2024 Post Deductible Certification
For Limited FSA Participants

I, _____ (employee name) certify that as of _____ (date), I have incurred eligible expenses that have been applied to the deductible under my HDHP (high-deductible health plan) in the amount of:

___ Single $1,600

OR

___ Family $3,200

Having satisfying the minimum annual deductible required for HSA eligibility, I am requesting eligible post-deductible expenses incurred after the date stated above and through the end of the Plan Year, be reimbursable from my Limited FSA with _____ (employer's name).

Post deductible expenses are expenses for medical care which are incurred *after* the minimum annual deductible applicable to HDHPs has been satisfied.

Please submit this signed certification along with your claim form and itemized bills to:

Benefit Extras, Inc.
PO Box 1815
Burnsville, MN 55337
Email: flex@benefitextras.com
Fax (952) 435-8435; Toll Free Fax 800-886-8793.

If you are filing a claim online or via the Benefit Extras' mobile app, this form can be signed and submitted along with your itemized bills.

I understand that I will only be required to submit one certification form annually and that it is my responsibility to assure my HSA eligibility.

X_____ _____

Employee Signature (Required) **Date**

PLEASE RETAIN A COPY FOR YOUR RECORDS