Bank Accounts.”
2. Depending on what information is currently in Paylocity, you may need to “Verify,” “Retry,” or “Add Bank Account.” See image on next page.

HOW TO FINALIZE YOUR ACCOUNT

Connecting your personal bank account to Paylocity FSA (continued)



Bank Accounts						Add Bank Account
Bank	Account Number	Account Type	Default ⓘ	Status ⓘ	Actions ⓘ	
[REDACTED]	[REDACTED]	Checking	Default	Locked	Retry	
[REDACTED]	[REDACTED]	Savings		Locked	Retry	

1 - 2 of 2 Items

3. Select which bank account you would like connected to your FSA.

- **If you are in the Healthcare FSA:**

- Paylocity will use this bank account ONLY WHEN NECESSARY to withdraw funds for unapproved FSA card purchases.

- **If you are in the Dependent Care FSA:**

- Paylocity will transfer your reimbursement funds to this account after your claim has been submitted and approved.

4. Follow the prompts to finish activating your bank account. You will need to log into your bank account, view the micro-deposits, then return to your Paylocity account to enter the micro-deposit information.

GRACE PERIOD FOR ALL FSA FUNDS

Funds must be used by March of the year following your plan year. For example, people who contributed to their FSA fund in 2025 need to use-or-lose their FSA funds by March 14, 2026.

The first year you enroll in the FSA, you can only use funds to cover expenses from that year. For example, if you begin contributing to an FSA in 2025, you CANNOT submit claims for services or purchases from 2024.

PAYLOCITY CONTACT INFORMATION

If you have any issues with your FSA, please contact Paylocity directly. Benchmark's staff cannot see your FSA account or any funds in it.

Paylocity Contact Information:

800-631-3539

batinfo@paylocity.com

Paylocity's FSA Guide begins on next page.





FLEXIBLE SPENDING ACCOUNT

SIGN-UP & SAVE MONEY



WHAT IS AN FSA?



BY REDUCING YOUR TAXABLE INCOME WITH AN FSA, **YOU SAVE** FICA, FEDERAL, STATE, AND LOCAL TAXES AND INCREASE YOUR TAKE-HOME PAY.

An FSA allows you to contribute money into an account with each paycheck to pay for qualified expenses on a pre-tax basis. You can then use these tax-free funds to pay for qualified out-of-pocket medical costs and other eligible expenses. With an FSA, you save FICA, federal, state, and local taxes by reducing your taxable income, an increasing your take-home pay.

HOW IT WORKS

Example: An employee makes \$2,000 each month and decides to participate in their employer’s Flexible Spending Account. As a result, their insurance premiums and health and daycare expenses are paid with tax-free dollars, giving them an additional \$100 each month!

Without the Plan

Monthly Expenses	
Employee’s Gross Earnings	\$2,000
FICA, Federal, State Taxes	- \$500
Insurance Premium	- \$100
Health and Daycare Expenses	- \$300
Net Earnings	\$1,100

With the Plan

Monthly Expenses	
Employee’s Gross Earnings	\$2,000
Insurance Premium	- \$100
Health and Daycare Expenses	- \$300
Adjusted Gross Earnings	\$1,600
FICA, Federal, State Taxes	- \$400
Net Earnings	\$1,200

FSA’s MADE EASY

You have 24/7 access to your FSA benefit plan and funds. With the self-service portals, modern mobile app, and debit smart card, manage your account anywhere, anytime. We make accessing TPA benefit plans convenient and intuitive with:



Self-Service Employee Portal

Fully engage with benefit accounts and funds with our HIPAA-compliant portal. Enroll in benefits, submit claims, upload receipts, track expenses, view balances and activity, and much more.



Mobile App

Conveniently access your FSA balances, submit claims, and more with our Mobile App! Rest easy knowing sensitive account information is never stored on the device and secure encryption is used to protect all transmissions.



Debit Smart Card

Pay for qualified expenses with a debit card loaded with account balances. No more claim forms. No more paying out-of-pocket. No more hassle.

