



Lifestyle Spending Account (LSA) Claim Reimbursement Request Form

Submit a claim on your Chard Snyder online account or on the Chard Snyder Mobile App for quickest processing and reimbursement. Paper claims can be submitted by fax or mail, but expect longer processing times for these methods.

Company Information (PLEASE PRINT)	
Company Name	Division (if applicable)

Participant Information (PLEASE PRINT)		
Last Name		Primary Phone
First Name		Secondary Phone
SSN (or Alternate Employee ID)	Date of Birth (mm/dd/yyyy)	Email Address (For Account Notifications)
Street Address (Check if New Address <input type="checkbox"/>)		Apt Num
City	State	Zip

If your claim includes expenses incurred by a spouse or eligible dependents, please provide the following information:

Name	Relationship to Participant	Date of Birth

REIMBURSEMENT REQUEST (PLEASE PRINT)		
Please indicate your eligible expenses below. DO NOT include expenses reimbursed by any other source.		
LIFESTYLE SPENDING ACCOUNT (LSA)		
Attach copies of bills, receipts, or other claim documentation as specified by your plan. Documentation must include dates of service, description of item purchased or service provided, merchant or provider's name and the expense amount. Canceled checks and/or credit card statements/receipts are NOT sufficient proof of your claim.		
Date Range of Services	From _____ through _____	TOTAL Reimbursement Request \$ _____ (REQUIRED)
Description (Please list a brief description of services – e.g.: athletic equipment, fitness classes, race entry fee, etc...)		

CLAIM CERTIFICATION	
To the best of my knowledge and belief, my statements on this form are complete and true. I certify that my family member or I have received the services described above on the dates indicated and that the expenses qualify as valid expenses under the plan. I certify that these expenses have not been reimbursed under any other plan, nor will I seek reimbursement for any of these expenses elsewhere. I understand that these expenses may not be used to claim any Federal income tax deduction or credit. Any person who, with intent to defraud or knowing they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud or healthcare fraud under state and/or federal law.	
Participant Signature (required)	Date

SEND THIS FORM TO CHARD SNYDER	
Please submit this form to Chard Snyder by one of the two methods listed to the right.	<input checked="" type="checkbox"/> Fax: 888.245.8452 <i>(Please DO NOT include a Fax Cover Page)</i> <input checked="" type="checkbox"/> Mail: <i>Page</i> PO Box 2924, Fargo, ND 58108-2924

Lifestyle Spending Account (LSA) Claim Reimbursement Instructions

1. **Complete all company and participant information** on the front page (please print/type). NOTE: Please include your e-mail address if you want to receive an automatic e-mail notification when a claim is entered into our system and when a reimbursement is approved for you to receive payment
2. **Attach supporting documentation.** A copy of the documentation required by your plan must accompany the claim form in order for your request to be considered for reimbursement. *Do not highlight any part of your documentation.* Be sure to keep your original receipts, bills, etc. for your records. All receipts are destroyed daily. All requests must include the following information to be eligible for reimbursement
 - Original date of service (not the date of payment)
 - Description of the item purchased or service performed (refer to your plan summary to identify valid services)
 - Amount charged to you (do not include amounts reimbursed by another source)
3. **Lifestyle Spending Account (LSA):** Complete all required information (*ie: Total Reimbursement Request Amount*) and attach proof of expenses as described above.
4. **You MUST sign and date** the *Claim Certification* section on the front of this page.
5. **Fax** this form and supporting documentation directly to Chard Snyder:
 - Fax to:** 888.245.8452 (*Please DO NOT include a Fax Cover Page*)
 - Mail:** PO Box 2924, Fargo, ND 58108-2924
6. **If you have questions** please contact us...
 - Call Customer Service: 800.982.7715
 - Visit our Website: www.chard-snyder.com
 - Email your questions to: askpenny@chard-snyder.com
7. **Important Reminders:**

All requests are saved as electronic images. To ensure your claim is processed as quickly as possible, and avoid delays:

 - Do NOT use a Fax Cover Page when faxing
 - Do NOT highlight any part of your receipts, bills, etc.
 - Only send copies of receipts, bills, etc. (Keep your originals)
 - Payments are issued after receipt and processing, subject to claim approval
 - Any items for which you are reimbursed cannot be claimed again as deductions or credits on your individual tax return at the end of the tax year
 - You may only be reimbursed for eligible expenses incurred during the current plan year
 - Payment will be made to you. Payments cannot be made to a provider or another person
 - If you request reimbursement by check and your approved payment is less than \$25, we will wait to send reimbursement until we receive additional claims that make your total reimbursement amount at least \$25. If we don't receive any additional claims, we will send your reimbursement at the end of the plan's runout period. There is no minimum amount required for reimbursement by direct deposit.

Sign up for Direct Deposit in your online account today! It's faster, more convenient, and more secure.