

POST-DEDUCTIBLE FSA EXPENSE REIMBURSEMENT CERTIFICATION FORM

Until you have satisfied the Health Savings Account minimum annual deductible for this calendar year, your Limited Purpose Healthcare FSA can only reimburse out-of-pocket dental and vision expenses. Once you have satisfied the minimum annual deductible amount, the FSA can reimburse all qualified Health Care Expenses that are incurred (or have been incurred) after you have met this deductible amount.

The Health Savings Account Minimum Annual Deductible for 2025 is:

Self-Only Coverage:	\$1,650.00
Other than Self-Only Coverage:	\$3,300.00

After you have satisfied this deductible, submit this form to Advantage Administrators along with a copy of a health insurance company Explanation of Benefits showing that the deductible has been satisfied:

By email:	customercare@advantageadministrators.com
By fax:	319-352-4018 or 319-352-2610
By mail:	Advantage Administrators PO Box 118 Waverly, IA 50677-0118

Once Advantage Administrators has received this documentation, ALL eligible medical expenses incurred after that date will be reimbursed from your Health FSA.

Name: _____

Employer's Name: _____

Date that the deductible was satisfied: _____

(Only claims incurred **AFTER** this date will be approved for reimbursement.)

I certify that I have met the minimum annual deductible established by the tax code for 2025. I understand that if I submit this certification and I have not satisfied the minimum annual deductible amount that my tax deduction for Health Savings Account deposits may be denied and I may be subject to tax penalties and interest.

Signature

Date