

## 2025 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 \$1,650

**OR**

\_\_\_ Family \$3,300

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](mailto: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**