

Discovery Benefits LLC
PO Box 2926
Fargo, ND 58108

Employer Name: Office of Group Benefits State
of Louisiana

Employer Code: 23365

Date: 6/8/2021

Debit Card
123 Main Street
Suite 12
Avon, CT 06001

Denial with Request for Repayment

Hello, Debit Card:

This letter is to notify you that your Discovery Benefits debit card transaction has been denied and while the provider has been paid in full, it requires a receipt or repayment from you.

If you disagree, in whole or in part, with our decision regarding your claim for benefits, you have the right to appeal our decision. Any appeal must be submitted within 60 days of the original denial date for this claim. To initiate an appeal, you (or your authorized representative) must send a written request to your Plan Administrator or Claims Administrator, as specified in the summary plan description via mail or e-mail using the Contact Information listed below. Your appeal must include your name, your employer's name, claim number, date of claim, amount of claim and the reason for your appeal. You may also include any additional comments, documents, records or other information or written comments in support of your appeal.

Upon request and free of charge, you will be provided (1) reasonable access to and copies of all documents, records and other information relevant to your claim; and (2) a copy of any specific rule, guideline or protocol relied upon in making the initial adverse benefit determination.

Failure to submit acceptable documentation to Discovery Benefits to substantiate this claim(s) could result in your claim becoming taxable, which would result in one of the following:

- The expense is deducted from your pay in the form of taxable income.
- The expense is reported as taxable income on a W-2.
- The expense is reported as taxable income by any other method allowed by the IRS.

For example, if you fail to submit documentation for \$500 in claims, your employer may either withhold \$500 from your pay or report the \$500 on your W-2. All taxable expenses are subject to IRS forfeiture rules.

Thank you,
Participant Services
Discovery Benefits

<u>Claim No.</u>	<u>Plan Name</u>	<u>Transaction Date</u>	<u>Merchant</u>	<u>Claim Amount</u>	<u>Payment Received</u>	<u>Amount Due</u>
MAR05082610007100610	FSA Ineligible	07/08/2011	Ineligible Merchant	\$20.00	\$5.00	\$10.00
<u>Ineligible Reason</u>		<u>Action Required</u>				
Ineligible reason 1		Required action 1				
Amount:	\$3.00	<u>Please send payment.</u>				
		Comments: Ineligible note 1. Repayment note 1				
<u>Ineligible Reason</u>		<u>Action Required</u>				
Ineligible reason 2		Required action 2				
Amount:	\$7.00	<u>Will be paid via bank account withdrawal; please do not send payment.</u>				
		Comments: Ineligible note 2. Repayment note 2				

CONTACT INFORMATION

Discovery Benefits LLC
Participant Services
PO Box 2926
Fargo, ND 58108

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Fax Number: 866-451-3245
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