SISC
Self-Insured Schools of California
Schools Helping Schools

navia benefit solutions

Claim Form (Instructions on next page)

Employee Information

First Name, Last Name	SSN
Home Address (Street, City, State, Zip Code) ☐ Please update my address on file	**Cell Phone Number**
Employer Name	**Email Address**

Did you know you can submit paperless claims online or via the MyNavia mobile app? Just take a picture and submit!

Dependent Care Expenses

Service Date(s)	Type of Service	Provider's Name, Tax ID and/or SSN	Services For Whom	Age	Net Cost

Total Reimbursement Request $ _____

Day Care Provider Certification: I certify that dependent care services were provided as indicated above.

Provider/Facility Name: _____ Provider's Signature**X** _____

Signer's Name (Printed): _____ Date: _____

_____

Healthcare or Limited Purpose Expenses

Service Date(s)	Type of Service	Provider's Name	Services For Whom	Net Cost

Total Reimbursement Request $ _____

Signature

To the best of my knowledge my statements on this claim form are complete and true. I understand that I am solely responsible for the sufficiency, accuracy, and veracity of claims and all information related to these claims submitted to my Health Care, Limited Purpose, or Dependent Care Expense Account, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Health Care, Limited Purpose, or Dependent Care Expense Accounts, I may be liable for the payment of all related taxes including federal, state or city income tax on amounts paid from the Health Care, Limited Purpose, or Dependent Care Expense Account which relate to such expense. I further understand that no day care tax credit is permitted for amounts for which reimbursement is made. I am claiming health care reimbursement for eligible medical care expenses incurred by myself, spouse and/or dependents. I certify that these expenses have not been reimbursed under this plan or by any other source and that they will not be reimbursed by any other source or insurance. By providing an e-mail address, I consent to receive all possible communications from Navia Benefit Solutions, SISC Flex Plan Administrator, agents, and subcontractors regarding the Plan via e-mail. I may withdraw consent at any time without charge by contacting Navia by phone, e-mail, or mail. To update your e-mail address contact Navia Benefit Solutions by phone, e-mail, or mail. You have the right to receive paper version of an electronic document free of charge. Software requirements will be provided with each electronic document. I hereby authorize my Health Care, Limited Purpose, or Dependent Care Expense Account to be reduced by the amount(s) shown above.

Participant's Signature **X**_____	Date_____

Claim Form Instructions

1. Complete employee information section. Be sure to write legibly to ensure proper processing.

2. Itemize your expenses in the table provided and attach copies of your documentation.
   Documentation must clearly show the date of service, type of service, and final cost of service. Examples of acceptable documentation include itemized bills/invoices, or the Explanation of Benefits (EOB) from your insurance carrier.
   - ❖ If the expense is a copay amount (multiple of $5 up to $500), a payment receipt is acceptable documentation.

   Proof of payment is not required in order to reimburse medical/dental/vision services.

   Prescriptions
   Examples of acceptable documentation include the Rx label, payment receipt, or mail order statement showing the date filled, Rx name or Rx #, and cost. You may also submit an itemized printout from your pharmacy.

   Alternative Treatments
   Expenses that may be seen as merely beneficial to general health will require a Letter of Medical Necessity (LMN), showing the treatment of a specified medical diagnosis. Examples include vitamins/supplements, herbs, and exercise equipment. Please have your provider write a letter or complete our Letter of Medical Necessity template.

   Dependent Care
   Acceptable documentation includes an itemized bill/invoice, showing the date of service, type of service, and cost of service. If the dependent is age 5 or older, the documentation must show the services are "for care," and not educational in nature.

   If you are unable to obtain sufficient documentation, you may have the provider sign the front of this claim form to validate the services being claimed.

   If you would like to automate your recurring dependent care expenses, you may do so by completing our Recurring Dependent Care Claim Form, logging onto our Participant Portal, and selecting the My Recurring Claims tool tile.

   Please DO NOT submit the following types of documentation:
   - ❖ Statements showing estimated/pending insurance
   - ❖ Statements showing the claimed amount as a balance forward/previous balance
   - ❖ Statements showing the claimed amount as a prepayment for future services
   - ❖ Cancelled checks/copies of cashed checks ❖ Personal bank statements

3. Be sure to sign the claim form and submit! Please submit at Navia Benefit Solutions website, MyNavia app, or e-mail claim form but choose one method only.

General Claims Submittal:
Email: claims@naviabenefits.com
Phone: Local 425-452-3500 or Toll-free 800-669-3539

Claims status is available online. Please allow at least two (2) full business days for Navia to process your claim.