



CLAIM FORM – HEALTH SAVINGS ACCOUNT (HSA)

ANSWER ALL QUESTIONS FULLY, ATTACH BILLING/RECEIPT/EXPLANATION OF BENEFITS (EOB), AND FAX TO BAC AT (614) 863-0184, OR MAIL TO PO BOX 107, REYNOLDSBURG, OH 43068-0107

A. STATEMENT OF PARTICIPANT: PLEASE ANSWER ALL QUESTIONS FULLY

HSA PARTICIPANT (LAST, FIRST, M.):		SOCIAL SECURITY NUMBER:	
HOME ADDRESS:	CITY:	STATE:	ZIP CODE:
PHONE NUMBER:	DATE OF BIRTH (MM/DD/YYYY):	IS THIS A NEW ADDRESS?:	
EMPLOYER NAME:	EMAIL ADDRESS:		

B. QUALIFIED TAX-FREE REIMBURSEMENT (SEE REVERSE): ATTACH DETAILED BILLING/RECEIPT AND/OR AN EOB

1.	CLAIMANT:	DATE:	AMOUNT:
	DESCRIPTION:		
2.	CLAIMANT:	DATE:	AMOUNT:
	DESCRIPTION:		
3.	CLAIMANT:	DATE:	AMOUNT:
	DESCRIPTION:		
4.	CLAIMANT:	DATE:	AMOUNT:
	DESCRIPTION:		

C. NON-QUALIFIED TAXABLE WITHDRAWAL:

NON-QUALIFIED WITHDRAWALS ARE SUBJECT TO INCOME TAXES (I.E. INCLUDABLE IN YOUR IRS 1040 INCOME) AND A 10% EXCISE TAX (THIS EXCESS TAX DOES NOT APPLY TO DISTRIBUTION MADE AFTER DEATH, DISABILITY, OR RETIREMENT IF AGE 65)	AMOUNT:
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D. REIMBURSEMENTS:

BAC WILL REIMBURSE FOR CLAIMS SUBMITTED VIA CHECK OR DIRECT DEPOSIT ACCORDING TO THE PARTICIPANT'S CHOICE ON THE CAFETERIA PLAN ELECTION FORM. TO CHANGE THE METHOD OF REIMBURSEMENT, PLEASE SUBMIT A DIRECT DEPOSIT AUTHORIZATION/CHANGE FORM FOUND ON BAC'S WEBSITE.

E. AUTHORIZATION:

THE EXPENSES SUBMITTED FOR PAYMENT HAVE NOT BEEN REIMBURSED AND ARE NOT REIMBURSABLE UNDER ANY OTHER HEALTH PLAN COVERAGE OR BY ANY OTHER FORM OF REIMBURSEMENT

X _____
 EMPLOYEE'S SIGNATURE (NOT VALID UNLESS SIGNED IN INK) DATE SIGNED (MM/DD/YYYY):

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES A STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME.

F. INSTRUCTIONS:

HSA MONEY CAN BE USED FOR:

- Qualified Out-of-Pocket Medical Expenses as defined in Code 213 (see discussion of Section 213 below)
- Paying COBRA premiums
- Buying health insurance while receiving unemployment compensation
- Purchasing qualified long-term care insurance policy
- Accumulating money for use after retirement for:
 - + Any health insurance other than a Medicare supplemental policy
 - + Medicare premiums
 - + Retiree medical premiums under an employer plan

Non-qualified expenses are subject to income tax and a 10% excise tax (the excise tax does not apply to distributions made after death, disability, or attainment of age 65)

MAXIMUM CONTRIBUTIONS

- The combined employee/employer contribution can not exceed the lesser of the plan deductible or \$3,000 for self-only coverage and \$5,960 for family coverage
- Limits are applied on a monthly basis
- Catch-up contributions for those age 55 by the end of the tax year
 - + \$1000 in 2009
- Excess Contributions are treated as regular income and a 6% excise tax applies

ELIGIBLE INDIVIDUALS

- Must be covered by a high deductible health plan (HDHP) as of the first day of the month. A HDHP:
 - + Must have a minimum deductible of at least
 - \$1,150 self-only deductible
 - \$2,300 family deductible
 - + Must have a maximum out-of-pocket limit, including deductibles and co-insurance, of
 - \$5,800 self-only
 - \$11,600 family
 - + A lower deductible for preventive care is allowed
- Cannot be covered by a low deductible plan for any benefit that is covered by the HDHP. This would include being covered under your spouse's plan.

TAX BREAK

- Individual gets tax deduction for amounts contributed
- Amounts in the HSA build up on a tax-free basis
- Distributions for qualified expenses are not taxed (see 'HSA Money Can Be Used for' below)
- Employer gets a deduction on its contributions
- Amount of employer contribution is excludable from employee's taxable income
- Contributions roll over from year to year and are portable

A Qualified Medical Expense as described in Section 213 of the Internal Revenue Code is broader than what is covered under a typical medical, dental, or vision plan.

EXAMPLES INCLUDE:

- Medical, dental, and vision expenses not covered by insurance or other plans
- Alcoholism and drug addiction treatment
- Fertility and sterilization treatments
- Nursing home and certain long-term care services
- Travel expenses (mileage, parking, lodging, etc.) necessary to receive medical care
- Special controls, equipment, or improvements to accommodate a disabled family member
- Laser eye surgery, contact lenses, and cleaning solutions
- Dentures, orthodontics, including braces
- Hearing tests, hearing aids, and batteries
- Bandages, canes, crutches, and wheelchairs
- Over-the-counter drugs (non-prescription) **Includes:** headache and cold medicines, antacids, topical pain remedies, cough drops, etc.

Not Covered are non-qualified medical expenses.

EXAMPLES INCLUDE:

- Cosmetic surgery and procedures unless needed to correct deformity due to an accident, illness, or birth defect
- Health club membership
- Weight loss unless prescribed by a physician and related to a specific diagnosis
- Vitamins and nutritional supplements
- Bottled water and hygiene products
- Hair transplants and hair removal
- Domestic help or diaper services

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