How to Submit Claims

☐ Attach appropriate documentation of your expenses

Submit an itemized statement of services that includes:

- Provider/facility/store name and address;
- Date service/supply/product was provided (not date of payment);
- Description of each service/supply/product; and
- Dollar amount you owe.

Please **do not** submit credit card receipts, paid on account or balance forward statements, or cancelled checks.

☐ Fax or mail completed claim form with documentation
Keep a copy of your documentation and claim form for your records.

ASIFlex
PO Box 6044
Columbia, MO 65205-6044

FAX 1.877.879.9038

Get your money faster. Skip this manual claim form and submit your claim electronically.

Go to asiflex.com to set up your online account. Once registered, you can view your account detail, submit claims, read secure messages, and manage your personal account settings.

ASIFlex Customer Service

ASIFlex.com

asi@asiflex.com

P: 800.659.3035
F: 877.879.9038

Lifestyle Spending Account (LSA)
Claim Form

Your Name (Last, First, MI)	Social Security No. or EID	Your Employer's Name	

Address	City	State	Zip Code

E-mail Address	Telephone Number	Do you wish to receive text* notifications? (If yes, please provide your cell phone number in the box below)

*If you choose to select to be notified by text, message and data rates may apply from your mobile carrier.

If you have not yet provided your banking information, please do so below. If you would prefer to securely provide your banking information, please go to asiflex.com and click on *Employee (Participant) Login* to set up your account and provide this information.

Name of Bank	Bank Routing Number (9 digits)	Bank Account Number

Lifestyle Spending Account Claims

Follow the instructions on page 1 and submit correct documentation to ensure rapid processing.

Date(s) of Service or Purchase	Provider/Facility/Store Name	Expense Description	Name of Individual for whom expense was incurred	Relationship of Individual** to You	Amount Requested
					$
					$
					$
					$
					$
				Total	$

**Expenses must be for yourself, your spouse, or an eligible dependent.

I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred by me, an eligible spouse, or an eligible dependent during a period while I was covered under my employer's LSA Plan, and that the expenses have not been reimbursed, and reimbursement will not be sought from any other source. I understand that I am fully responsible for the accuracy of all information relating to this claim, and that unless an expense for which reimbursement is claimed is a proper expense under the Plan, I will be liable for repayment of improperly reimbursed claims. A claim will only be processed with a completed and signed claim form and correct documentation. **I understand reimbursements received under this plan are treated as taxable income.**

✓ Employee Signature _____   Date _____