

Spending Account Statement Guide

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: 0000019501

Dependent Care FSA (DCFSA2017) 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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Your statement reflects activities between these dates.

Amount in your account that you have left to spend.

Timeframe to incur an expense and request reimbursement.

Deadline for submitting reimbursement requests.

Health Care spending account and Dependent Care account (if applicable) are included.