

**AFES SECTION 125 FLEXIBLE BENEFIT PLAN  
EXPENSE REIMBURSEMENT VOUCHER**

<b>Name of Employee (Last, First, MI)</b>		<b>Social Security #</b>
<b>Mailing Address</b> [ ] Check here if this is a new address		<b>E-mail address</b>
<b>Name of Employer</b>		<b>Daytime Phone #</b>

Date of Expense	Name of Person for Whom the Expense Was Incurred	State Tax Law Eligible (If Incurred for a Dependent)*		Amount of Medical Expense
		Yes	No	
				<b>Expense Total: (must be completed)</b>

**ALL DOCUMENTATION ATTACHED MUST HAVE A DETAILED EXPLANATION OF THE DATE, TYPE, AND AMOUNT OF EACH SERVICE RENDERED. REIMBURSEMENTS CANNOT BE MADE UNTIL THE FIRST DEPOSIT OF EACH PLAN YEAR HAS BEEN RECEIVED FROM YOUR EMPLOYER.**

**Acceptable Documentation to accompany the reimbursement voucher:**

- ✓ Professional bill or receipt that includes:
  - Provider of service                      • Type of service rendered
  - Charges for the service                • Original date of service

**NOTE:** the date of service, not the date of payment  
must fall within the dates of the plan year for which you are enrolled

- ✓ Insurance Company Explanation of Benefits
- ✓ Pharmacy Statement that includes Rx number and name of prescription
- ✓ **Over-the-counter drugs and medicine – medical practitioner’s prescription and receipt required**

**Unacceptable Documentation includes:**

- ✓ Cancelled checks or credit card receipts
- ✓ Bill or receipt that only shows a balance forward/previous balance or payment due

I authorize the above expenses to be reimbursed from my Health FSA (Unreimbursed Medical Expense) account. To the best of my knowledge my statements on this form are true and complete. I certify that either I, my spouse, or my dependent (qualifying child or qualifying relative as defined in Code Section 152) or qualifying adult child (as amended in Code Section 105 to be included as a dependent with respect to benefits provided after March 30, 2010) has received the services described above on the dates indicated and that the expenses qualify as valid medical care expenses under Code Section 213 (d). I certify that these expenses have not been reimbursed, nor will I seek reimbursement, under a major medical plan or any other health plan, such as an individual policy or my spouse’s or dependent’s health plan, a Health Savings Account, or Health Reimbursement Arrangement. I understand that the expense for which I am reimbursed may not be used to claim any federal income tax deduction or credit. I further understand that I may be asked to provide further documentation or further detail relating to an expense.

\* As a general rule, employees pay no FICA, federal, or state income taxes on employer or employee Health FSA contributions or reimbursements. However some state tax rules do not allow the tax-free treatment that applies under federal law and, therefore, Health FSA reimbursements may need to be included in my income for state tax purposes. I have verified and appropriately indicated, to the best of my knowledge, whether each dependent for whom an expense was incurred is a state tax-qualified dependent in the state where I reside.

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date Signed**

<p><b>Mailing Address:</b> American Fidelity Assurance Company, AFES Flex Account Administration, PO Box 25510, Oklahoma City, OK 73125-9889 <b>PHONE NUMBER:</b> 1-800-325-0654 <b>FAX NUMBER:</b> 1-800-543-3539</p> <p>American Fidelity will not be responsible for faxes not received. Average processing time is 5 to 7 working days from receipt of a completed voucher. Additional Forms and Account Information are available on our website at: <a href="http://www.afadvantage.com">www.afadvantage.com</a> – forms for <b>Education Employees.</b></p>
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**INCOMPLETE VOUCHERS MAY DELAY PROCESSING OR RESULT IN A DENIED CLAIM**

### **Definition of Dependent for State Tax Purposes**

The following is the definition of “dependent” under each state’s tax law. The information provided here is intended to be a high level summary of the most commonly referenced dependent qualification requirements. Further, these rules are subject to change by state legislatures or regulatory agencies. Please contact your state or your tax advisor for the most accurate information that applies to your specific situation. American Fidelity does not provide tax or legal advice.

