

2027 Post Deductible Certification

For Limited FSA Participants

Complete this form after the applicable 2027 minimum deductible has been satisfied. Submit it with your claim documentation before requesting reimbursement of general medical expenses under a post-deductible Limited FSA.

Employee name _____

Employer name _____

Date deductible was satisfied _____

Select the coverage tier and threshold satisfied

☐ Self only coverage	\$1,750
☐ Family coverage	\$3,500

Participant certification

I certify that, as of the date shown above, eligible expenses have been applied to the deductible under my HSA-qualified high-deductible health plan in at least the amount selected above.

I request reimbursement from my employer's Limited FSA for otherwise eligible post-deductible medical expenses incurred after the deductible-satisfaction date and through the end of the applicable plan year, subject to the plan document.

I understand that an expense incurred before the deductible-satisfaction date does not become eligible merely because I submit it later. Benefit Extras may request Explanation of Benefits statements or other evidence supporting the deductible amount and date.

I understand that I generally submit one certification for the plan year and that I remain responsible for my HSA eligibility and for notifying Benefit Extras if the information on this form changes.

Submit this signed form with the claim form and itemized bills or EOBs. For online or mobile claims, upload the signed form with the supporting documentation.

Employee signature required

Date

Benefit Extras, Inc.

PO Box 1815 | Burnsville, MN 55337 | flex@benefitextras.com
Fax (952) 435-8435 | Toll Free Fax (800) 886-8793 | (952) 435-6858