



**Flexible Spending Account (FSA)  
Over-the-Counter (OTC)  
Health Care Reimbursement**

Send completed form and documentation to:  
Aetna FSA  
P.O. Box 4000  
Richmond, KY 40476-4000  
Fax to: 1-888-238-3539 (1-888-AET-FLEX)

For the hearing impaired, call 1-877-703-5572 TDD/TTY

**Preparing Your Claim Form**

- Complete all sections below. Include an itemized purchase receipt for each OTC item.
- Retain copies for your files. Claim information cannot be returned.
- Do not highlight the form or enclosed information. Highlighting makes scanned and faxed documents difficult to read.
- As an FSA participant, you have been assigned a unique **FSA Identification Number** – 9 digits preceded with a “W”. If you do not know your W#, you can locate it on any of these sources – Explanation of Payment (EOP); Activity Statement (you may receive an activity statement at least once a year); Aetna Medical ID Card (if you have Aetna medical coverage); Member Services (call FSA Member Services). **Note:** If you prefer, you can use your Social Security Number in this field.
- We recommend that your **Total Amount Submitted** be a *minimum* request of **\$25**.

**1. Employee Information**

Employee's FSA Identification Number <b>W</b>	Employee's Last Name	First	MI	Daytime Telephone Number ( ) -
Street Address		City	State	Zip Code

**2. Employer Information**

Employer Name	FSA Control Number
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**3. Expense Information**

OTC Product Name (e.g., contact lens solution, aspirin, etc.)	Date of Purchase (date each product was purchased)	Amount Submitted (amount paid for each product)
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Sales Tax (where applicable)		\$
<b>Total Amount Submitted</b>		<b>\$</b>

**4. Employee Certification**

I certify that the expenses for which I am seeking reimbursement from the Flexible Spending Account have been incurred by me, or by an individual who qualifies as my spouse or my dependent for federal income tax purposes. I further certify that these expenses have not been reimbursed, nor shall reimbursement be sought, from any other health plan coverage, including a Health Savings Account (HSA). I also certify that I have not, and will not, claim a tax deduction or credit for these expenses on my federal income tax return, or on my state or local tax returns in violation of state or local law. I agree to submit and retain sufficient documentation for any expense for which I seek reimbursement.

Any person who knowingly and with intent to defraud files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime.

**Sign Here ► Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

See reverse side for examples of eligible expenses.

## Medical Expense Reimbursements through a Health Care FSA

The list below is not intended to be all-inclusive, but is rather to answer frequently asked questions regarding OTC expenses for a Health Care Flexible Spending Account (FSA).

This list is subject to change per IRS rulings or interpretation changes. If you have questions about an FSA claim, call Aetna Member Services.

I. OTC Expenses Eligible for Reimbursement
Acne treatment
Allergy relief (oral medications, nasal sprays, patches, etc.)
Analgesics (aspirin, acetaminophen, ibuprofen, etc.)
Antacids and heartburn relief (Alka-Seltzer, Milk of Magnesia, Mylanta, Prilosec OTC, etc.)
Antibiotic creams and ointments
Anti-itch and hydrocortisone creams; hemorrhoid preparations
Arthritis pain-relief
Cold medicines and sore throat relief (tablets, syrups, drops, lozenges, etc.)
Dental care (toothache relief, temporary filling, denture adhesive, etc.)
Ear care (ear drops, ear wax removal, etc.)
Eye care (contact lens solution, lubricant drops, patches, reading glasses, etc.)
Family planning and birth control (condoms, contraceptive creams, pregnancy test, ovulation predictor kits, etc.)
Feminine care (progesterone/estrogen creams, treatment for vaginal infections, etc.)
First aid (heat wraps, hot/cold packs, compresses, bandages, tape, gauze dressing, adhesive pads, Band-Aids, rubbing alcohol, etc.)
Foot care (arch/insole supports, callous removers, athletes' foot treatment, nail and foot antifungal creams, etc.)
Home diagnostic tests or kits (blood pressure, cholesterol, diabetes, colorectal cancer, HIV, urine test, thermometers, etc.)
Incontinence products (Depends, Serenity pads, etc.)
Joint-support bandages and hosiery, e.g., knee or elbow supports
Laxatives
Motion sickness treatment (Dramamine, patches, bracelets, etc.)
Shampoo treatments relating to the treatment of psoriasis and lice
Smoking-cessation relief (patches, gum, etc.)
Stomach/digestive relief (Pepto-Bismol, Imodium, Colace, Lactaid, etc.)
Sunscreen with high SPF (30 or higher)
Tooth and mouth pain relief (Orajel, Anbesol, etc.)
Urinary pain relief
Vaporizers and humidifiers
Wart removal medication

II. Not Reimbursable (merely beneficial to good health)	Exceptions
Cosmetics (makeup, lipstick, cotton swabs, cotton balls, baby oil, etc.)	
Hair care (color, shampoo, conditioner, brushes, hair-loss products, etc.)	
Homeopathic medicines	Homeopathic medicines prescribed by a health care professional*
Nail care and personal grooming items (scissors, nail files, etc.)	
Nutritional and dietary supplements (bars, milkshakes, power drinks, Pedialyte, etc.)	Supplements prescribed by a health care professional*
Personal hygiene products (deodorant, soap, body powder, shaving cream, razors, sanitary napkins, tampons, etc.)	
Routine dental and denture care (toothpaste, toothbrush, electric toothbrush, floss, mouthwash including antibacterial mouthwash and fluoride rinse, breath strips, teeth-whitening, denture cleanser, etc.)	
Skin care (facial cleanser, skin and body moisturizing lotion, etc.)	
Sleep aids (oral medications, snoring strips, stimulants, etc.)	Sleep aids prescribed by a health care professional.*
Vitamins	Vitamins prescribed by a health care professional.*
Weight-reduction aids (SlimFast, appetite suppressants, water-retention products, etc.)	Weight-reduction products prescribed by a health care professional*

\* Eligible for reimbursement when prescribed by a licensed health care professional for a medical condition. A statement of medical necessity must include (1) patient's name; (2) name and address of health care professional; (3) type of service; (4) date(s) of service; and (5) patient's financial responsibility.