



FLEXIBLE SPENDING ACCOUNT DEDUCTIBLE VERIFICATION FORM

If enrolled in a Post Deductible Flexible Spending Account (FSA), a completed Deductible Verification Form must be on file in order for you to be reimbursed for general medical expenses. Until a completed form is submitted, only expenses for dental, vision and preventive care are eligible for reimbursement.

Member Information

Employer Name

Employee ID

Employee Name (First, MI, Last)

Social Security Number

Plan Information

Plan Year Start Date (mm/dd/yyyy)

Plan Year End Date (mm/dd/yyyy)

Date Deductible was Met (mm/dd/yyyy)

Deductible Amount

Note: You must submit an Explanation of Benefits from your Health Insurance Plan confirming your deductible has been met.

Member Authorization

To the best of my knowledge all of the information provided on this form is accurate. I have satisfied my health insurance deductible and would now like to receive reimbursement from my FSA for general-purpose medical expenses.

Member Signature

Date

**Return completed form back to Surency at email: flex@surency.com - fax: 316-272-4841
or mail: P.O. Box 789773, Wichita, KS 67278-9773**

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