



# SUBMITTING FSA CLAIMS

All claims for dates of service in 2023 must be submitted by 03/31/2024 for reimbursement. Only \$550 of unused funds from 2023 will be rolled into your 2024 account and available on 04/01/2024.

## HOW DO I SUBMIT A CLAIM?

Follow 3 easy steps to file an FSA Claim!

1. Login to your [Tax Saver Plan account](#).
2. Select the "Claim Center" dropdown option on the left menu.
3. Select the "Submit a Claim" option and fill in the blanks.

## IMPORTANT INFORMATION

Make sure to attach ALL supporting documents such as itemized receipts and EOB's BEFORE submitting your claim.

All receipts MUST BE ITEMIZED. If the receipts are not itemized, they will not be accepted. [Click here](#) to view a list of items that are typically covered under FSA.

---

**For any questions regarding your balance or navigating the Tax Saver portal, please contact a customer care representative at 1-800-328-4337 or email [csr@taxsaverplan.com](mailto:csr@taxsaverplan.com).**

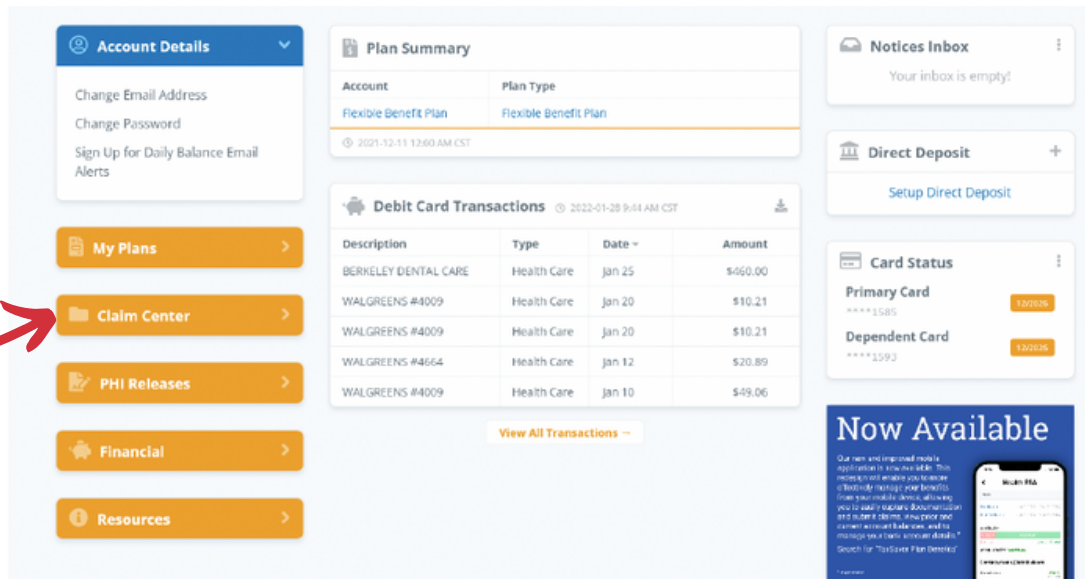
For additional information regarding Tax Saver or Flexible Spending Accounts, please visit [Benefits.Jones.com](https://Benefits.Jones.com) or contact your [HR Liaison](#).



