

TO SUBMIT AN FSA CLAIM USE:

[Medical Claim form](#) or

[Dependent Claim form](#)

and send it to SelectAccount along with any third party documentation. If you are covered under the diocesan medical insurance plan, your medical claims are automatically submitted for you through the crossover option.

All of the money you elect to withhold during the plan year must be spent on claims occurring during that plan year. For example, if you elect a \$500 withholding under Component B for plan year 2008-2009, that money can only be used to pay claims occurring between September 1, 2008, and August 31, 2009. You have up to 3 months after the end of the plan year (in other words, November 30) to submit claims for that plan year. Any money not used by the end of the plan year will be lost.

Timing makes a difference for Component C (dependent care expenses) but not for Component B (medical expenses). With Component C, SelectAccount will only reimburse you up to the amount that you have had withheld for the plan year to date (if you submit a \$500 claim and you have only had \$300 withheld so far this plan year, SelectAccount will only pay you \$300; the other \$200 will be paid once more money is withheld). Component B will pay up to your election amount irregardless of what has been withheld from your paycheck (if you submit a \$500 claim and you have only had \$300 withheld so far this plan year, SelectAccount will still pay the \$500).

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