

UMR
PO Box 8022
Wausau, WI 54402



Employer Name: Employer Name
Employer Code: Employer Alias
Member ID: 0000059255
Date: 10/25/2017

Debit Card
123 Main Street
Suite 12
Avon, CT 06001

INELIGIBLE / DENIED EXPENSE NOTIFICATION

Dear Debit Card:

Thank you for your response to our debit card request. Upon review, it has been determined that the referenced expense is ineligible for reimbursement. Please refer to the "Reason" and "Comments" sections for details.

Per the IRS regulations, all FSA expenses must have appropriate documentation as proof that the expenses were for a qualified healthcare expense that was incurred within your coverage period, as defined by your employer's plan document. This expense is now considered an overpayment and your employer will be notified.

You have several options to resolve this overpayment:

- Have the provider/merchant refund the overpayment amount back to your FSA debit card
- Submit an alternate eligible paper claim to offset the overpayment amount
- Reimburse the plan for the overpayment amount by sending a personal check or money order made payable to UMR

If no action is taken, debit card access to your Account will be suspended 28 days from the date of this letter (other card transactions not listed below or previous ineligible letters for this expense could impact the Account suspension timing). Paper claims received prior to the resolution of this transaction will be applied toward the overpayment.

Be sure to keep copies of ALL receipts for expenses paid for with your debit card. If you have questions, please call 1-800-826-9781. Remember to monitor your debit card activity frequently online at umr.com to identify other expenses that may require your assistance with substantiation.

Thank you,
UMR Flexible Spending Department

Documentation can be uploaded @ UMR.com, faxed to 1-877-390-4782, emailed to umr-fsa@umr.com or mailed to the address listed below. In an overpayment situation, include the documentation and this letter along with a personal check or money order made payable to UMR.

Visit the "Message Center" on the Home page of the consumer portal for Receipts Needed and upload directly to the appropriate transaction. If you do not have the proper receipt, use the File A Claim page to submit alternate receipts to offset the transactions.

<u>Claim No.</u>	<u>Plan Name</u>	<u>Transaction Date</u>	<u>Merchant</u>	<u>Claim Amount</u>	<u>Payment Received</u>	<u>Amount Due</u>
MAR05082610007100610	FSA Ineligible	07/08/2011	Ineligible Merchant	\$20.00	\$5.00	\$10.00

Ineligible Reason: Ineligible reason 1

Action Required: Required action 1

Amount: \$3.00 **Please send payment.**

Comments: Ineligible note 1. Repayment note 1

Ineligible Reason: Ineligible reason 2

Action Required: Required action 2

Amount: \$7.00 **Will be paid via bank account withdrawal: please do not send payment.**

Comments: Ineligible note 2. Repayment note 2

CONTACT INFORMATION

UMR
Customer Service
PO Box 8022
Wausau, WI 54402

Phone Number: 800-826-9781
Fax Number: 877-390-4782
Email Address: umr-fsa@umr.com