

## MISSOULA COUNTY EMPLOYEE BENEFITS PLAN

Mailing Address: 200 West Broadway  
Physical Address: 223 West Alder Street  
Missoula, MT 59802-4292

P: 406.258.4876 | F: 406.258.4731  
E: [benefits@missoulacounty.us](mailto:benefits@missoulacounty.us)



# How to Submit a Medical Flex Reimbursement Request

## Where to Find and Submit a Flex Reimbursement Request Form:

- The Medical Flex Reimbursement Request form can be found at [www.mcebp.com](http://www.mcebp.com). Please select “Forms” in the upper left corner and select “Flex Medical Expense Reimbursement Request Fillable Form”.
- The Form can be submitted to the Benefits office at any of the following:
  - Email - [benefits@missoulacounty.us](mailto:benefits@missoulacounty.us) Fax - 406-258-4731
  - Mail - MCEBP 200 West Broadway Missoula, MT 59802
  - Inter office mail to Risk and Benefits
  - Drop at physical address - 223 West Alder Missoula, MT 59802

## Eligible Flex Items

- Please refer to the FSA Expense website to see what items are eligible under your Flexible Spending Account (FSA).
- The FSA website address is <https://www.fsafeds.com/explore/hcfsa/expenses?q=shipping>. This link can also be found on our website.

## Documentation to Submit with your Flexible Claim Form:

- If the Flex expense request is covered under your medical benefits, please submit the Explanation of Benefits with your Flex claim.
- If the expense is covered under your prescription benefits, please submit the drug receipt showing the drug name, prescribing physician, patient name, and date of service with your Flex claim.
- If the Flex expense request is not eligible under your medical benefits, please submit supporting documentation including a detailed receipt, service description, dates of service, and total patient responsibility with your Flex claim.
- Please refer to the FSA Expense website to see what other documentation may be required.

## What Service Dates are Eligible and Timely Filing

### Medical Flex-

- The service dates to submit your claims under your medical Flex must be within the Flex plan year you enrolled in or up until March 15 of the following year to be an eligible expense.
- You have until June 15 of the following year, from the Flex plan year you enrolled in, to submit the Flexible Claim Form to the Benefits office. After this deadline, your Flex money will be lost.

### Dependent Care Flex-

- The service dates to submit your dependent care Flex must be within the Flex plan year in which you enrolled, there is not a grace period for dependent care Flex.
- You have until March 30 of the following year, from the Flex plan year you enrolled in, to submit the Flexible Claim Form to the Benefits office. After this deadline, your Flex money will be lost.

## Double Check

- Please review your Flex Reimbursement Request to be sure the entire form is filled out. Please make sure your amounts total and that the Flex Claim is signed and dated.