

# Limited Purpose FSA Conversion Request Form

Use this form to submit an Explanation of Benefits (EOB) showing that the deductible for your HDHP has been met. This is not a reimbursement request form and will not result in claim remittance. Once your form is submitted, please allow up to 3 business days for processing. Once the EOB has been noted in your account, we'll contact you via the email address listed on this form alerting you that your Benefits Card (if applicable) and account may now be used for all Code Section 213 expenses.

## INSTRUCTIONS

- 1. Complete** this form in its entirety. Remember to sign and date the bottom of this form.
- 2. Attach** an Explanation of Benefits that shows that the primary LPFSA account holder has met the deductible for their High Deductible Health Plan.
- 3. If you are unable to attach your form or document to an **online** or **mobile app** claim or alert**, you may use one of these secondary options to send your documentation to us. Please note, that Igoe cannot guarantee the security of any documentation provided to use via the below methods while in transit to our organization:
  - Email to [claims@goigoe.com](mailto:claims@goigoe.com)
  - OR Mail to Igoe Administrative Services, P.O. Box 501480, San Diego, CA 92150-1480
- 4. Questions?** Please contact Participant Services at [flex@goigoe.com](mailto:flex@goigoe.com), 1-800-633-8818, Opt# 1.

## Section A: About You (All information is REQUIRED)

Employer Name

Participant Name

Number of pages

Employee Number (If Applicable)

Home Address ☐ Please check if this is a change in address

City

State

Zip

E-mail Address

Phone Number

## Section B: Authorization REQUIRED (PLEASE SIGN AND DATE)

As a participant in the Plan, I understand that I am fully responsible for the sufficiency, accuracy, and validity of all information relating to this submission.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