#### **AR (Internal Revenue Code Section 152 in Effect from 1976 to Dec. 31, 2004, does not follow current federal law):**

A dependent child includes any of the following individuals over half of whose support, for the calendar year in which the taxable year of the taxpayer begins, was received from the taxpayer:

- A son or daughter of the taxpayer, or a descendant of either,
- A stepson or stepdaughter of the taxpayer,
- A brother, sister, stepbrother, or stepsister of the taxpayer,
- The father or mother of the taxpayer, or an ancestor of either,
- A stepfather or stepmother of the taxpayer,
- A son or daughter of a brother or sister of the taxpayer,
- A brother or sister of the father or mother of the taxpayer,
- A son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law of the taxpayer,
- A legally adopted child, child placed for adoption, or foster child of the taxpayer,
- An individual who, for the taxable year of the taxpayer, has as his principal place of abode the home of the taxpayer and is a member of the taxpayer’s household.

The general rule in the case of divorce is that the custodial parent (with whom the child resides for more than half the year) is eligible to claim the child as a tax dependent. To determine when a non-custodial parent may claim a child as a tax-dependent for benefit plan purposes, please contact your state or tax advisor.

#### **HI, IA, KY, WI, WV (Internal Revenue Code Section 152 in Effect from Jan 1, 2005 to Dec. 31, 2008, does not follow current federal law):**

An individual who is a Qualifying Child or Qualifying Relative is a tax-qualified dependent.

A “Qualifying Child” is:

- A child (including natural, adopted, foster and/or step child) and descendent of such person (i.e., grand and great grandchildren), or a brother or sister (including step) and a descendent of such person (i.e., nieces or nephews, including step nieces and nephews); and,
- Has the same principal abode as the employee for more than half of the year,
- Is under the age of 19 at the end of the year, or, if a full-time student, under the age of 24 at the end of the year, or is permanently disabled, and
- Does not provide more than half of his or her own support.

A “Qualifying Relative”:

- A child (including natural, adopted, foster and /or step child) and descendent of such person (i.e., grand and great grandchildren), or a brother or sister (including step siblings), parent or ancestor, stepparent (not including ancestors), aunt or uncle, niece or nephew, in-laws, or any other individual not listed above (i.e., a non-relative) who, for the taxable year (1) has the same principal place of abode as taxpayer, and (2) is a member of taxpayer’s household, and
- Receives more than half of his or her support from the employee; and,
- Is not a “qualifying child” of any taxpayer.

The general rule in the case of divorce is that the custodial parent (with whom the child resides for more than half the year) is eligible to claim the child as a tax dependent. To determine when a non-custodial parent may claim a child as a tax-dependent for benefit plan purposes, contact your state or tax advisor.

**MA:** There is limited guidance on point. However, it appears that any benefit required to be provided by law (such as major medical plans and HRAs to age 26) will be excluded from the employee's income. Other plans (such as health FSAs) may provide tax free health coverage to persons (1) under 26 years of age; or (2) for 2 years after the end of the calendar year in which such persons last qualified as dependents under the Internal Revenue Code definition immediately above as was in effect in 2005, whichever occurs first.

#### **AZ, CA, GA, ID, IN, ME, MN, OH, OR, SC, VA, VT (Internal Revenue Code Section 152 in Effect from Jan. 1, 2009 to March 29, 2010, does not follow current federal law):**

The Internal Revenue Code Section 152 definition in effect in 2009 applies, but in order to be a Qualifying Child the individual also (1) must not have filed a joint return (other than a claim of refund) with the individual’s spouse for a taxable year beginning in the calendar year in which the taxable year of the taxpayer begins; and (2) must be younger than the employee/taxpayer..

#### **All Other States and Current Federal Law (Internal Revenue Code Sections 152 and 105 in Effect from March 30, 2010 to present):**

The Internal Revenue Code Section 152 definition in effect on January 1, 2010 applies. In addition, a child (including natural, adopted, foster and/or step child) of a taxpayer who as of the end of the calendar year has not attained age 27 is eligible under both federal and state law to receive tax-free health FSA reimbursements (regardless of whether the individual is a Qualifying Child or Qualifying Relative).