USING YOUR FSA



YOUR OPTIONS

Healthcare FSAs provide reimbursement for out-of-pocket medical, dental, and vision care expenses, such as deductibles, prescriptions, check-ups, and more.

Dependent Care FSAs help pay for eligible child and adult care services, such as preschool, before or after school programs, daycare, summer camps (not overnight camps), and more.

Eligibility includes:

- a child under the age of 13, or
- a child, spouse, or other dependent who is physically or mentally incapable of self-care and resides with you for more than half the year and regularly spends at least 8 hours a day in your home.

Limited FSAs can be used for qualified dental, vision and preventive expenses when enrolled in an HSA plan.

Premium Only Plans allow you to pay for employer-provided health and other insurance premiums with tax-free dollars. If you are covered under your employer's health and/or other insurance plans, you are typically automatically enrolled. Notify your employer if you don't want your premiums paid tax-free.

LEFTOVER FUNDS

Your plan may include the \$680 carryover or grace period option. The \$680 carryover allows you to rollover up to \$680 of unused medical/limited FSA funds at the end of the plan year. Alternatively, the grace period option allows for an extended period of time at the end of the plan year (usually 2.5 months) in which you can continue to incur expenses to use your remaining FSA balance. Refer to your Summary Plan Description (SPD) for detailed information regarding your plan.

FAQs

How do you benefit by participating?

The biggest advantage is the tax savings. Every dollar set aside in your FSA account reduces your income taxes and can be used on qualified expenses.

Why should you participate in the FSA when you already have health insurance?

This account is used to pay for qualified expenses not covered by insurance.

Can you change your contributions during the year?

Only if you have a change in status such as: marriage, divorce, birth, adoption, or a change in employment status for you, your spouse, or your dependent.

What if you currently take the dependent care credit on your annual tax return?

Whether or not to participate in the daycare portion of this plan depends on your income, filing status, number of dependents, and annual daycare expenses. The amount deposited into your Dependent Care Account reduces the amount, dollar for dollar, that can be claimed as a credit on your tax return. Contact a tax advisor for further information.

How do you get reimbursed for qualified expenses?

Use your Benefit Card, if applicable or submit claims online in the Employee Portal or Mobile App. Manual claims may be submitted with a claim form via fax, secure email, or mail.

Do you have to wait for the money to be deposited in your account in order to make a claim for reimbursement?

The annual amount allocated for the Medical/Limited Flexible Spending Account is available to you at any time throughout the plan year. The amount available to you from your Dependent Care Account is the amount you have contributed to date.

How to check your account balance?

Check your account balance using the Employee Portal, Mobile App or Interactive Voice Response System (IVR). For manual claims, you will receive a statement attached to your check or advice of deposit indicating your election amount and claims paid-to-date.

What happens to your account if you terminate your employment?

Most FSA plans include a run-out period for terminated employees. During this time, you can submit claims for reimbursement on qualified expenses incurred on or before the date of termination. Check your Summary Plan Description for any additional rights or benefits provided by your company's plan.

What if you don't use all of the money set aside in your accounts?

You should carefully review your expenses prior to selecting your annual election amount and refer to your SPD for plan details. Unused funds at the end of the plan year will not be paid to you in cash.

What if you are not covered under your company's health insurance plan?

Good news! You can still participate in the Medical/Limited or Dependent Care Flexible Spending Accounts as long as you are eligible for their group medical plan.

Are there any negatives to know about?

Yes, because you are not paying social security tax on the portion of your income that has been redirected, your social security benefits may be slightly reduced.

