

## Employer Guide to Additional Forms

### Recurring Dependent Care Request Form

- Requires the participant to submit only one form per plan year in order to receive recurring reimbursement. Changes can be made as needed throughout the plan year.
- Eliminates the need to submit substantiation throughout the plan year for dependent care expenses.
- If daycare expenses exceed the payroll deduction amount, reimbursement is sent to the participant as deductions are received. If expenses do not exceed the payroll deduction amount, reimbursement is issued per pay period.

### Automatic Orthodontia Request Form (Auto Ortho)

- Eliminates the need to submit substantiation for orthodontic expenses.
- Requires the participant to submit only one form in order to receive automatic reimbursements.
- Payments issued at the beginning of each month in which services are still being provided.
- If participating in automatic reimbursement for orthodontic expenses, the benefits debit card cannot be used to pay the provider.

### Medical Necessity Form

- This form needs to be completed for “dual purpose” expenses. Per IRS regulations, dual purpose expenses are only eligible if recommended by a medical practitioner as they have both a medical purpose and a personal, cosmetic or general health purpose.

### Authorized Representative Request Form (HIPAA)

- Due to HIPAA regulations, Discovery Benefits will not disclose a participant’s health information to other parties without written designation from the participant.
- This form authorizes the release of medical information to the named representative(s) – a participant’s spouse for example.
- This authorization is valid for 12 months from the date of signature or until written revocation is provided.

**The forms listed above are available in the Participants section of our website at [www.discoverybenefits.com](http://www.discoverybenefits.com).**