Flexible Spending Account (FSA)
Healthcare Reimbursement

INSTRUCTIONS:

- Complete sections 1-4. Complete section 5 (page 2) for over-the-counter medicine claims and write subtotal on page 1.
- Submit the following supporting documentation with this request:
  - An Explanation of Benefits (EOB) statement if the claim is covered but not paid by any plan (e.g., out-of-pocket expenses, such as deductibles or coinsurance).
  - Copy of the co-payment receipt from the provider when the co-payment is your only cost, and you do not receive an EOB.
  - Itemized bills or receipts from the provider for expenses **not covered** by your medical/dental plan(s).
- Documentation must include: (a) Provider's name and address; (b) patient's name; (c) date(s) of service; (d) description of service or supply; and (e) amount charged. **A canceled check is not adequate documentation.**
- Retain copies of your Benefits Request form and supporting documentation. Documentation submitted with this form will not be returned.
- If your claim submission is for more than five family members, please submit a separate claim form for the additional family members.
- **Items for which you are reimbursed cannot be claimed as deductions or credits on your federal income tax returns**
- **Send the completed benefit request form and documentation to:**

  Aetna FSA
  P.O. Box 4000
  Richmond, KY 40476-4000
  Fax to: 1-888-238-3539 (1-888-AET-FLEX)

FSA Claim questions? 1-888-238-6226, 8 a.m.– 9 p.m. (ET)
Aetna's Flexible Spending Account Automated Voice Response System: 1-888-238-6226 – Instant claim and account information, 24 hours a day. For the hearing impaired, call 1-877-703-5572 TDD/TTY.

1. Employer Information	Employer Name **COX ENTERPRISES, INC.**		FSA Control Number **655098**
2. Employee Information	Employee's ID Number*	Name	Daytime Telephone Number ( )
	Address (include zip code) ☐ Address is new		Home Telephone Number ( )

Healthcare Claims Information. (For over-the-counter drug claims, please complete reverse.) Expenses must not be payable by your insurance, HMO, or any other plan. Reimbursement will not be made unless appropriate documentation is attached as explained above.

3. Patient Information	**Patient Name**	**Relationship to Employee**	**Dates of Service**	**Amount submitted:**
		☐ Self ☐ Spouse ☐ Child ☐ Other	From: ________ to _________	$
		☐ Self ☐ Spouse ☐ Child ☐ Other	From: ________ to _________	$
		☐ Self ☐ Spouse ☐ Child ☐ Other	From: _________ to ________	$
		☐ Self ☐ Spouse ☐ Child ☐ Other	From: _________ to ________	$
		☐ Self ☐ Spouse ☐ Child ☐ Other	From: _________ to ________	$
	(a) Total healthcare claims submitted			$
	(b) Total **Over-the-Counter** claims submitted (Complete reverse)			$
	(c) Total submitted			

4. Employee Certification	I certify that these expenses for which reimbursement is claimed from the Flexible Spending Account have been incurred by me and/or my eligible dependent(s) and are not payable by any other plan. I further declare that I have not and will not deduct these expenses on my federal, state, or local income tax returns. Employee Signature ______________________________ Date ________________
	Any person who knowingly and with intent to defraud or deceive any insurance company, files a statement of claim containing any materially false, incomplete, or misleading information is guilty of a crime and may be liable for substantial civil penalties.

* For Employee's ID Number, please enter the Aetna member ID number listed on your medical ID card. If you do not participate in the Cox Medical or Dental Plans, please enter your Social Security number instead.

Continued on next page →

Employee name:	Employee's ID Number*
Employer: **COX ENTERPRISES, INC.**	FSA Control Number **655098**

Over-the-Counter Information — Attach itemized receipts that clearly indicate the product name, date of purchase and amount paid.

5. Expense Information	Over-the-counter product name	Date of purchase	Amount submitted
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
			$
	Sales tax paid on listed items (where applicable)		$
	Total amount submitted (enter on line 3b on reverse side):		$

* For Employee's ID Number, please enter the Aetna member ID number listed on your medical ID card. If you do not participate in the Cox Medical or Dental Plans, please enter your Social Security number instead.

Eligible Over-the-Counter Medical Expenses

This list is not intended to be all-inclusive, but is to answer frequently asked questions. It is subject to change per IRS rulings or interpretation changes. If you have questions, please contact Aetna Member Services at 1-888-238-6226.

Acne treatment
Allergy relief (oral medication, nasal sprays, patches)
Analgesics (aspirin, acetaminophen, ibuprofen)
Antacids/heartburn relief (Alka-Seltzer, Mylanta)
Antibiotic creams/ointments
Anti-itch/hydrocortisone creams
Arthritis pain-relieving cream
Cold medicines (tablets, syrups, drops, lozenges)
Ear care products (ear drops, ear wax removal, ear plugs)
Eye care products (contact solutions, lubricant eye drops, patches and glasses)
Family planning products (condoms, contraceptive creams, pregnancy test, ovulation predictor kits)
Feminine care (treatment of vaginal infections)
First aid (heat wraps, bandages, tape, gauze, rubbing alcohol)
Foot care (antifungal creams, insole supports, callus removal)
Hemorrhoid preparations
Home diagnostic tests or kits (blood pressure monitor, glucose monitor, thermometers)
Incontinence products
Joint support bandages and hosiery
Laxatives
Motion sickness remedies
Shampoo to treat psoriasis, lice
Smoking-cessation relief
Stomach/digestive relief (Pepto-Bismal, Colace, Lactaid)
Tooth and mouth pain relief (Orajel, Anbesol)
Urinary pain relief
Vaporizers and humidifiers
Wart removal medication