

Deductible Verification Form



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

*=Required Fields

Step 1: Participant Information

*Employer Name (Do not abbreviate)

*Employee ID

*Participant Name (First, MI, Last)

 - -

*Social Security Number

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

Step 2: Plan Information

Please note that in order for general medical expenses to be eligible for reimbursement, the dates of service must be on or after the date the deductible was met.

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

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

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

*Deductible Amount

Step 3: Participant Authorization

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

*Participant Signature

*Date