

Deductible Verification Form

If enrolled in a Combination FSA, a completed Deductible Verification Form must be on file in order for a participant to be reimbursed for general-purpose medical expenses. Until a completed form is submitted, only expenses for dental, vision, and preventative care are eligible for reimbursement.

*=Required Fields

Step 1: Participant Information

*Employer Name (Do not abbreviate)

*Employee ID

*Participant Name (First, MI, Last)

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*Social Security Number

Updates or changes to your profile can be made by logging into your account at www.discoverybenefits.com

Step 2: Plan Information

Please note that in order for general-purpose medical expenses to be eligible for reimbursement, the dates of service must be on or after the date the statutory deductible was met. Deductible amounts used to meet the statutory deductible are not reimbursable.

*Plan Year Start Date (mm/dd/yyyy)

*Plan Year End Date (mm/dd/yyyy)

*Date Deductible Was Met (mm/dd/yyyy)

*Select One: Individual Deductible (\$1200)

Family Deductible (\$2400)

Step 3: Participant Authorization

To the best of my knowledge, all of the information provided on this form is accurate. I have satisfied the deductible and would now like to receive reimbursement from my spending account for general-purpose medical expenses.

*Participant Signature

*Date

