

Discovery Benefits LLC  
PO Box 2926  
Fargo, ND 58108

Employer Name: Office of Group Benefits State  
of Louisiana

Employer Code: 23365

Date: 10/18/2019

Debit Card  
123 Main Street  
Suite 12  
Avon, CT 06001

## Request For More Information

Hello, Debit Card:

Thank you for using your debit card.

Our records indicate that you incurred the following expense(s) with your card. After reviewing the documentation you previously submitted, we are requesting additional documentation in order to perform a more detailed review of the service (s)/item(s) purchased.

Please return it with a receipt or Explanation of Benefits (EOB) which includes:

- Provider Name
- Service(s) Received or Item(s) Purchased
- Date of Service
- Amount of expense incurred

Please mail your response to the address listed above. After you have submitted the appropriate documentation of this expense, no further action is required on your part unless you are otherwise notified.

Failure to submit acceptable documentation to Discovery Benefits to substantiate this claim(s) could result in your claim becoming taxable, which would result in one of the following:

- The expense is deducted from your pay in the form of taxable income.
- The expense is reported as taxable income on a W-2.
- The expense is reported as taxable income by any other method allowed by the IRS.

For example, if you fail to submit documentation for \$500 in claims, your employer may either withhold \$500 from your pay or report the \$500 on your W-2. All taxable expenses are subject to IRS forfeiture rules.

Thank you,  
Participant Services

Discovery Benefits

<u>Claim No.</u>	<u>Plan Name</u>	<u>Transaction Date</u>	<u>Merchant</u>	<u>Claim Amount</u>	<u>Eligible Amount</u>	<u>Documentation Required</u>	<u>Payment Received</u>	<u>Amount Due</u>
MAR05082910002100010	FSA Request for More Information	09/15/2011	Request for More Information Merchant	\$30.00	\$24.55	\$0.45	\$5.00	\$10.00

**Request For More Information Reason:** Rmi reason 1

**Description:** Rmi description 1

**Comment:** Rmi note 1

**Request For More Information Reason:** Rmi reason 2

**Description:** Rmi description 2

**Comment:** Rmi note 2

**Ineligible Reason:** Ineligible reason 1

**Action Required:** Required action 1

**Amount:** \$3.00 **Please send payment.**

**Comments:** Ineligible note 1. Repayment note 1

**Ineligible Reason:** Ineligible reason 2

**Action Required:** Required action 2

**Amount:** \$7.00 **Will be paid via bank account withdrawal; please do not send payment.**

**Comments:** Ineligible note 2. Repayment note 2

CONTACT INFORMATION

Discovery Benefits LLC  
Participant Services  
PO Box 2926  
Fargo, ND 58108

Phone Number: 866-451-3399  
Fax Number: 866-451-3245  
Email Address: [customerservice@discoverybenefits.com](mailto:customerservice@discoverybenefits.com)