



# Flexible Spending Account OTC (Over-the-Counter) Health Care Reimbursement

Send completed form and documentation to:  
Aetna FSA  
P.O. Box 4000  
Richmond, KY 40476-4000  
Fax to: 1-888-238-3539 (1-888-AET-FLEX)

### Preparing Your Claim Form

- Complete Sections 1 and 2.
- Complete Section 3:
  - OTC PRODUCT NAME: Indicate the name of each product purchased (e.g., Tylenol, Claritin)
  - DATE OF PURCHASE: Indicate the date each product was purchased
  - AMOUNT SUBMITTED: Indicate the amount paid for each product
  - SALES TAX: Indicate appropriate state sales tax, where applicable
  - TOTAL AMOUNT SUBMITTED: Indicate the total amount of reimbursement requested, including any applicable state sales tax
- Complete Section 4.
- Attach itemized receipts: Each receipt submitted for reimbursement must clearly indicate the product name, date of purchase and amount paid.

We recommend that your **Total Amount Submitted** be a **minimum** request of **\$25**.

<b>1. Employee Information</b>	Identification Number	Name	Daytime Telephone Number (     )
	Address (include zip code) <input type="checkbox"/> Check if address is new		Home Telephone Number (     )

<b>2. Employer Information</b>	Employer Name	FSA Control Number
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3. Expense Information	OTC Product Name	Date of Purchase	Amount Submitted \$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
	Sales Tax (where applicable)		\$
	<b>Total Amount Submitted</b>		<b>\$</b>

**4. Employee Certification** I certify that all expenses for which reimbursement is claimed from the Flexible Spending Account have been incurred and have not been reimbursed and are not reimbursable under any other health plan. I understand that I am required to submit, in addition to this claim form, an itemized receipt from a merchant, including the name of the product, the date purchased and amount paid. I represent that any individual (other than the employee or employee's spouse) for whom a claim is filed hereunder qualifies as a dependent of the employee for federal income tax purposes. I further declare that I have not and will not deduct these expenses on my federal, state or local income tax returns.

**Sign Here ►** **Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Any person who knowingly, and with intent to defraud, files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime.

**See reverse side for examples of eligible expenses.**

## Over-the-Counter Medical Expense Reimbursements Through Health Care FSAs

**IRS Rev. Rul. 2003 – 102, September 3, 2003**

The list below is not intended to be all-inclusive, but is rather to answer frequently asked questions. This list is subject to change per IRS rulings or interpretation changes. If you have questions about a Flexible Spending Account claim, call the toll-free number of the Aetna Life Insurance Company claim center that services your employer. The toll-free customer service number can be obtained by contacting your company's employee benefits department.

<b>I. Eligible Medical Expenses for Reimbursement</b>
Acne treatment
Allergy relief, such as oral medications, nasal sprays and patches
Analgesics, such as fever and pain reducers like aspirin, acetaminophen, ibuprofen
Antacids and heartburn relief, such as Alka-Seltzer, Mylanta and Milk of Magnesia
Antibiotic creams and ointments, hemorrhoid preparations
Anti-itch and hydrocortisone creams
Arthritis pain-relieving creams
Cold medicines, such as tablets, syrups, drops and lozenges
Ear care, such as ear drops, ear wax removal, ear plugs
Eye care, such as contact lens solution, lubricant eye drops, eye patches, reading glasses
Family planning, such as condoms, contraceptive creams, pregnancy test, ovulation predictor kits
Feminine care, such as progesterone cream, estrogen cream, treatment of vaginal infections
First aid, such as heat wraps (hot/cold packs), compresses, bandages, tape, gauze dressing, adhesive pads, Band-Aids, pain-relieving creams, rubbing alcohol
Foot care, such as arch and insole supports, callous removers, athletes' foot treatment (such as nail and foot antifungal creams)
Home diagnostic tests or kits -- blood pressure (monitor and related equipment), cholesterol test equipment, diabetes (e.g., glucose monitor and related equipment) and colorectal test equipment, HIV test, urine test, thermometers
Incontinence products, such as Depends and Serenity pads
Joint-support bandages and hosiery, such as knee supports, elbow supports
Laxatives
Motion sickness treatment, such as Dramamine, patches, bracelets
Shampoo treatments relating to treatment of psoriasis, lice
Smoking-cessation relief, such as patches, gum
Stomach and digestive relief, such as Pepto-Bismol, Imodium, Colace, Lactaid
Tooth and mouth pain relief, such as Orajel, Anbesol
Urinary pain relief
Vaporizers and humidifiers
Wart removal medication

### **II. Non-Reimbursable Expenses Relating Primarily to Good Health**

<i><b>Merely Beneficial to Good Health</b></i>	<i><b>Exceptions</b></i>
<b>Not Eligible for Reimbursement</b>	<b>(These are considered eligible for reimbursement as they relate primarily to medical care.)</b>
Cosmetics, such as makeup, lipstick, cotton swabs, cotton balls, baby oil	
Denture care, such as denture cleansers and denture adhesive creams	
Hair care, such as hair color, shampoo, conditioner, brushes and hair-loss products like Rogaine	
Homeopathic medicines	Homeopathic medicines prescribed at the direction of a doctor. A physician statement is required.
Nail care and personal grooming items, such as scissors, nail files	
Nutritional and dietary supplements, such as bars, milkshakes, power drinks, Pedialyte	Supplements prescribed at the direction of a doctor. A physician statement is required.
Personal hygiene items, such as deodorant, soap, body powder, shaving cream and razors, feminine care and sanitary products	
Routine dental care products, such as toothpaste, toothbrushes, dental floss, mouthwashes (including antibacterial mouthwash and fluoride rinses), breath strips, teeth-whitening items	
Skin care, such as sun block, skin and body moisturizing lotion, lip balm	
Sleep aids, such as oral medications, snoring strips, stimulants	Sleep aids prescribed at the direction of a doctor. A physician statement is required.
Vitamins	Vitamins prescribed at the direction of a doctor. A physician statement is required.
Weight-reduction aids, such as Slimfast, appetite suppressants, water-retention products	Weight-reduction products prescribed at the direction of a doctor. A physician statement is required.