ELIGIBLE EXPENSE LIST



MEDICAL EXPENSES

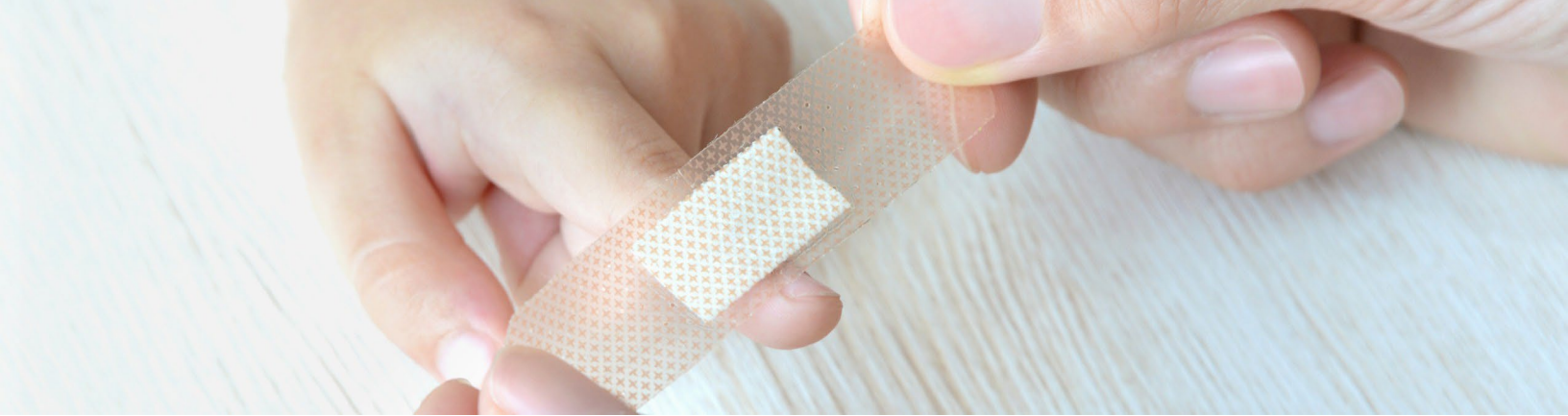
Per IRS regulations, the following, while not intended to be complete, illustrates examples of section 213 eligible medical or medical-related expenses. Expenses must be incurred during the Plan Year from which you are requesting reimbursement. Expenses are considered incurred when service is rendered, not when service is billed or payment is made. Expenses cannot be reimbursed in advance of the date service is rendered.

- Acupuncture
- Ambulance fees
- Braille – books and magazines
- Breast pump
- Childbirth classes mother-to-be expenses only; partner's expenses not eligible
- Chiropractic care
- Coinsurance
- Contact lens(es), solutions, and cleaners
- CPAP Devices and Apparatus Cleaner
- Crutches
- Deductibles
- Dental fees
- Dentures
- Denture adhesives
- Diagnostic testing fees
- Prescription eyeglasses
- Gloves *eligible if purchased to prevent the spread of COVID
- Guide dog
- Hearing aids and batteries
- Hospital bills
- Insulin and diabetic supplies
- Laboratory fees
- Laetrile by prescription
- Masks *eligible if purchased to prevent spread of COVID
- Nurse fees
- Obstetrical expenses
- Operations
- Orthodontia
- Osteopath fees
- Oxygen
- Personal Protective Equipment (PPE) *eligible if purchased to prevent the spread of COVID
- Physician fees
- Practical nurse fees
- Prescribed drugs - see cosmetic exceptions below
- Psychiatric care
- Psychologist fees or individual therapy
- Radial keratotomy/Laser eye surgery
- Routine physicals
- Special communication equipment for the deaf
- Smoking cessation prescriptions
- Surgical fees
- Therapeutic care for drug and alcohol addiction
- Prescribed therapy treatments
- Transplants
- Transportation expenses/mileage to receive medical care or services
- Wheelchairs
- X-rays

EXPENSES THAT MAY NOT BE CLAIMED AS PART OF THE PLAN

- Cosmetic surgery or treatment not done for the primary purpose of proper functioning of the body or to prevent or treat illness or disease; including but not limited to face lifts, whitening or capping of teeth, hair transplants, or treatments including Retin-A and vein surgery.*
- Diaper service for infants
- Ear piercing by a physician
- Employment-related expenses (physicals, transportation)
- Fitness programs or physical therapy for general health benefits
- Illegal treatments
- Insurance premiums, including contact lens insurance programs
- Hygiene items
- Expenses reimbursed by an HSA or HRA.

