

GUIDELINES

Submission of Claims Within Ninety (90) Days:

All claims **must be** submitted for reimbursement within ninety (90) days after the expense is **incurred** (*when service is rendered*), **not paid for**. As an example, all expenses for August would have to be in-house no later than November. It is clearly understood that there are exceptions, such as in not knowing how much of an expense your insurance carrier will cover. Having dealt with these exceptions over the years, they are not that common and will be handled on a case by case basis. May we suggest that you get into the habit of sending in your claims every two months or less. That way, there will not be any problems in getting reimbursed. **Please do not submit claims more than once per month. Any additional claims will be held until the next months claim period. Claims will be processed within 7 days of receipt and the claim amount transmitted to your companies payroll department on their monthly summary report.** Summary reports are normally sent to companies by the 22th of the month so claims must be received by the 15th of the month to appear on that months summary report. All claims should be faxed toll free to 888-884-4085.

Canceled Checks/Credit Card Receipts as Proof of Services Rendered:

Please be advised that a 'canceled' check or credit card receipt is **NOT** considered primary proof of services rendered.

In the unlikely event of an audit by taxing authorities, the burden of proof for services rendered rests upon you, the plan participant. Because you are the one who received the tax benefit, you must provide the proper documents. A receipt, bill, statement or invoice would be considered primary proof of services rendered, a canceled check or credit card receipt would most likely be denied.

Please be sure to obtain a written receipt, super bill, EOB (or similar proof) from your provider stating the date, name of service provider, service or product provided and cost of service or product. A claim form along with your expense documentation (**photocopies** - no originals) should be faxed toll free to 888-884-4085 **within ninety (90) days of being incurred.**

Base Health Plan

Your base medical plan must offer benefits equal to or greater than: a) a maximum \$5000 stop loss; b) a minimum \$100,000 annual benefit.

Dependent Care Claims:

The payroll deductions for the dependent care account **CAN NOT** vary from pay day to pay day. An employee, at the beginning of the plan year, must elect the amount of money to be deducted from each paycheck. Once the election is made, the amount of the election **CANNOT** vary. (Please note that the election can be changed if the employee experiences a "status" change, e.g. job status change, divorce, etc.. This will, in effect, change the amount deducted from future paychecks, but keep in mind that "status changes" are strict. They are limited in nature, must be documented, and are not something the employee will incur more than once, or twice, during a plan year, if at all.) The day care money **MUST** be withheld from the paycheck, even if no claims have been submitted. Monies can only be reimbursed to the employee upon submission of incurred qualified expenses and invoiced to the employer. The amount of reimbursement could vary from time to time, depending upon expenses incurred, but the payroll deductions **MUST BE CONSISTENT**, and must not vary from pay day to pay day simply because the employee has incurred varying expenses. We suggest that you begin your documentation of dependent care expenses by submitting the previous months bill and thereafter continue to submit the previous months bill. By using that approach you will always have a bill at the beginning of the month to submit which will usually offset the fixed deduction that you declared at the beginning of the year. If you start the NOW plan during the year then you would declare the amount to be deducted based on the number of months left in that year.

Any questions regarding these guidelines should be directed to your HR Department, American Mutual Benefits representative or American Mutual Benefits at AMB@AMBNOW.COM