



**Stirling Benefits, Inc.**

20 Armory Lane ♦ Milford, CT 06460-3361  
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 E-mail: flex@stirlingbenefits.com Website: www.stirlingbenefits.com

**FLEXIBLE SPENDING ACCOUNT REQUEST FOR REIMBURSEMENT FORM**

**EMPLOYEE INFORMATION** (Please Print)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Employer Name:** \_\_\_\_\_

**A. HEALTH CARE EXPENSES (Attach Supporting Documentation)**

Date Expense Incurred	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Amount of Reimbursement Requested
<b>TOTAL HEALTH CARE EXPENSE</b>				

**B. DEPENDENT CARE EXPENSES (Attach Supporting Documentation)**

Name of Dependent(s) and Age(s)	Service Date		Name, Address and Social Security Number Or Tax Identification Number of Provider of Service	Amount of Reimbursement Requested
	From	To		
<b>* TOTAL DEPENDENT CARE EXPENSE</b>				

\* NOTE: The total amount claimed under the plan for any coverage period must not exceed the lesser of your earned income for the plan year or the earned income of your spouse. Please read your Summary Plan Description carefully for additional information.

**EMPLOYEE SIGNATURE REQUIRED – READ CAREFULLY**

I certify that the statement and information on this reimbursement form are accurate and true. I also certify that I am claiming reimbursement for only eligible expenses incurred during the plan year and only for eligible plan participants. I certify that these expenses have not been or will not be reimbursed under this or any other benefit plan. I further certify I will not claim these or any other expenses reimbursed through this plan, as an income tax deduction and I assume all liability for taxes and penalties out of any disallowed deduction/credit.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Send this form and supporting documentation to: STIRLING BENEFITS, INC., 20 Armory Lane, Milford, CT 06460-3361



## Over-the-Counter Drug Listing

**Over-the-Counter Drugs Used Primarily for Medical Care.** These are reimbursable with only a third-party receipt. No recommendation from a health care provider is required.

Acne Creams	Oxy10 Balance, Clearasil, Rezamid, Acnomet
Allergy Prevention & Treatment	Benadryl, Sudafed, Actifed, Claritin, Chloro Trimeton, and Nasalcrom
Antacids and Acid Reducers	Gas-X, Maalox, Mylanta, Tums, AXID AR, Pepcid AC, Prilosec OTC, Tagamet HB, and Zantac 75
Anticandial	Femstat 3, Gyne-Lotrimin, Mycelrx-7, Monistat 3, 7, and Vagistat-1
Antihistamines	Actidil Syrup and Capsules, Actifed, Allerest, Benadryl, Claritin, Chlor-Trimeton, Contac, Dimetane, Drixoral, Nyquil, Sudafed, Tavist-1, and Triaminic
Antidiarrheal and Laxatives	Ex-Lax, Pepto-Bismol, Immodium A.D. and Kaopectate
Anti-fungal	Lamisil AT, Lotramin AF, and Micatin,
Anti-itch Lotions and Creams (e.g., for athletes foot, jock itch, bug bites, poison ivy)	Bactine, Caldecort, Cortaid, Hydrocortisone, and Lanacort, Calamine Lotion, Benadryl Cream, Caladryl, Cortaid, Lamisil AT, Lotramin AF, and Micatin
Asthma	Primatene Mist
Cold/Hot packs for injuries	
Cold Sore/Fever Blister	Abreva Cream, Carmex
Condoms and other contraceptive devices	Trojans, Magnum, VGF Film and Delfen Contraceptive Foam
Contact Lenses Solutions	Bausch & Lomb, Renu, Aosept, Allergan, Boston and Opti-Free
Cough Suppressants	Robitussin, Vicks 44, Chloraseptic
Decongestant/ Nasal Decongestant and Cold Remedies	Advil Cold and Sinus, Afrin, Afrinol, Aleve Cold and Sinus, Children's Advil Cold, Duration, Dristan Long Lasting, Neo-Synephrine- 12 Hour, Orrivin, Sudafed, Tavist-D, Tylenol Cold and Flu, Thera-flu, Alka Seltzer Cold and Flu, Nyquil, Actidil Syrup and Capsules, Actifed, Allerest, Benadryl, Claritin, Chlor-Trimeton, Contac, Dimetane, Drixoral, Sudafed, Tavist-1, and Triaminic
Diaper Rash Ointments	Balmex and Desitin
Eye Care Relief	Visine, Allergan, Ocu Hist
First Aid Supplies	Ace Bandages, Band-Aids, Bandage Tape, Medical Gloves, Gauze, Neosporin, Rubbing Alcohol, Peroxide
Hemorrhoid Treatments	Preparation H, Hemorid, and Tronolane
Internal Analgesic/antipyretic	Advil, Aleve, Children's Motrin, Nuprin, Excedrin, Tylenol and Bayer
Incontinence Supplies	Depends

