



Deductible Verification Form

If enrolled in a Combination FSA or Combination HRA, a completed Deductible Verification Form must be on file in order for a participant to be reimbursed for general-purpose medical expenses. Until a completed form is submitted, only expenses for dental, vision and preventative care are eligible for reimbursement.

What is a Combination FSA or Combination HRA? A Limited Medical FSA or Limited HRA (vision, dental and preventative expenses only) that's converted to a general-purpose FSA or general-purpose HRA once a participant has met the statutory deductible.

*Required fields

Step 1: Participant Information

*Participant Name (First, MI, Last)

*Social Security Number

*Employer Name (Do not abbreviate)

Employee ID

Updates or changes to your profile can be made by logging into your account at benefitslogin.wexhealth.com.

Step 2: Plan Information

Please note that in order for general-purpose medical expenses to be eligible for reimbursement, the dates of service must be on or after the date the statutory deductible was met. Deductible amounts used to meet the statutory deductible are not reimbursable.

*Plan Year Start Date (mm/dd/yyyy)

*Plan Year End Date (mm/dd/yyyy)

*Date Deductible Was Met (mm/dd/yyyy)

*Select One:

 \$

Individual Deductible
Include dollar amount:
2024: \$1,600
2025: \$1,650

 \$

Family Deductible
Include dollar amount:
2024: \$3,200
2025: \$3,300

Step 3: Participant Authorization

To the best of my knowledge, all of the information provided on this form is accurate. I've satisfied the deductible and would now like to receive reimbursement from my spending account for general-purpose medical expenses.

*Signature

*Date