*To be eligible, treatments must be proven medically necessary.



OVER-THE-COUNTER

Over-the-Counter Items that **DO NOT REQUIRE** a Doctor's Prescription.

- Acid controllers
- Allergy & Sinus
- Antibiotic products
- Anti-itch & insect bite
- Anti-parasitic treatments
- Asthma flow meters
- Callous, corn, & wart removers
- Cholesterol tests
- Cold sore remedies
- Contact Lens Solution
- Cough, Cold, & Flu
- Crutches
- Diabetes care: blood test strips, glucose kits, monitors, and tests
- Gauze & Gauze pads
- Heating pads
- Hemorrhoidal preps
- Incontinence Supplies for Adults
- Medical bracelets/necklaces
- Medical tape
- Menstrual Products
- Nasal Strips
- Nebulizers
- Ointments
- Orthopedic shoe inserts
- Pain Relief
- Personal Protective Equipment (PPE)
- Reading Glasses
- Respiratory treatments
- Rubbing Alcohol
- Sleep aids
- Stomach remedies
- Sunburn Creams
- Sunscreen (SPF 15+)
- Supports & braces
- Thermometers

DUAL USE (REQUIRES DOCTOR LETTER)

- Accommodations made for disabling medical conditions
- Activity trackers*
- Baby Rash Ointments
- Feminine anti-Fungal/anti-itch
- Foot spa
- Gloves and masks
- Herbs
- Humidifier
- Massagers
- Minerals, Vitamins, & multivitamins
- Orthopedic shoes only the cost above a regular shoe qualifies
- Special supplements
- Weight Loss Programs

*Activity trackers (aka fitbits, step counter) are a wearable device with the primary purpose of tracking activity. The device's purpose is to record a person's daily physical activity, together with other data relating to their health, the number of calories burned, heart rate, number of steps someone walks, sleep quality etc.



WHAT CAN YOU BUY WITH THE CARRYOVER IN AN FSA?

Save on federal, state, and local taxes when you contribute to a Flexible Spending Account!

In fact, FSA participants save an average of 30 percent each year on eligible out-of-pocket expenses.

Experience **\$153.31** in tax savings by purchasing these items with your tax-free FSA funds!

Doctor Visit Copay	\$30
Chiropractic Care (6 Visits)	\$180
Pair of Eyeglass/Contact Lenses	\$211
Maintaining Health Cost	\$421

Prescription Copay	\$20
Motrin/Tylenol	\$13.05
Tylenol Cold & Flu	\$7.93
Tums	\$5.10
OTC & Prescription Drug Cost	\$46.08

First Aid Kit	\$15
Boxes of Band-Aids	\$8.67
Coppertone Sunscreen (15+ SPF)	\$11.99
Hot/Cold Reusable Pack	\$8.29
First Aid & Sunscreen Cost	\$43.95

TOTAL COST: \$511.03

****FSA TAX-SAVINGS: \$153.31**

**Example is based on a 30% tax bracket. Actual tax savings is dependent upon your state and/or annual income and tax bracket.

EMPLOYEE INFORMATION

Employee Name:		Employee Address:	
Company:			
Last Four Digits of Social Security #:		Has your address changed? Yes: <input type="checkbox"/> No: <input type="checkbox"/>	

DEPENDENT CARE EXPENSES

	Service Start Date mm/dd/yyyy	Service End Date mm/dd/yyyy	Recurring Frequency ex: wkly/mnthly	Service Provider Name and Address	Dependent's Name	Age	Amount
1.							
2.							
3.							
Future dated services must have a Recurring Frequency & Provider Signature. Total Dependent Care Expenses Requested							

I provided the dependent care as stated above. If a recurring claim is selected, I attest to providing care for the dates of service provided above.

