

FAQ for the Wellbeing Lifestyle Spending Account (LSA)

PLEASE READ THIS BEFORE SUBMITTING YOUR REIMBURSEMENT FORM

You may complete the Wellbeing Reimbursement Form and mail/fax it or file your claims online via the EZ Receipts app or at www.healthequity.com, then navigate to the WageWorks side of the portal. All filing options will require you to attach copies of supporting bills or receipts for your eligible expenses. Please Note: Use of the app does require registration online at: [Instructions - First-Time User Registration - HealthEquity \(wageworks.com\)](http://www.healthequity.com/wageworks.com)

Wellbeing Program Parameters

- Full-time and part-time employees working 24+ hours/week are eligible for the program.
- You may be eligible for a reimbursement of up to \$250 annually for qualified wellbeing expenses.
- You need to be actively employed at the time of reimbursement.
- Reimbursement must be submitted no later than 30 days from the plan year end date.

Eligible Expenses – Please see current list on your MyNavientWellbeing.com

How to Apply for Reimbursement

- Obtain itemized bills or receipts for eligible expenses paid out-of-pocket
- Complete and submit the Wellbeing Reimbursement Form *online* via the HealthEquity Member Portal
- Other submission options are available Return the completed form along with copies of supporting bills or receipts for your eligible expenses:
 - Submit via the EZReceipts mobile phone app
 - Print and send reimbursement via toll-free fax: (877) 353-9236
 - Mail to: Claims Administrator, PO Box 14053, Lexington, KY 40512

Forms that are incomplete or missing proper documentation will not be processed and will be denied. You can track status on the website or app and provide any needed documentation to assist with your claim approval.

Required Filing Information

To receive a reimbursement for your claim, you must provide specific documentation. If you do not provide all the required information, your claim will be denied, and you will need to resubmit the claim once you're able to provide the necessary information.

1. *Name and Relationship to Account Holder* - the person who received the service.
2. *Service Provider Name* – the person who or merchant that delivered services, should be printed on the receipt.
3. *Date of Service* - the date when services were provided, or item was purchased.
4. *Service Description* – as clearly stated on receipt.
5. *Out-of-Pocket Cost* – the amount paid, should be printed on the receipt.

Member Support Information

For additional questions, the HealthEquity Customer Service Center is available 24/7 at [877-924-3967](tel:877-924-3967), Monday through Friday (excluding holidays). You may also reach us via live chat on your portal or phone app.