



## State of South Dakota Deductible Verification Form

If you are enrolled in a Flexible Spending Account (FSA) or Combination Health Reimbursement Arrangement (HRA), you may be eligible to convert to a general purpose FSA or HRA to be reimbursed for eligible general-purpose medical expenses. To do this, you need to complete and return this Deductible Verification Form to WEX. Until this form is submitted, only dental, vision or preventative care expenses are eligible for reimbursement.

To be eligible to convert a combination FSA or HRA that only reimburses dental, vision or preventative care expenses to a general purpose medical FSA or HRA, you must meet the IRS statutory deductible. Please note that in order for general-purpose medical expenses to be eligible for reimbursement, the dates of service must be on or after the date the statutory deductible is met. Deductible expenses used to meet the statutory deductible are not eligible for reimbursement.

Alternatively, you may be eligible to convert your combination FSA to a general purpose Medical FSA if you are not covered under a High Deductible Health Plan with an HSA. Please note, this option is only available if you are enrolled in a combination FSA, not a combination HRA.

\*Required fields

### Step 1: Participant Information

\*Participant Name (First, MI, Last)

\*Social Security Number

\*Employer Name (Do not abbreviate)

Employee ID

Updates or changes to your profile can be made by logging into your account at [www.wexinc.com](http://www.wexinc.com).

### Step 2a:

Are you enrolled in the State of South Dakota Employee Health Plan?

Yes No

If you answered "Yes," complete Step 2b, then proceed to Step 3. If you answered "No," proceed to Step 3. By signing your name below, you certify that you are not covered under a High Deductible Health Plan with an HSA and wish to convert your combination FSA to a general purpose FSA.

**Step 2b:** Complete only if you answered "Yes" in Step 2a.

\*Plan Year Start Date (mm/dd/yyyy)

\*Plan Year End Date (mm/dd/yyyy)

\*Select One:

\$

\$

\*Date Deductible Was Met (mm/dd/yyyy)

Individual Deductible

Family Deductible

Please [click here](#) for a list of the IRS statutory deductibles.

Now proceed to Step 3. By Signing below, you certify that you have met the IRS statutory deductible to convert your combination FSA or HRA to a general purpose FSA or HRA.

### Step 3: Participant Authorization

To the best of my knowledge, all of the information provided on this form is accurate.

\*Signature

\*Date