

Spending Account Communications Guide

CARD SWIPE VALIDATION REQUEST

- Summarizes all card swipes and lists how many WageWorks® was able to automatically validate.
- Any card swipes that WageWorks has not been able to validate are listed so you to take the necessary action. You can choose how to validate the expense.
- How to submit the validation information.

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Card Swipe Validation Request Statement

Date: 07/26/2017
Reference Number: 2509402086699183
Participant Name: John Doe
Employer Number: 1111111111

Email: _____

Card Swipe Validation Request Summary		
Account	Available Balance	Account Suspended
HCFA2017	\$1,852.68	No

Validation Requests						
ID	Date of Card Swipe	Account(s)	Card Swipe Amount	Amount Needing Validation	Account(s) Suspension Date	Initial Validation Requested On
0126465729008	3/19/2017	HCFA2017	\$293.00	\$293.00	7/25/2017	9/31/2017

Provider Description: YOUR FAMILY DOCTOR
212-555-1234 TN Original Receipt/EOB Offsetting Expense Check

If you choose to submit the original receipt/Explanation of Benefits (EOB) and/or an offsetting expense:

- Itemized receipts or EOB documentation from providers, stores, or insurance carriers must contain a description of the services or products provided, amount, and date of service. Patient name should be provided when submitting itemized receipts.
- **NOTE:** Cancelled checks or credit card statements will not be accepted.
- Be sure to select the appropriate box for the card swipe in question
- Upload appropriate documentation online by going to myspendingaccount.wageworks.com
- Fax or mail this request form and the copies of documentation to 1-866-643-2219 or mail to: Spending Account Center | PO Box 34700 | Louisville, KY 40232

If you choose to submit a check:

- Be sure to select the appropriate box for the transaction in question
- Mail this page and the check (made payable to WageWorks) to: Spending Account Center | Attention Finance Department | PO Box 34700 | Louisville, KY 40232

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ACCOUNT ACTIVITY STATEMENT

- Streamlined account summaries.
- Additional Q&As have been added to the statement.

Questions? Go to: myspendingaccount.wageworks.com
Or Contact us at 1-800-624-2578

WageWorks Spending Account Activity Statement
everyone benefits
Spending Account Center
PO Box 34700
Louisville, KY 40232

JOHN DOE
5200 COMMERCE CROSSING
LOUISVILLE, KY 40229

Statement Period: 1/1/2017 - 9/30/2017
Statement Issued: 10/9/2017
Employer Number: 000019501

Dependent Care FSA (DCFA2017) Plan Period 1/1/2017 - 12/31/2017	
Annual amount you elected	\$3,325.00
Total amount contributed to date	\$0.00
Total reimbursements to date	\$0.00
Approved requests pending payment	\$0.00
Remaining balance	\$3,325.00
Funds currently available for reimbursement	\$0.00
You can submit reimbursement requests for expenses incurred between	1/1/2017 - 12/31/2017
You can submit reimbursement requests that are postmarked on or before	3/31/2018

Health Care FSA (HCFA2017) Plan Period 1/1/2017 - 12/31/2017	
Annual amount you elected	\$2,500.00
Total reimbursements to date	\$0.00
Approved requests pending payment	\$0.00
Remaining balance	\$2,500.00
Funds currently available for reimbursement	\$2,500.00
You can submit reimbursement requests for expenses incurred between	1/1/2017 - 12/31/2017
You can submit reimbursement requests that are postmarked on or before	3/31/2018

Q. How do I get more information about my account, such as my balance, claim status, and payments, between statements?

You can view your most current balance, claim and payment status, and details about your spending account online by visiting: myspendingaccount.wageworks.com or you can call us at: 1-800-624-2578.

Q. Where do I submit claim forms and documentation for processing?

You can send all completed claim forms, and documentation to: Spending Account Center | PO Box 34700 | Louisville, KY 40232.
You can also fax your claim forms and documentation to WageWorks Spending Account Center at 1-866-643-2219.

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CLAIM RECEIPT E-MAIL

Lets you know WageWorks has received your claim and that it's being processed. A reference number is included in the e-mail to make it easier for you to track the claim online.

Claim Receipt Notice - No Action Required

This is an automatically generated message. Please do not reply to this e-mail as this mailbox does not accept mail and your message will not be received.

Spending Accounts by WageWorks has received your request for reimbursement. We will process your claim in the order it was received and payment will follow according to your company's plan.

Your receipt number is: 12345678

To learn if your claim has been processed, please access other program resources, including claim forms and brochures to help you get the most from your account.

Sincerely,

Spending Accounts by WageWorks

CARD SWIPE VALIDATION REQUEST STATEMENT E-MAIL

This e-mail lets you know when the Validation Request Statement is ready to be downloaded. The Validation Request Statement lets you know when you need to take action on a card swipe that was not able to be validated.

Card Swipe Validation Request Statement - Action Required

Questions? Go to: myspendingaccount.wageworks.com
Or Contact us at 1-800-678-6684

Card Swipe Validation Request

Your online Card Swipe Validation Request is Ready! Download Now
Reference Number: 123456789

Important Action to be Taken! We have made every attempt to automatically validate your card swipes, but there are some transactions that require your attention. You must submit documentation by March 10, 2016. If you delay in responding to this request, your card account(s) will be suspended from further use on April 10, 2016.

If you would like to upload your documentation online go to [myspendingaccount.wageworks.com]. Once you arrive at your spending accounts activity home page select Card Swipe Validation from menu. Or if you wish to submit your documentation via fax or mail, login to [myspendingaccount.wageworks.com] and follow instructions below:

1. Once you arrive at your spending accounts activity home page select the Card Swipe Validation Request Alert
2. Select "Save As" or use the Print option.
3. Following the form's instructions, submit your documentation along with the Validation Request Form either to the fax number or mail to the address on the form, or by uploading your documentation online.

As always, thank you for using your Spending Account Debit Card, a valuable way to save money on your health benefits!

Sincerely,

Spending Accounts by WageWorks

