



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):	EMAIL ADDRESS:	IS THIS A NEW 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:		

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. ACCOUNT INFO: COMPLETE THIS SECTION IF THIS IS YOUR FIRST CLAIM OR YOUR BANK ACCOUNT HAS CHANGED

PAYMENT METHOD: PLEASE: <input type="radio"/> MAIL ME A CHECK <input type="radio"/> ELECTRONICALLY TRANSFER FUNDS INTO MY BANK ACCOUNT	Your Name _____ Address _____ Date: _____ Check 000 ↓
BANK ROUTING NUMBER (SEE ILLUSTRATION AT RIGHT):	Pay to the order of: _____ \$ _____ Dollars BANK NAME _____ Address _____ Memo: _____
YOUR ACCOUNT NUMBER (SEE ILLUSTRATION AT RIGHT):	* 23456789 * 123456789 * 000 ↓ _____ CHECK NO. _____ ACCOUNT NO. _____ BANK ROUTING NO.

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

 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 \$2,600 for self-only coverage and \$5,150 for family coverage
- Limits are applied on a monthly basis
- Catch-up contributions for those age 55 by the end of the tax year
 - + \$500 in 2004
 - + Increases by \$100/year until it reaches \$1,000 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
 - \$1,000 self-only deductible
 - \$2,000 family deductible
 - + Must have a maximum out-of-pocket limit, including deductibles and co-insurance, of
 - \$5,000 self-only
 - \$10,000 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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