



Deductible Verification Form

Please complete this form if you are enrolled in a Limited Purpose FSA and have met the health insurance deductible. You will then be enrolled in a Post Deductible FSA and can receive reimbursements for general medical expenses (medical and prescription as well as vision or dental).

What is a Post Deductible FSA? A limited purpose FSA (vision/dental expenses only) that is converted to a general-purpose FSA once a participant has met their health insurance deductible.

Instructions

1. Complete all sections of this form.
2. Securely email, mail, or fax completed form to:
Secure Email: Fidelity@service.healthaccountservices.com
Address: Fidelity Flexible Spending and Reimbursement Accounts Services, PO Box 2703, Fargo, ND, 58108
Fax: 1 (855) 810-8223
3. If you have any questions about completing this form, please contact Fidelity Flexible Spending and Reimbursement Accounts Services Consumer Services at (833) 299-5089. We have representatives available Monday-Friday, 8:00 am to 8:00 pm Eastern.

Step 1: Consumer Information

*Required Fields

<input type="text"/>	<input type="text"/>
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*Consumer Name (First, MI, Last)

*Employer Name

*Birth Date (MM/DD/YYYY)

*Social Security Number

*Phone Number

*Permanent Address

Email Address

*City

*State

*Zip Code

Step 2: Deductible Information

*Required Fields

*Plan Year Start Date

*Plan Year End Date

*Date deductible was met

Step 3: Consumer Authorization

To the best of my knowledge and belief, my statements on this form are complete and true. I have satisfied my health insurance deductible and would now like to receive reimbursement from my spending account for general medical expenses. I acknowledge that this form may be electronically signed via a digitized version of my written signature or with a digital certification using my full name. I agree that the electronic signature(s) appearing on this document are the same as handwritten signatures for the purpose of validity, enforceability, and admissibility.

*Consumer Signature

*Date