

**TAX SAVER FLEXIBLE  
BENEFITS PLAN SPENDING  
ACCOUNT CLAIM FORM**

Mail Claim Form with Attachments to:

LSU Agricultural Center  
Office of Human Resource Management  
Room 103 J. Norman Efferson Hall  
Po Box 25203  
Baton Rouge, LA 70894

**THIS REQUEST IS FOR REIMBURSEMENT OF:**

*(CHECK ONE ACCOUNT ONLY)*

- HEALTH CARE SPENDING ACCOUNT  
(COMPLETE SECTIONS A AND C)**
- DEPENDENT CARE SPENDING ACCOUNT  
(COMPLETE SECTIONS A, B, AND C)**
- GRACE PERIOD CLAIM (Indicate Plan Year \_\_\_\_\_)**

EMPLOYEE NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

UNIT: \_\_\_\_\_

CAMPUS: LSUBR LSU LAW LSU AG LSUA LSUS LSUE

PAYROLL TYPE: BI-WEEKLY MONTHLY ACADEMIC (PAID 9 MONTH) ACADEMIC (PAID 12 MONTH)

**A. EXPENSES** - All claims must be for services paid during the current plan year to be eligible for reimbursement. Bills must be paid before they can be reimbursed. The bill or statement must indicate the date of payment, the amount of the expense incurred, provider name, provider address, and provider tax identification number. You should complete this form only when you have eligible expenses which exceed the \$25.00 minimum amount (unless this is your last claim for the plan year). For the Health Care Account, claims can only be for you, your spouse or for a dependent. Your spouse must be the person to whom you are married. A dependent may be your child, stepchild, parent, other close relative, or a person who lives in your home if you provide over half his/her support. For the Dependent Care Account, a qualifying dependent is one who was under age 13 when care was provided or your spouse or other dependent who was physically or mentally unable to care for himself/herself.

Date of Service	Payment made to	Service Provided	Amount Claimed for Reimbursement
Person Service Provided For	Relationship		Date of Birth
Date of Service	Payment made to	Service Provided	Amount Claimed for Reimbursement
Person Service Provided For	Relationship		Date of Birth
Date of Service	Payment made to	Service Provided	Amount Claimed for Reimbursement
Person Service Provided For	Relationship		Date of Birth
Date of Service	Payment made to	Service Provided	Amount Claimed for Reimbursement
Person Service Provided For	Relationship		Date of Birth
<b>TOTAL EXPENSES CLAIMED FOR REIMBURSEMENT</b>			<b>\$</b>

**B. OTHER DEPENDENT CARE INFORMATION**

Dependent Care Provider Name and Address	TIN (Tax Payer ID) or Social Security No.	<input type="checkbox"/>	Provider would not supply TIN/SSN. If taxpayer identification number is not provided you should provide as much information as you can and keep a record that you exercised due diligence in attempting to furnish the required information.
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**C. SIGNATURE** - I certify that the expenses listed above qualify for reimbursement under the Tax Saver Flexible Benefits Plan and have been incurred and paid by me. These expenses claimed for reimbursement have not been reimbursed and are not reimbursable by my health care plan or any other health plan coverage such as my spouse's. Bills, statements, or other evidence of these expenses are attached. In claiming reimbursement for dependent care expenses, I certify that my spouse and I WILL NOT receive reimbursement in excess of \$5,000 from all employer sponsored dependent care spending account plans and that the service provider is not a child of mine under the age of 19 and is not otherwise a person who can be claimed by my spouse or by me as a dependent for federal income tax purposes. I understand that I am responsible for using my account(s) properly and for complying with all IRS regulations. I direct and authorize LSU Foundation to release funds from my Health Care Spending Account equal to the total expenses listed in Section A above.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## ***Expenses Deductible for Health Care Spending Account***

### Typical Expenses Include...

- Deductibles
- Co-payments
- Uncovered prescription drugs
- Uncovered routine physical, and eye exams.

### Other Less Common Expenses Include...

#### *Medical Treatments*

- Acupuncture
- Diathermy
- Hydrotherapy (water treatments)
- Sterilization
- Vasectomy
- Whirlpool baths

#### *Professional Services of*

- Christian Science Practitioner
- Practical or other nonprofessional nurse for medical services only.

#### *Equipment and Supplies*

- Abdominal supports
- Arches
- Autoette (auto device for handicapped person), but not if used to travel to job or business
- Back supports
- Eyeglasses and Contact lenses
- Elastic hosiery
- Hearing aids
- Heating devices
- Invalid chair
- Orthopedic shoes - excess cost over normal shoes
- Special mattress and plywood bed boards for arthritis or spine relief
- Truss
- Wig advised by doctor as essential to mental health of person who has lost all hair from disease

#### *Miscellaneous*

- Birth control pills or other birth control items prescribed by doctor
- Patent/approved over the counter medicines (See plan document list)
- Convalescent home - for medical treatment only
- Kidney donor's or possible kidney donor's expenses
- Nurse's board/wages, including Social Security taxes you pay on wages
- Remedial reading for child suffering from dyslexia
- Sanitarium and similar institutions
- Seeing-eye dog and its maintenance
- Special school costs for physically and mentally handicapped children
- Wages of guide for blind person
- Telephone-teletype costs and television adapter for closed captioned service for deaf person
- Transportation costs associated with obtaining health care services

## ***Expenses NOT Deductible for Health Care Spending Account***

- Cosmetic surgery
- Face-lifting operation
- Hair transplant operation
- Illegal operations and drugs
- Vitamins, tonics, etc., even if prescribed by a physician
- Antiseptic diaper services
- Bottled water bought to avoid drinking fluoridated city water
- Maternity clothes
- Boarding school fees paid for healthy child while parent is recuperating from illness. It makes no difference that this was done on a doctor's advice.
- Domestic help - even if recommended by doctor because of spouse's illness. But part of cost attributed to any nursing duties performed by the domestic *is* deductible.
- Tuition and travel expenses to send a problem child to a particular school for a beneficial change in environment
- Transportation costs of disabled person to and from work
- Cost of trips for change of environment to boost morale of ailing person, even if prescribed by physician
- Athletic club expenses to keep physically fit
- Health programs offered by resort hotels, health clubs and gyms
- Cost of hotel room suggested for sex therapy
- Marriage counseling fees
- Cost of divorce recommended by psychiatrist
- Your divorced spouse's medical bills. (You may be able to deduct them as alimony.)
- Your spouse's after-tax premiums
- Premiums, in connection with life insurance policies, paid for disability, double indemnity, or for waiver of premiums in event of total and permanent disability or policies providing for reimbursement of loss of earnings or a guarantee of a specific amount in the event of hospitalization
- Scientology fees

**For full rules refer to  
IRS Publication 502  
or consult your tax advisor.**

*Contact the Ag Center Human Resource  
Management Office for procedural questions.*