Provider Signature: _____ Date: _____

HEALTH CARE EXPENSES

Please select a service with each claim.

	Patient	Service Start Date mm/dd/yyyy	Service End Date mm/dd/yyyy	Medical	Rx	Dental	Vision	OTC	Mileage \$.21 per mile**	Amount
1.										
2.										
3.										
4.										
5.										
Total Health Care Expenses Requested										

ORTHODONTIA ONLY *Contract and Proof of Payment Necessary

Banding Date (when appliance were applied):		Recurring Frequency	
For full initial payment, list full cost (\$):		*Full Amount eligible for reimbursement*	
For installment plan, list installment amount (\$):		*Monthly installment amount eligible upon each due date*	

*Please arrange documentation in order listed above.

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed were incurred during the current period under the company's Cafeteria Plan. The undersigned participant in the Plan understands that expenses are "incurred" when a service is performed or care is provided, not when the bill is paid. The undersigned certifies that all expenses for which reimbursement or payment is claimed on this form were incurred on the dates of service stated above. The undersigned fully understands that he or she is alone fully responsible for the sufficiency, accuracy, and veracity of all the information relating to this claim and unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including Federal, State, or City income tax on amounts paid from the Plan which relate to such expense.

Employee Signature: _____ Date: _____



GUIDELINES FOR CLAIMS SUBMISSION

THE INTERNAL REVENUE CODE PROVIDES THE FOLLOWING GUIDANCE

MEDICAL REIMBURSEMENT

The best receipt is an Explanation of Benefits from your insurance company.

If other receipts are submitted, they must show the following:

1. Who rendered the service (name and address).
2. What type of service was rendered.
3. Date Service was provided, not billing or due date.
4. Amount of Charge
5. Any insurance payment, if applicable.

Canceled checks and credit card slips are not allowable receipts. Any amount claimed which is a "Previous Balance" or "Balance Forward," etc. cannot be paid unless the information stated in items 1-5 above is shown on the receipt.

Receipts must show all expenses incurred. Any over-payment, pre-payment, etc., for which no services are listed, cannot be reimbursed.

NOTE: In order to process your claim, all 5 pieces of information must be on each receipt. This includes receipts for orthodontic services.

OVER-THE-COUNTER (OTC) ITEMS

Receipts must show the following information:

1. When and Who Sold the product (date, name, and address).
2. Type of OTC purchased. Must show product or brand name.
3. Amount of charge.

NOTE: Every claim requiring a prescription or letter of medical necessity to be eligible must be attached for each submitted claim. Prescriptions or letters of medical necessity are not kept on file.

MILEAGE REIMBURSEMENT

Mileage incurred to and from your home or office to receive medical care is reimbursable through the FSA at the rate of \$ 0.21 per mile (2023, adjusted annually). If rate has changed, amount will be adjusted at processing. Mile claim must include substantiation. (i.e. provider invoice, receipt, ect.)

DEPENDENT CARE REIMBURSEMENT

All receipts must show the following information:

1. Who rendered the service (name and address).
2. What type of service was rendered.
3. Date of original service, not a billing date. ***IRS requires dates of service be incurred to process reimbursement.**
4. Amount of charge.



If your daycare facility does not provide a copy of a valid receipt, then you may have the provider sign off on this claim form attesting to the validity of these charges. Canceled checks and credit card slips are not allowable receipts.

RECURRING EXPENSE

Recurring expenses can be requested upfront and auto paid as services are rendered.

Examples of expenses considered as recurring:

1. Daycare
2. Orthodontics

The best documentation for recurring expenses is a service agreement or payment plan. The documentation provided must show:

1. Who rendered the service (name and address).
2. What type of service was rendered.
3. Date service was provided, not billing or due date.
4. Amount of Charge
5. Any insurance payment, if applicable
6. Frequency and duration of recurring expense

Note: The participant is responsible for maintaining receipts for recurring expenses even though the receipts are not being submitted. The participant is also responsible to notify Paylocity if recurring expense is not incurred according to original documentation submitted.

