Workterra

Flexible Spending Accounts FAQs

How do I get reimbursed from this plan?

File a claim on our consumer portal https://workterra.lh1ondemand.com or send a Claim Form with receipts for eligible expenses.

What information needs to be included on receipts for reimbursement?

Attach all receipts to the claim form before sending to Workterra. Receipts <u>MUST</u> include the following information:

- Name of the patient (you, your spouse or dependent)
- The date the service was provided or the date the item was purchased;
- The name of the service provider or the merchant;
- Description of the service or item purchased;
- The amount/cost of the item or service provided.

Why is a description of service required on my receipts?

The IRS determines eligible expenses and the documentation required to claim a reimbursement from this plan. A documented description of services or products is required to prove that your incurred expense is eligible for reimbursement under the guidelines set by the IRS for this plan.

Why would Workterra deny my claim?

The most commons reasons claims are denied are:

- Missing or illegible information;
- Submission of ineligible expenses;
- Receipts are lacking a description of service / items purchased;
- Expenses have been incurred outside the plan year; and
- Expenses have already been submitted (duplicate claims).

How long does it take Workterra to process claims?

All claims are processed within three to five business days after receipt of complete information. Reimbursements could be timed differently depending on your employer. If you have questions on the timing of your claim, please call our Customer Service from 8AM to 5PM PST, Monday through Friday at 888.327.2770.

May I fax my claim to Workterra?

Yes – claims should be faxed to 925.460.3929.

If I fax a claim, do you need originals in the mail?

No, please keep the original receipts for your records.

What is the deadline for submitting claims?

Please contact Customer Service from 8AM to 5PM PST, Monday through Friday at 888.327.2770 for submission deadlines for your specific plan.

Workterra

Why would the reimbursement I received be less than the claim I sent?

You may have exceeded the amount available to you. Medical FSA reimbursements are limited to your annual election (the amount you elected to set aside at the beginning of the plan year). Reimbursements are paid up to the annual election amount at any time during the plan year but cannot exceed this amount. Dependent Care reimbursements are limited to the amount in your account at the time of your claim.

For example, if you have made three contributions of $50 each, you would have an account balance of $150. If you sent in a claim for $200, you will receive only the $150 until further contributions are made. As soon as we receive further contributions to the plan, the balance of the claim (in this case $50) will be paid up to the amount in the account, not to exceed your annual election amount for that plan.

A portion of your claim may have been denied. If so, you will receive a letter in the mail explaining why that portion of your claim was denied. If you have questions on the rejection of your claim, please call our Customer Service from 8AM to 5PM PST, Monday through Friday at 888.327.2770.

What if I need to change my annual elections?

You may only change your annual elections during the plan year if you qualify for a "change in family status". To qualify, you must experience a life-changing event such as marriage, divorce, birth or adoption of a child, death of a spouse or dependent, or change in spouse's employment, etc. These changes are defined by the IRS and outlined in your plan communication materials. If you have a question about your status, you should consult your employer.

Are my spouse and I both able to elect $5,000 as our Dependent Care annual election?

If you are married and file a joint tax return, the maximum amount you may elect is $5,000. The maximum amount available if you are married but filing separate returns is $2,500. If you file separately, you cannot claim the same expense in each of your dependent care accounts.

What happens if I don't claim all the money in my account?

According to the IRS guidelines, funds that are not claimed during the plan year are forfeited to the plan. This is called the "use it or lose it" clause. Funds are not transferable from one plan year to another and they are not available for other benefits. The unused funds are retained by your plan sponsor and are often used to offset administrative costs of the plan.

What information does Workterra report to the IRS?

Workterra does not supply information to the IRS related to your FSA. Your plan sponsor may be required to file an IRS form 5500 which includes participation and total disbursement information (does not include individual FSA account information) and your participation in the Dependent Care Assistance program will be reported on your W2 at the end of the year by your employer.

Tips for a successful claim submission:
- Verify all expenses were incurred during the plan year before submitting;
- Verify the expenses were not previously submitted;
- Make sure that all of the information provided on the claim form is clearly legible – claim forms that cannot be read will not be processed;
- Make sure each receipt and each expense / purchase is itemized; and
- Make sure all expenses / purchases have a description on the receipt or Explanation of Benefits.

How can I find out what my account balance is or when Workterra sent me a claim reimbursement?

You are able to logon through the https://workterra.lh1ondemand.com for online account balance information and information on claims paid. Workterra representatives are available from 8AM to 5PM PST, Monday through Friday at 888.327.2770 or you can e-mail Workterra Customer Service at custserv@workterra.com. Please do not include any confidential information, such as your Social Security number, in your email for security reasons.

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