

HOW TO FILE YOUR CLAIM

COMPLETE AND SIGN YOUR CLAIM FORM AND REMIT ALONG WITH DOCUMENTATION TO PBS IN ONE OF THE FOLLOWING WAYS:

FAX: 303-221-2785

MAIL: PLANNED BENEFIT SYSTEMS, INC.
P.O. BOX 4594
GREENWOOD VILLAGE, CO 80155-4594

EMAIL: pbsclaims@pbs.us.com

ONLINE: Visit www.pbs.us.com to submit claims and upload receipts.
When submitting claims online, it is NOT necessary to also complete and submit this form.

PLEASE KEEP A COPY OF THIS FORM AND YOUR ORIGINAL DOCUMENTATION FOR YOUR RECORDS.

TIPS FOR FILING YOUR HEALTH CARE CLAIMS

Documentation of your claim must include the following information:

- ✓ Dates of Service
- ✓ Name of Service Provider
- ✓ Description of Service
- ✓ Who incurred the expense
- ✓ Cost of Service
- ✓ **If your plan covers deductible expenses an Explanation of Benefits (EOB) showing the *Deductible Amount* must be provided.**

Cancelled checks, credit card receipts or statements that only show a "Balance Due" are not acceptable forms of substantiation. The best way to ensure a claim will be reimbursed is to submit your expenses to your insurance provider (if applicable), receive an Explanation of Benefits detailing what was not covered by insurance, then submit a claim form and the EOB.

THINGS TO REMEMBER ABOUT HEALTH CARE REIMBURSEMENTS

- Services must be rendered during the plan year while you're an active participant.
- If you have entered the plan mid-year or terminated participation, only expenses incurred while you were an active participant are eligible for reimbursement.
- You may be eligible to continue in the plan after termination, ONLY if you had a positive account balance at termination and elect COBRA.
- You will receive notification within 7 to 10 days after receipt of your claim form if your reimbursement cannot be processed for any reason.

¹ **Email:** By providing your email address you agree to receive Employee Benefit Plan correspondence electronically. Planned Benefit Systems, Inc. does not share, sell or divulge individual private information to any third party. All individual private information, including your email address, is used solely to administer your benefit account(s). Please add our email address, help@pbs.us.com, to your approved senders list to ensure delivery of all correspondence and notifications. You can change/delete your e-mail address by contacting the PBS, Inc. Customer Service Department or by visiting our website at www.pbs.us.com. Select *Tax-Advantaged Plan Administration*, then *Account Information* under the Participants section and then log in under *Participant Login*. PBS, Inc. reserves the right to utilize an email address that may be provided to us by your employer.

Planned Benefit Systems, Inc. • www.pbs.us.com
P.O. Box 4594, Greenwood Village, CO 80155-4594
Customer Service 800-800-0133
Fax 303-221-2785