



How to Submit Claims

Get your money faster.

Submit your claim online or via mobile app.

Skip this manual claim form and submit your claim electronically. You have two options:

ASIFlex Online

Go to ASIFlex.com to register and set up your online account. Once registered, you can view your account statement, submit claims, read secure messages, and manage your personal account settings.

ASIFlex Mobile App

Search ASIFlex Self Service on Google Play or the App Store to download the app. Use your login credentials to sign in. Just snap a picture of your claim documentation and submit claims through the app. You can also check your account balance.



Attach appropriate documentation of your expenses

Submit an itemized statement of services **from the provider** that includes:

- Provider/facility/store name and address;
- Date service/supply/product was provided (not date of payment);
- Description of each service/supply/product; and
- Dollar amount you owe.

Please **do not** submit credit card receipts, paid on account or balance forward statements, or cancelled checks.

Fax or mail completed claim form with documentation

ASIFlex
PO Box 6044
Columbia, MO 65205-6044
FAX 1.877.879.9038

Keep a copy of your documentation and claim form for your records. The deadline for submitting claims is the April 30th following the close of the calendar year in which the expense was incurred.

Important Note: ASIFlex will not process reimbursements for memberships paid in advance. This means you must submit a claim, with proof of payment, each time you want to get reimbursed during the year and ASIFlex will reimburse you on a prorated basis. The frequency of reimbursement is up to you, but the minimum period of reimbursement is one month.

For example, if you prepay in advance for a year, you may elect to submit a claim at the end of each calendar month and ASIFlex will reimburse you 1/12th of your total annual membership fee. If you submit a claim for reimbursement at the end of each calendar quarter, ASIFlex will process a reimbursement equal to one quarter of your paid membership. *ASIFlex cannot set up recurring claims for these expenses.*



**State of New Hampshire
Lifestyle Spending Account (LSA)
Claim Form**

Your Name (Last, First, MI)		Social Security No. or EID	Your Employer's Name	
			STATE OF NEW HAMPSHIRE	
Address		City	State	Zip Code
E-mail Address		Telephone Number	Do you wish to receive text* notifications? (If yes, please write "Yes" and provide your cell phone number in the box below)	

*If you choose to select to be notified by text, message and data rates may apply from your mobile carrier.

If you have not yet provided your banking information, please do so below. If you would prefer to securely provide your banking information, please go to asiflex.com and click on *Employee (Participant) Login* to set up your account and provide this information.

Name of Bank	Bank Routing Number (9 digits)	Bank Account Number

Lifestyle Spending Account Claims

Follow the instructions on page 1 and submit correct documentation to ensure rapid processing.

Date(s) of Service or Purchase	Provider/Facility/Store Name	Expense Description	Name of Individual for whom Equipment or Membership was purchased	Relationship of Individual to You	Amount Requested
					\$
					\$
					\$
					\$
					\$
				Total	\$

Please Note:

- Only one eligible individual may submit for reimbursement in a calendar year.
- If a family or group membership is submitted, it will be prorated to an individual cost when reimbursed.
- If you are claiming a membership or new equipment purchase for a spouse or dependent, that spouse or dependent (18+) must also be covered under HMO insurance plan with the State.
- Any fitness equipment purchased must be new equipment. Used equipment is not eligible for reimbursement.
- Eligible home exercise equipment must provide cardiovascular or muscular total-body workout. Examples include treadmills, stationary cycles, bike stands, stair-climbing machines, elliptical machines, rowing machines, home gyms (Bowflex), total-body weight resistance machines, cross-country ski machines, air walkers, etc. Please review the LSA Overview and FAQ for more information.

I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred by me, an eligible spouse, **OR** an eligible dependent during a period while I was covered under my employer's LSA Plan and HMO Insurance Plan; and that the expenses have not been reimbursed, and reimbursement will not be sought from any other source. I understand that I am fully responsible for the accuracy of all information relating to this claim, and that unless an expense for which reimbursement is claimed is a proper expense under the Plan, I will be liable for repayment of improperly reimbursed claims. A claim will only be processed with a completed and signed claim form and correct documentation. **I understand reimbursements received under this plan are treated as taxable income.**

✓ Employee Signature _____

Date _____