

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

Overdue Notice

Hello, Debit Card:

A recent debit card transaction requires you to provide a receipt to show the expense was eligible.

What should be included in your receipt?

- date(s) of service
- description of service or item purchased
- name of provider
- dollar amount (patient responsibility only)
- doctor's prescription or note if expense is for over-the-counter medicines or drugs

This is your final notice that your debit card may be placed on a temporary hold unless we receive your receipt(s) within 200 days of the original transaction date. Timing may vary based on your plan design.

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>Amount Due</u>
MAR05082610007100510	FSA Updated	06/28/2011	A. Pharmacy	\$10.00	\$0.00

CONTACT INFORMATION

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Participant Services
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