This list is not an exhaustive list and is intended to give examples of some of the most common brand names of OTC drugs. Over-the-counter medications may be considered reimbursable unless specifically excluded in your Plan Document/Summary Plan Description.

Liniments	BenGay, Tiger Balm and Flexall
Medical Monitoring	Services and Bracelets specifically for medical information
Medical Products and Devices	Blood Pressure Monitor, Glucose Tester, HIV Test, Cholesterol Test, Diabetic Supplies, Crutches, Ovulation Monitor and Pregnancy Testing Kits
Menstrual Cycle Medications	Midol, Pamprin, and Premysyn PMS
Migraine	Advil Migraine Liqui-gels, Excedrin Migraine, Motrin Migraine Pain
Motion Sickness Medication	Dramamine and Marizine
Nicotine Gum or Patches and Smoking Cessation Aids	Nicorette, Nicotrol, and Nicodin, Commit, Nicoderm CQ,
Pediculicide (head lice)	Nix
Pedialyte	
Poison Ivy Protection	Ivy Block
Snoring cessation aids and medications	Breathe Right Spray, Snorezz
Sunburn Creams	Samol – HC, Sarna
Thermometer	
Toothache and teething pain relievers	Orajel, Anbesol
Wart removal medications	Tinamed

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## Dual Purpose OTC Drugs

These require a third-party receipt and a note from the Health Care Provider listing the diagnosis of the medical condition and the recommendation of the OTC Drug.

Anti-baldness/hair loss/ hair replacement/ such as Rogaine, but only if to replace hair loss due to a medical condition (e.g. cancer treatment) and not for balding due to age.	Rogaine
Fiber supplements	Benefiber and Metamucil
Glucosamine/Chondroitin for arthritis or other medical condition (not reimbursable if taken for overall joint health)	
Herbal supplements used to treat a specific disease such as St. John's Wort for depression	
Hormone Therapy Drugs	
Medicated shampoos' to treat a specific medical condition like psoriasis and only the amount in excess of the cost of normal shampoo.	
No Doz (and other sleep prevention drugs)	
Nose strips for proper breathing or other medical conditions	
Sleep-Aids	
Snoring cessation aids and medications	Breathe Right Spray, Snorezz
Sunscreen and Sunblock	
Vitamins are not an eligible expense, unless prescribed by a physician to treat a specific medical condition.	(i.e. Iron to treat, not prevent, anemia; Calcium Supplements to treat, not prevent, Osteoporosis). A doctor's note detailing the specific medical condition will be required for reimbursement.
Weight loss/dietary supplements must be for a specific medical condition such as obesity	

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## OTC Items Not Reimbursable

These OTC drugs or other products are not considered medical care and therefore would not be reimbursable through the plan.

Chapstick
Cosmetics
Cotton Balls
Deodorants
Denture Adhesive
Face creams, moisturizers, eye creams, and wrinkle reducers
Feminine Hygiene Products such as tampons and maxi pads
Food Items (i.e. Slim Fast)
Hair removal treatments and waxes
Mouth washes, antiseptics and oral anesthetics
Shaving Cream and Razors
Soap
Teeth Whitening kits, and powders
Toothpaste
Vitamins taken to improve overall-health

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