



How to Submit Claims

Get your money faster.

Submit your claim online or via mobile app.

Skip this manual claim form and submit your claim electronically. You have two options:

ASIFlex Online

Go to ASIFlex.com to register and set up your online account. Once registered, you can view your account statement, submit claims, read secure messages, and manage your personal account settings.

ASIFlex Mobile App

Search ASIFlex Self Service on Google Play or the App Store to download the app. Use your login credentials to sign in. Just snap a picture of your claim documentation and submit claims through the app. You can also check your account balance.



Attach appropriate documentation of your expenses

Submit an itemized statement of services that includes:

- Provider/facility/store name and address;
- Date service/supply/product was provided (not date of payment);
- Description of each service/supply/product; and
- Dollar amount you owe.

Please **do not** submit credit card receipts, paid on account or balance forward statements, or cancelled checks.

Fax or mail completed claim form with documentation

ASIFlex
PO Box 6044
Columbia, MO 65205-6044
FAX 1.877.879.9038

Keep a copy of your documentation and claim form for your records.



**State of New Hampshire
Lifestyle Spending Account (LSA)
Claim Form**

Your Name (Last, First, MI)	Social Security No. or EID	Your Employer's Name		
		STATE OF NEW HAMPSHIRE		
Address		City	State	Zip Code
E-mail Address		Telephone Number	Do you wish to receive text* notifications? (If yes, please write "Yes" and provide your cell phone number in the box below)	

*If you choose to select to be notified by text, message and data rates may apply from your mobile carrier.

If you have not yet provided your banking information, please do so below. If you would prefer to securely provide your banking information, please go to asiflex.com and click on *Employee (Participant) Login* to set up your account and provide this information.

Name of Bank	Bank Routing Number (9 digits)	Bank Account Number

Lifestyle Spending Account Claims

Follow the instructions on page 1 and submit correct documentation to ensure rapid processing.

Date(s) of Service or Purchase	Provider/Facility/Store Name	Expense Description	Name of Individual** for whom Equipment*** or Membership was purchased	Relationship of Individual** to You	Amount Requested
					\$
					\$
					\$
					\$
					\$
				Total	\$

**If you are claiming a membership or new equipment purchase for a spouse or dependent, that spouse or dependent must also be covered under HMO insurance plan with the State.

***Any fitness equipment purchased must be new equipment. Used equipment is not eligible for reimbursement.

Examples of Eligible Expenses:

- **Gym or health club facility membership dues; OR**
- **Home exercise equipment that provides cardiovascular or muscular total-body workout purchased new (e.g., treadmills, stationary cycles, bike stands, stair-climbing machines, elliptical machines, rowing machines, home gyms (Bowflex), total-body weight resistance machines, cross-country ski machines, air walkers).**

I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred by me, an eligible spouse, or an eligible dependent during a period while I was covered under my employer's LSA Plan and HMO Insurance Plan; and that the expenses have not been reimbursed, and reimbursement will not be sought from any other source. I understand that I am fully responsible for the accuracy of all information relating to this claim, and that unless an expense for which reimbursement is claimed is a proper expense under the Plan, I will be liable for repayment of improperly reimbursed claims. A claim will only be processed with a completed and signed claim form and correct documentation. **I understand reimbursements received under this plan are treated as taxable income.**

✓ Employee Signature _____

Date _____

FAX TO: 1-877-879-9038
PAGE _____ OF _____
NO COVER PAGE NEEDED

MAIL TO: ASIFLEX
PO BOX 6044
COLUMBIA, MO 65205-6044

FILE ONLINE WWW.ASIFLEX.COM OR VIA MOBILE APP
NO CLAIM FORM NEEDED!
REV. 10_2022