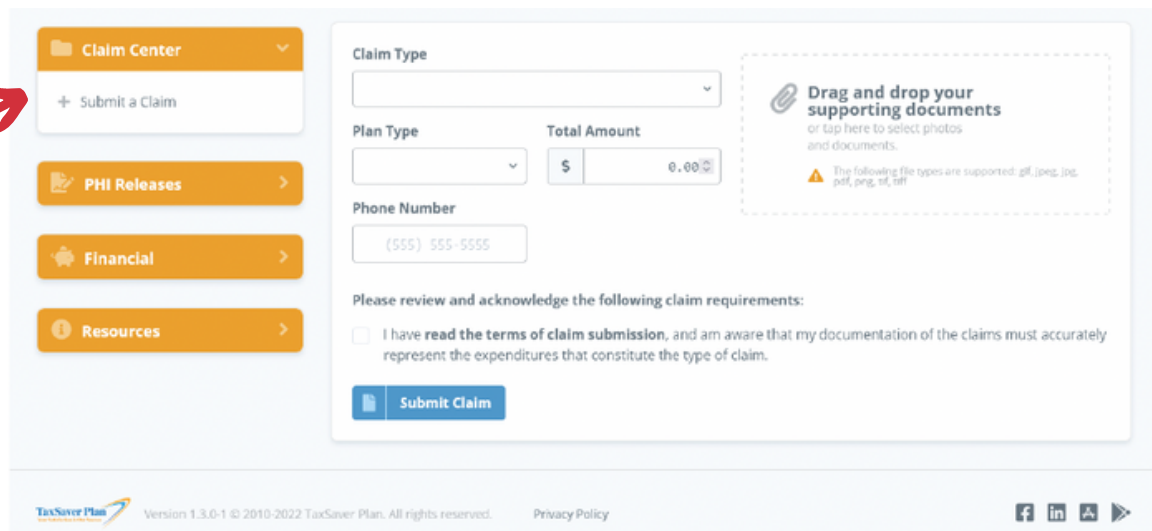
# WEBSITE PORTAL CLAIM SUBMISSION

**STEP 1:** Log into your account at [TaxSaverPlan.com](https://TaxSaverPlan.com)

**STEP 2:** Select the "CLAIM CENTER" dropdown on the left screen menu



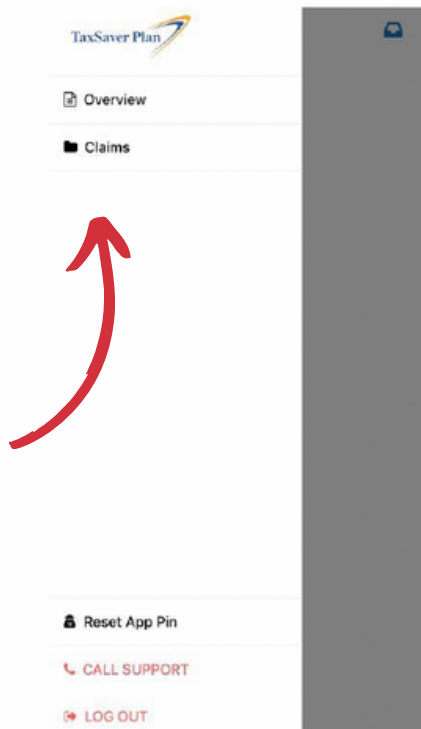
**STEP 3:** Select the "SUBMIT A CLAIM" option and fill in the blanks.



**TIP:** Be sure to attach your supporting documents (itemized receipts /Explanation of Benefits) to ensure faster processing. Receipts **MUST BE** itemized. Most claims will be processed within 2 business days.

# MOBILE APP CLAIM SUBMISSION

**STEP 1: Select the "CLAIMS" option.**



**STEP 2: Fill in the blanks.**

Back Next

Claim Type

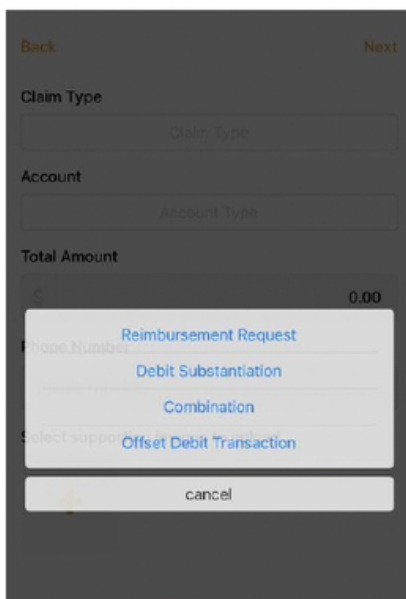
Account

Total Amount  
\$

Phone Number

Select supporting images to upload

**STEP 3: Be sure to select the proper claim type, claim amount, and attachment(s).**



**STEP 4: Complete the attestation.**

Back Next

Claim Type

Account

Total Amount  
\$

Phone Number

Select supporting images to upload

Back Submit

You must submit Health Plan receipts (Explanation of Benefits) sent from your health plan provider that substantiate deductibles, co-pays, co-insurance or other expenses not covered by a health plan, itemized receipts from health care providers that substantiate the date of service, type of service, cost of service and the name and phone number of the provider or itemized receipts for eligible over the counter expenses with the name of the drug or item and the date of the purchase printed on the receipt from an independent third party. *Please note - balance forward statements, canceled checks and credit card receipts are not acceptable.*

**Attestation statement:** I testify that I have attached records necessary to substantiate these expenses. I understand that since these expenses are reimbursed through my spending account that they may not be claimed on any federal income tax deduction or credit at year end. I further certify that I will not submit these expenses for payment by a third party, such as my major medical plan, or any other health plan, such as an individual policy or my spouse's or dependent's health plan. If this expense was paid for with my Debit Card, I understand that the card is not to be used for personal items, other than eligible expenses under the Plan. Should I use the card for ineligible expenses, I am required to reimburse the Plan for the ineligible expenses paid for by the card. I attest that any over the counter expenses have been incurred for the primary purpose of the alleviation or prevention of a physical or mental defect or illness and is not for cosmetic purposes and will be used by myself, spouse and/or dependents. All expenses submitted for request of reimbursement or claim substantiation are for myself and / or qualified spouse and / or qualified dependent(s) under federal guidelines.