

Lifestyle Spending Account (LSA) Reimbursement Request Form



Employer Name: _____

Participant Name (First, MI, Last): _____

Social Security Number: _____

Address: _____

City, ST, ZIP: _____

Date of Birth: _____ E-mail Address: _____

Please notify your employer of any address change.

Lifetime Benefit Solutions will not make address changes from this form.

Vendor Name	Date of Transaction	Amount	Expense Code	Type of Services/ Items Purchased	Claim Reference Number
24 Hour Gym	10/1/2024	\$55.00	P	Monthly Gym Membership	Example
					01
					02
					03
					04
					05
					06

Use one of the LSA Expense Code's below to indicate which type of LSA expense type your transaction applies to. Your employer may not offer all the expense types listed below and certain restrictions may apply.

Expense Code	Plan Code Description
P	Physical Wellness
F	Financial Wellness
E	Emotional Wellness
C	Continuing Educations

Expenses that are eligible for reimbursement under the Lifestyle Spending Account offered by your employer may differ. Lifetime Benefit Solutions, Inc. will process the reimbursement based on the rules established by your employer. For a list of expenses eligible for reimbursement, eligibility and other terms and conditions of the Lifestyle Spending Account, please contact your employer.

By submitting this form to Lifetime Benefit Solutions, I certify the information is accurate and the expenses incurred were for myself. I understand that Lifestyle Spending Account reimbursements may be taxable and any reimbursements may be included in my wages (and accordingly may be subject to withholdings), as determined by my employer. In addition, I have read the Reimbursement Request Instructions on the following page and agree to adhere to all terms specified. I understand if I do not follow the instructions my reimbursement maybe delayed or denied.

Signature: _____ Date: _____

Mail to: Lifetime Benefit Solutions Claims Dept., PO Box 211126, Eagan, MN 55121

Fax to: (877) 256-7228

Call: Customer Service with questions at 800-327-7130

LSA Reimbursement Request Instructions

For All Account Types

- For faster reimbursement processing, you may be able to submit your claims online at LifetimeBenefitSolutions.com
- Complete the top section, including Social Security Number or Employee ID.
- Submit one expense (either a product or service) per row, even if items are contained on the same receipt.
- Label the receipts to correspond to the Claim Reference Number.
- If you have more items than the form can accept, use additional forms.
- Do not “lump” or group items together or write See Attached.
- All claims are subject to deadlines, as defined in your program.
- The expenses you submit must qualify as valid expenses under the terms of the program.
- Retain a copy of the LSA Reimbursement Request Form and receipts for your own personal records.
- Call Lifetime Benefit Solutions Customer Service with questions at (800) 327-7130 during standard weekday business hours.
- Mail or fax (but not both) completed form with required documentation to:
Lifetime Benefit Solutions Claims Dept.
PO Box 211126
Eagan, MN 55121
Fax# (877) 256-7228