TO SUBMIT A CLAIM:

Please review claim guidelines on the back of this sheet before submitting.

Submit your claim electronically through the Employee Portal

Submit your medical or dependent care claim on our mobile app, (available on App Store or Google Play), or

Send your claim form along with all supporting documentation directly to Paylocity via a secure email: batinfo@paylocity.com, fax: 833.710.7744 or mail: Benefit Administration Technologies Inc. PO Box 2278 Fargo, ND 58108-2278

Please do not submit a claim for reimbursement if you used your Debit Smart Card.

Paylocity issues checks on the following Thursday for all claims received by Friday at 3:00 p.m. CST.

**Mileage to and from provider to your home. If rate has changed, amount will be adjusted at processing.



1400 AMERICAN LANE
SCHAUMBURG, IL

60173

batinfo@paylocity.com

PAYLOCITY.COM

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LETTER OF MEDICAL NECESSITY

Under Internal Revenue Service rules, some health care services and products are only eligible for reimbursement from your health care FSA, limited purpose health care FSA, or health reimbursement arrangement (HRA) when your licensed health care provider (provider) certifies that they are medically necessary. The expense also would not have been incurred but for the direct result of treating the specific diagnosed medical condition. **Your provider must indicate your (or your spouse's or dependent's) specific diagnosis, the specific treatment needed, the length of treatment, and how this treatment will alleviate your medical condition.**

Paylocity has developed this form to assist you and your provider in providing the information we need in order to process your claim. Your provider can also submit a statement on his or her letterhead as long as the letter includes **all** of the information on this form. This form is not used for reimbursement of over-the-counter medications. Those items require a doctor's prescription. **Keep a copy of the completed form for your records. The completed form must be submitted with each claim for the same expense.**

PARTICIPANT INFORMATION

Full Name:		Participant Address:			
Company:					
Phone:		Date of Birth:		Last 4 of SSN:	
If the letter of medical necessity is required for claims for your spouse or eligible dependent, please provide the following information:					
Patient Name:		Relationship to Employee:		Date of Birth:	

MEDICAL NECESSITY (TO BE COMPLETED BY YOUR HEALTHCARE PROVIDER)

Diagnosis:		CPT Code:	\$
Recommended Treatment:			
Explain how this treatment will alleviate the diagnosis or symptoms of the medical condition:			
Date range of treatment:	From		Through

HEALTH CARE PROVIDER INFORMATION AND CERTIFICATION

Provider Name:					
Provider Phone:		License #:		State:	

By signing below, I certify that this service or product is medically necessary to treat the specific medical condition described above and is not for general good health or cosmetic purposes.

Licensed Health Care Provider's Signature (required): _____ Date: _____

PARTICIPANT CERTIFICATION

By signing below, I certify that the previous Medical Necessity and Provider Information and Certification sections were completed by the above treating health care provider. The expense I am claiming is not for general good health or cosmetic purposes. The expense is due to the direct result of the medical condition as described above and would not have been incurred but to treat the medical condition as recommended by the health care provider. I also understand that this letter of medical necessity does not guarantee that the expense will be reimbursed under my plan.

Participant Signature (required): _____ Date: _____

Submit this form, the corresponding claim form, and receipts electronically through the Employee Portal, via our mobile app, or send to Paylocity: Secure Email: batinfo@paylocity.com • Fax: 314-909-6983 • Mail: PO Box 7410394 Chicago, IL 60674-0394

Please note: If your treatment extends beyond the time period listed by the provider, you will need to submit a new letter of medical necessity form upon expiration of the initial treatment dates. The maximum time period provided on the form cannot exceed one year from the date of the provider's signature. If treatment extends beyond one year, a new form will be required at the end of each one-year period.