

## How to fill out your section 125 PAI Flex-Benefits form:

To ensure that your claims for reimbursement or submissions of documentation for Benny™ Prepaid Visa® Card purchases are processed **correctly** and as **quickly** as possible, please refer to these instructions.

Be sure to fill out your form completely. Include your employer's name and group number, your name, the last four digits of your social security number and your **current** address, phone number and email address. If you are using a pre-printed form and any of the information has changed, please indicate on your form so we have the most current information. Sign and date the bottom of the form.

### Manual Claims (for out-of-pocket medical spending that requires reimbursement):

- Check the box labeled “***Out-of-Pocket Reimbursement Claim***” and fill in the total amount of all bills/receipts submitted in the space provided.
- All bills **must** be itemized showing the dates of service, services rendered and amount due after insurance. Statements indicating a prior balance are **not acceptable**. Credit card receipts (unless for an office visit co-pay) are **not acceptable**.
- Any receipts for prescriptions must include the RX number, date prescription was filled and the amount due.
- If you have any questions about what items or services are covered, please contact Precision Administrators, Inc. at 1-800-615-2797 and our customer service representatives will be happy to assist you.

### For Benny™ Prepaid Visa® Card purchases requiring documentation:

- Check the box labeled “***Submission of Requested Receipts for Benny™ Prepaid Visa Card***”.
- All bills **must** be itemized showing the dates of service, services rendered and amount due after insurance. Statements indicating a prior balance are **not acceptable**. Credit card receipts (unless for an office visit co-pay) are **not acceptable**.
- Any receipts for prescriptions must include the RX number, date prescription was filled and the amount due.
- If you have any questions or problems using your card, please contact Precision Administrators, Inc. at 1-800-615-2797 or [debitcard@paitpa.com](mailto:debitcard@paitpa.com) and our customer service representatives will be happy to assist you.

## For Daycare Reimbursement:

- Check the box labeled “**Daycare/Dependant Care Expense Reimbursement Claim**”.
- Fill in the amount you wish to be reimbursed in the space provided. You may either send in a claim and receipts each time you would like reimbursement (subject to payroll contribution availability) or you may claim the full annual amount which in turn will reimburse your exact payroll deduction amount as it is received. Claiming the annual amount will eliminate the need to file more than one claim per plan year. **Annual claims must be accompanied by at least one receipt dated within your plan year.**
- Be sure to include a receipt showing the name of daycare provider, provider’s tax ID number, dates of service and names and ages of dependants.

## Claims may be submitted via fax, email or mail:

### Fax:

405-507-0700

### Email:

Manual claims - [claims@paitpa.com](mailto:claims@paitpa.com)

Receipts for Benny™ purchases - [debitcard@paitpa.com](mailto:debitcard@paitpa.com)

General questions - [customerservice@paitpa.com](mailto:customerservice@paitpa.com)

### Mail:

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Suite 202  
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