Nippon Life Benefits®

Nippon Life Insurance Company
of America
P.O. Box 2968
Clinton, IA 52733

Flexible Spending Account (FSA)
Request for Reimbursement

FLEXIBLE SPENDING ACCOUNT

Please mail completed form to:

Nippon Life Insurance Company of America, Attn: Claim Center (FSA), P.O. Box 2968, Clinton, IA 52733.
Toll free nationwide 1-800-374-1835. FAX 1-866-514-8287 email: fsa-hra@nipponlifebenefits.com

Directions for Completing Request Form

1. Complete **Statement of Employee** below.
2. Complete the **Eligible Expenses Section** on Page 2. Indicate the total amount submitted for reimbursement on the bottom line.
3. If you want reimbursement of all or part of a deductible **OR** copayment on a charge which has been received for payment under any medical, dental or vision plan, attach a copy of the explanation of benefits form and indicate in the REIMBURSEMENT REQUESTED column on Page 2 of this form how much you want considered for payment. For all other expenses, attach proof of expense(s) which includes provider's name, date and type of services provided. ***To guarantee payment, your claims must be received in the Service Center no later than 2 business days prior to the pay date. ***
4. Please refer to your Summary Plan Description (SPD) for the day of the month your reimbursement will be made and for the minimum amount. All eligible expenses for active or terminated employees for current year must be received **by the deadline in the SPD**.
5. Access your FSA through the personal login section of the Nippon Life Insurance Company of America (Nippon Life Benefits) internet site, www.nipponlifebenefits.com. This is a secure site so follow the automated process under PIN/Password Services to obtain your personal identification number (PIN).

NOTE: Always retain copies of your proof of expense.

Statement of Employee

Employee's name _____

Member ID number or Privacy ID number _____

☐ current plan year ☐ prior plan year

Employee's address _____
Street

_____
City State ZIP

Employee's employer _____

I, the undersigned, request reimbursement for the eligible expenses listed on Page 2 for myself and any eligible dependents. I certify these expenses are eligible for reimbursement under the Flexible Spending Account sponsored by my employer. I have not been and will not be reimbursed for these expenses from this or any other benefit plan and have/will not include them as itemized deductions or as a tax credit on my personal income tax returns.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation. Applicable to Accident and Health.

Florida Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

These statements are true and complete to the best of my knowledge. ▶ Signature of employee _____ Date _____

Please furnish a daytime telephone number in case we need to reach you. Area code _____ Email address _____

Eligible Expenses Section on Page 2

Eligible Expenses Section

Eligible expenses	Patient and relationship to employee	Provider of service and date of service	Reimbursement requested
Health Care			
1. Medical			$
			$
			$
			$
			$
2. Dental/Vision			$
			$
3. (OTC) Over the Counter Drugs			$
			$
4. RX			$

Dependent Care
(child, spouse, parent)

Dependent's name, age and relationship to employee

Provider's or facility's name

Date of service provided _____ Cost of service $

Date of service provided _____ Cost of service $

Date of service provided _____ Cost of service $

Date of service provided _____ Cost of service $

Total dependent care amount submitted for reimbursement $

Dependent care provider's signature

Dependent care provider's address

Dependent care tax ID

Total amount submitted for reimbursement $

Notice Requirements

Any person who knowingly and with intent to defraud any insurance company or other person, submits a statement of claim or any application form containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act which is a crime. Such actions may be considered felonies and subject to criminal and civil penalties, including imprisonment and fines.

CALIFORNIA FRAUD

For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

COLORADO FRAUD

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DISTRICT OF COLUMBIA FRAUD

Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

INDIANA FRAUD

A person who knowingly and with intent to defraud any insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

KENTUCKY FRAUD

Any person who knowingly and with intent to defraud any insurance company or other person files a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

NEW JERSEY FRAUD

Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

OHIO FRAUD

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing false or deceptive statement is guilty of insurance fraud.

PENNSYLVANIA FRAUD

Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

TENNESSEE FRAUD

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

TEXAS FRAUD

Any person who knowingly and with intent to defraud any insurance company or other person, submits a statement of claim or any application form containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act and may be guilty of insurance fraud.

WASHINGTON FRAUD

It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

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