



HEALTH CARE & BENEFITS DIVISION

April 11, 2024

2023 Flexible Spending Account (FSA) Claims Must Be Submitted by April 30

Claims incurred in 2023 will not be reimbursable if they are submitted after April 30, 2024.



Medical FSA Deadline Reminders

- **Submit 2023 claims by April 30, 2024** (120 days after the end of the Plan Year). Claims incurred in 2023 will not be reimbursable if they are submitted after April 30, 2024.
- Do not use your FSA debit card to pay for 2023 Plan Year claims. You may not use your debit card to pay for services received during the prior calendar year regardless of the excess funds in your prior year Medical FSA.
 - Submit 2023 claims online through the ASIFlex app or by submitting a hard copy reimbursement form.

- **Do not use your FSA debit card to pay for 2023 Plan Year claims.** You may not use your debit card to pay for services received during the prior calendar year regardless of the excess funds in your prior year Medical FSA.
 - Submit 2023 claims online through the [ASIFlex app](#) or by submitting a [hard copy reimbursement form](#).
- **A maximum of \$610 of unused contributions at the end of Plan Year 2023 will be rolled over to Plan Year 2024.** Any remaining funds over the \$610 rollover will be forfeited if a 2023 claim is not submitted before April 30, 2024.
 - Rollover funds become available for the new Plan Year on January 1, however those funds cannot be used for prior year services after the 120 day claim submission deadline.
 - If you qualify for rollover but have not elected to contribute to Medical FSA for 2024, a monthly administration fee of \$2.15 will be applied to the rollover balance each month there is a qualifying balance.

Dependent Care (Day Care) FSA Deadline Reminders

Reminder: the Dependent Care FSA is to reimburse for work related dependent day-care expenses. It is not used for reimbursement of medical expenses.

- **Submit 2023 Plan Year claims by April 30, 2024** (120 days after the end of the Plan Year).
- **Unused funds are forfeited at the end of the Plan Year.** Rollover is not allowed for Dependent Care FSA.
- **Failure to submit claims within 120 days will result in any available contributions being forfeited.**

Documentation Reminders

An Itemized Statement for each claim is required by the IRS. The statement must include:

- Name of provider of the service
- Name of person obtaining care
- Date(s) of service
- Amount charged for service
- Itemized description of each service or good provided

For expenses covered by insurance, a copy of the Explanation of Benefits (EOB) may be used since the statement of services has already been submitted to insurance for determination of service date and if it was a qualifying expense.



Need a refresher on FSA Basics?

Watch the [Understanding Flexible Spending Accounts Overview](#) on-demand presentation.

If you have questions contact ASI Flex at (800) 659-3035, asi@asiflex.com, or visit asiflex.com.

STATE OF MONTANA HEALTH CARE & BENEFITS DIVISION

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-270-3877 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-270-3877 (TTY: 711).

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