

1. Type of account.
2. Total annual election amount.
3. Total amount of claims submitted year to date.
4. Total charges not allowed year to date.
5. Balance of the total amount of claims less total charges not allowed year to date.
6. Total dollar amount remaining in corresponding account.
7. Total deposits made year to date.
8. Total amount that has been paid out year to date.
9. Total dollar amount of claims that have not been paid or denied, year to date.
10. Amount paid.
11. The date services were performed.
12. The hospital, physician or other health care provider that performed the services.
13. Original amount requested on the claim submitted.
14. Amount of the claim not yet paid or denied.
15. Amount not allowed – see comments described in 16 below.
16. Explains charges that were not allowed or description of claim services.

CLAIM SERVICES
UMR
PO BOX 8046
WAUSAU WI 54402-8046
1-800-826-9781
www.UMR.com

If returning this check, please
send to address at left

EXPLANATION OF BENEFITS

JANE A DOE
123 MAIN STREET
WAUSAU, WI 54401

ID: XXXX1411

ACCOUNT NAME	2	3	4	5	6	7	8	9	10
	ANNUAL ELECTION	YTD CLAIMS	YTD DENIED	YTD ELIGIBLE	REMAINING ELECTION	YTD DEPOSITS	YTD PAID	YTD PENDING	AMT THIS DRAFT
DEPENDENT DAY CARE	2,600.00	398.00	0.00	398.00	2,202.00	375.00	375.00	23.00	187.00
HEALTH CARE ACCOUNT	854.00	88.00	12.34	75.66	769.34	130.00	130.00	0.00	75.66

DRAFT #: 000000017

DRAFT DATE: 03/15/YY

TOTAL DRAFT AMOUNT: \$***262.66

11 12 13 14 15 16

APPEAL: You may file your appeal by sending a written request and any pertinent information to: Claims Appeal Unit PO Box 8086 Wausau WI 54402-8086
You may also file civil action under 502(a) of ERISA. Please refer to your plan document for the number of days to file an appeal.

PLAN	FROM – THRU	PROVIDER NAME	REQUESTED	PENDED	DENIED	COMMENTS
1	02/01/YY 02/28/YY	Dependent Care	210.00	23.00	0.00	FEBRUARY DEP CARE
2	02/12/YY 02/12/YY	Dr. smith	88.00	0.00	12.34	NOT AN ELIGIBLE EXPENSE

ABC COMPANY
123 PARK PLAZA, STE 1000
WAUSAU, WI 54401

ADMINISTERED BY
UMR

Check 18-08
1000
090000001
69-FLEX

VOID

VOID

VOID

PAY TO THE ORDER OF TWO HUNDRED SIXTY TWO AND 66/100----
JANE A DOE

JAN 01, 2004

DOLLARS

\$ *****262.66*

BANK OF AMERICA
COSTA MESA, CA

AUTHORIZED REPRESENTATIVES

AD1102 5-08