

Claim Filing Options:

- **File claim online:** Log in to your account at www.healthequity.com/wageworks to submit your claim electronically.
- **File claim via fax or mail:** Claim details may be entered online and a completed form may be printed and faxed or mailed with documentation. Fax: 877-353-9236, US Mail: CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY, 40512

Instructions to fill out this form:

- Complete ALL account holder information.
- Provide your employer name without abbreviation.
- Use your documentation to complete each section of the form, including the following:
 - Service Provider
 - Type of Service
 - Dates of Service
 - Out-of-Pocket Costs

Tip For Claim Submission

- For a complete list of eligible expenses specific to your plan, log in to your account at www.healthequity.com/wageworks and select “Eligible Expense” from the left side of the screen. Only submit claims for eligible expenses.

Tips For Documentation

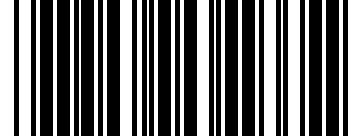
- Ensure that the documentation is legible.
- Review your plan’s FAQs document to confirm the documentation requirements for claims submission. Failure to submit the required documentation may result in a delay in processing your claim.
- The use of a highlighter causes items to not be legible on the documentation; highlighter use is not recommended.
- Send only photocopies of your claim form and documentation—keep the originals for your records if submitting via US Mail.

Tips For Faxing

- Do not use a cover page when faxing the claim form and documentation.
- Submit only claims for your own account.

Tips for Viewing Claim Status

- Please allow 2 business days from receipt of your claim for processing.
- You will be notified via email of the status of your claim if we have a valid email address on file (to update your email address, please log in to your account at www.healthequity.com/wageworks and select “Profile” in the upper right corner of the screen).



- File claim online: Join the growing majority of participants who submit their claim online for faster service. Log in to your account at www.healthequity.com/wageworks to file your claim electronically and upload your documentation.
- File claim via fax or mail: Claim forms may also be filed either via fax or US Mail and sent to the following locations: Fax: 877-353-9236, US Mail: CLAIMS ADMINISTRATOR, P.O. Box 14053, Lexington, KY, 40512
- Claim processing time: Claims will be processed within 2 business days after receipt of the form. You may check the status of your claim by logging in to your account at www.healthequity.com/wageworks.

ACCOUNT HOLDER:

Last Name	First Name
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ID Code*	Account Holder Zip Code	* ID Code is the last 4 digits of your Social Security Number, your Employee ID number or other reference number assigned by your employer. Please check the enrollment instructions provided by your program sponsor for more information about your ID Code.
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Employer Name

CERTIFICATION AND AUTHORIZATION

By submitting this form I certify that:

- The information on this page is accurate and complete.
- I am requesting reimbursement for only those who are listed as eligible under this Employer Sponsored Program.
- I am requesting reimbursement for only those eligible items which are covered under this Employer Sponsored Program.
- I have not and will not seek reimbursement of this expense from any other plan or party.
- Use of this service indicates my acceptance of the WageWorks User Agreement at www.wageworks.com (click on LOG IN/REGISTER) or the HealthEquity User Agreement at www.healthequity.com.

ELIGIBLE RELATED EXPENSES

See full list of all eligible related expenses on the participant website under "Eligible Expenses List" section.

CLAIMS FOR OUT-OF-POCKET EXPENSES

You must attach itemized documentation with your claim.

NAME OF SERVICE PROVIDER	DESCRIPTION OF SERVICE	DATES OF SERVICE (MM/DD/YY)	REQUESTED REIMBURSEMENT AMOUNT																				
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