

CLAIMS FILING INSTRUCTIONS

- 1) To file for reimbursement complete all sections of the claim form including the Participant's signature. If the form is not complete and signed, it will be returned.
- 2) Attach the itemized bill or receipt from the insurance company along with proof of payment (a copy of your canceled check, bank statement, or credit card receipt/statement validating that the premium has been paid). If possible, the bill or receipt should show the names of the individuals who are covered and the dates covered by that premium.
- 3) Keep a copy of the claim form and supporting documentation for your records.
- 4) Submit the claim form, with the supporting documentation, to the SAS Benefits Department. Send to the address listed below.
- 5) Reimbursements will be made via Electronic Funds Transfer, which means reimbursements will be deposited directly into your designated banking account. Automatic deposits will be made to your designated account on the last business day of each month. **Claims must be received by SAS no later than the 10th of a month to be deposited to your account at the end of that month.** Claims that arrive past that deadline will be deposited to your account at the end of the following month. You will not receive an additional notice that the deposit has been made.
- 6) You may submit claims monthly or for several months at one time, if you prefer. Complete a separate claim form for each premium payment. You have until the end of the following year in which the premium was incurred to file for reimbursement.

IMPORTANT CLAIMS AND ENROLLMENT INFORMATION

- 1) Premiums that are paid with pre-tax dollars are not eligible for reimbursement under the SAS Health Reimbursement Arrangement Plan.
- 2) Premiums paid for domestic partners or their children will be considered a taxable benefit and appropriate taxes will be deducted from each reimbursement deposit. Taxes will be withheld at a flat supplemental rate.
- 3) Please notify the SAS Benefits Department immediately at the address below of any change to you:
 - Bank account information - Before funds can be deposited to your new account, you must complete a new Health Reimbursement Arrangement Plan Retiree Banking Information form. Allow a minimum of three weeks for this change to take effect.
 - Address, postal or email
 - Dependent status (domestic partner, spouse and/or dependent children or domestic partner's children)
 - Domestic Partnership - A current DP affidavit must be on file. Forms available upon request.

Send completed claim form and supporting documentation to:

**SAS Benefits Department
SAS Campus Drive Bldg U
Cary, NC 27513**

Phone: 919-531-9090

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Fax #: 919-531-0201

COMPANY USE ONLY

Amount Rejected: _____

Amount Approved: \$ _____

Rejection Reason: _____

Date Forwarded to Finance for Processing: _____

Date Participant was Notified of Rejection: _____

HCE: ____ Yes ____ No

Notified via: email letter

Reimbursement for DP: ____ Yes ____ No

of DP: ____ Taxable Amount: \$ _____

Reviewed By: _____ Date: _____