

## Uninsured Health Plan Claim Verification

*Purpose of this Claim Form: Payments made by an employer to cover an employee's uninsured health care expenses must be verified by an independent third party in order to avoid wage and income taxes. The sole purpose of this service is to validate the tax-free status of cash benefits provided under an employer-provided health plan. Call Tony Novak at (610) 636-6786 with any questions.*

Please use this form to request a reimbursement under your company's health plan or to void paying wages taxes on cash payments that you may have already received from the employer's health plan. This form is not for claims covered by an insurance plan. All information collected is strictly private and used by the plan adviser only for the purpose of validating claims for wage and income tax purposes. Only your name and the total amount of qualifying claims are reported to the employer or payroll company that may process the payments. The employer does not have access to your private medical information or any information that you may provide in this form. Check the MedSave.com User Agreement and Privacy Policy for more details.

Name

E-Mail Address

Employer

Claims to Be Reimbursed

The "Description" is for your identification purposes only. It is acceptable to leave it blank for privacy if you wish or write "Private claim #1", for example. "Date" may be approximate, but must be within the plan's allowable claim reporting period. "Amount Paid" should be only the amount you can document with paid receipts.

Example: "Tony / dental care    12/10/02    \$176.50"

Person and Description	Date	Amount
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(If you have more than four claims to report, just submit a second copy of this form).

Were these claims already paid by the employer? *(If yes, please indicate which claims were already paid)*

Were all of the claims listed above were incurred by a person covered by the health plan? *Must answer "yes" for validation*

Are any of the expenses covered by any other insurance or health plan? *Must answer "no" for validation*

I have written receipts showing both the charges and evidence of payment for all of the claims listed above. *Must answer "yes" for validation*

I have determined that the expenses listed above are "qualified medical expenses" by either: 1) consulting IRS Publication 502 and making the determination on my own, 2) consulting with the Plan Adviser whose services were made available to me by my employer at no expense to me, or, 3) consulting with my own tax adviser. *Must answer "yes" for validation*

I understand that if the amount of reimbursed claims are later determined by the employer or the IRS to be "not qualified" under the plan then I will be responsible for taxes and possible tax penalties on the amount received? *Must answer "yes" for validation*

This form may be faxed to Tony Novak toll-free at (866) 271-5344 or mailed to P. O. Box 102, Narberth PA 19072. Please keep a copy of all claims for your records.