



**WYANDOTTE NATION
 SUPPLEMENTAL HEALTHCARE BENEFIT
 REIMBURSEMENT REQUEST FORM**

| A. EMPLOYEE INFORMATION | | | | |
|---|---------------------|----------------------------------|---------------------|--------|
| Name | | Member Number | | |
| Address | | City | State | Zip |
| B. SUPPLEMENTAL HEALTHCARE BENEFIT | | | | |
| Dates of Service | Provider of Service | Person for Whom Service Provided | Relationship to You | Amount |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| TOTAL AMOUNT REQUESTED | | | | \$ |
| D. CERTIFICATION | | | | |
| <p>I certify that the following is true:</p> <ol style="list-style-type: none"> The expenses listed above were incurred by me and/or my eligible dependents and qualify for reimbursement. The expenses listed above are not eligible for reimbursement by any insurance plan. I have not and will not deduct the above listed expenses on my Federal Income Tax returns. Over the counter drugs, medicines and biologicals (medical therapy derived from a biological source such as antibodies, enzymes and hormones) are not eligible to be reimbursed by use of the debit card due to the Patient Protection and Affordable Care of 2010, better known as healthcare reform. However, if these expenses are used to treat a medical condition they can be manually submitted for reimbursement. This includes pain relievers, cold medicines, allergy & sinus medications, gastrointestinal aids, anti-itch medications, anti-fungal medications, smoking cessation medications, etc. OTC products that are not considered drugs or medicines are reimbursable by use of the debit card if the product is medically necessary and not merely for good health or cosmetic purposes. This include blood pressure monitors, bandages, support braces/wraps, hearing aids, diabetes care/insulin, incontinence protection & treatment products, condoms & contraceptive devices, pregnancy kits, ovulation kits, etc. | | | | |
| Employee Signature | | | Date | |

Please return this form to:
CORESOURCE
 Attn: CoreFlex
 P. O. Box 25946
 Overland Park, KS 66225
 Phone: 800-990-9058 ext 42086
 Fax: 866-514-8287
 Email address: CSKCCoreflex@coresource.com

myCoreSource FSA/HRA

Access your CoreSource Medical Supplement Account (FSAs) with the mobile app.

Connect to easily manage your health benefit accounts. The myCoreSource FSA/HRA mobile app shows account details, provides 24/7 access and much more!

- Manage FSA accounts from mobile devices
- Check available balances
- Use “Quick View” to obtain key account info
- Check claims requiring receipts
- Submit receipts using mobile device camera
- Submit claims for medical & dependent care FSA
- Enter & view expense info via the Dashboard
- Report a debit card lost or stolen
- Receive text message alerts
- Ask a question or contact customer service with simple click of a button

To access your account on the CoreSource FSA/HRA app, you will need to input your User Name and Password. User Name is your Member ID (*Your Member ID is as follows: WY000 + 4 digit tribal number*). Password is your zip code + 4 digits of your tribal number.

To view your account online via mycoresource.com:

- Logon to mycoresource.com
- Click the **CoreSource FSA/HRA** link in “My links” box

