



How to Submit Claims

Get your money faster.

Submit your claim online or via mobile app.

Skip this manual claim form and submit your claim electronically. You have two options:

ASIFlex Online

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

ASIFlex Mobile App

Search ASIFlex Self Service on Google Play or the App Store to download the app. Use your login credentials to sign in.

Just snap a picture of your claim documentation and submit claim.

You can also check your account balance.



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

ASIFlex
PO Box 6044
Columbia, MO 65205-6044
FAX 1.877.879.9038

Keep a copy of your documentation and claim form for your records.

Eligible Expense Summary

Financial Wellness

Financial Advisor, Financial Planning
Student Loan Repayment Assistance
Pet Insurance Premiums
Wills and Estate Planning
Identity Theft Insurance

Wellbeing and Emotional Wellness

Career, Job, and Life Coaching
Personal Development Classes
Child Development Activities
Childcare (Short-term, Outside of Working Hours)
National or State Park Passes or Permits

Physical Wellness

Weight Management Services Including Nutritionist and Health Coach
Cosmetic Dentistry Including OTC Teeth Whitening
Sports and Exercise Equipment Including Tracking Devices
Gym and Health Club Memberships Including Fitness Classes and Virtual Personal Training
Sports Leagues, Lessons, and Programs Including Race Entry Fees



**Lincoln Electric System
Wellness Spending Account
(WSA) Claim Form**

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

Wellness Spending Account Claims

Follow the instructions on page 1 and submit correct documentation to ensure rapid processing. The deadline for submitting claims is **January 31 following the plan year.**

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 WSA 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 _____