

Deductible Verification Form

If enrolled in a Combination FSA, a completed Deductible Verification Form must be on file in order for a participant to be reimbursed for general-purpose medical expenses. Until a completed form is submitted, only expenses for dental, vision and preventative care are eligible for reimbursement.

What is a Combination FSA? A Limited Medical FSA (vision, dental and preventative expenses only) that's converted to a general-purpose FSA once a participant has met the statutory deductible.

* Required fields

Step 1: Participant Information

<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
* Participant Name (First, MI, Last)	* Social Security Number
<input type="text"/>	<input type="text"/>
* Employer Name (Do not abbreviate)	Employee ID

Step 2: Plan Information

Please note that in order for general-purpose medical expenses to be eligible for reimbursement, the dates of service must be on or after the date the statutory deductible was met. Deductible amounts used to meet the statutory deductible are not reimbursable. Manual reimbursement is required for all general-purpose medical expenses and will not be reimbursed from your debit card (if applicable).

<input type="text"/>	<input type="text"/>
* Plan Year Start Date (mm/dd/yyyy)	* Plan Year End Date (mm/dd/yyyy)
<input type="text"/>	* Select One: <input type="checkbox"/> \$ <input type="text"/>
* Date Deductible Was Met (mm/dd/yyyy)	<input type="checkbox"/> \$ <input type="text"/>
	Individual Deductible Include dollar amount: 2024: \$1,600 2025: \$1,650
	Family Deductible Include dollar amount: 2024: \$3,200 2025: \$3,300

Step 3: Participant Authorization

To the best of my knowledge, all of the information provided on this form is accurate. I've satisfied the deductible and would now like to receive reimbursement from my spending account for general-purpose medical expenses.

<input type="text"/>	<input type="text"/>
* Signature	* Date