

**GIC HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA)**

**ASK FOR IT! SHOW THIS CARD TO YOUR PROVIDER!**

Each time you use the card, ask the provider for an itemized statement that includes:

- 1) Provider name and address
- 2) Patient name
- 3) Date the service/supply was provided (regardless when paid or billed)
- 4) Description of the service/supply
- 5) Dollar amount you owe

IRS regulations require you to provide an itemized statement for FSA expenses upon request. Submit online, via the mobile app, by fax, or mail. Also retain a copy with your personal tax records.

*Note: Do not send the card terminal receipt, balance-forward or paid-on-account statements; these are not sufficient for IRS documentation.*

**CONTACT INFORMATION**



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Get the ASIFlex Mobile App!

Submit claims and check your balance on-the-go!

The app is free and available on Google Play or the App Store, or [asiflex.com/GIC](http://asiflex.com/GIC)!

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