

If an employee uses their personal debit card, credit card or check to pay for an FSA-eligible expense, they can submit a reimbursement from their FSA to their linked bank account on file.

Step 1: Select 'Get Reimbursed' on your online Lively dashboard

STEP 1 OF 3
INFO

Get reimbursed for expenses



Fill out service details

Submit information about the type of service you received



Have supporting documents ready

You'll upload documents verifying your out-of-pocket expenses



Wait for claim to be approved

It takes 2-3 business days to review your claim



Get funds reimbursed to your linked bank account

We'll send the funds to your bank account ending in 0800

Continue

Step 2: Select the expense type: 'Service from a health provider' or 'A retail purchase'

STEP 2 OF 3
CLAIM DETAILS

Tell us about the expense

What kind of expense is this?



Service from a health provider
For doctor visits



A retail purchase
For over the counter medication, prescriptions, and medical equipment

Banking info

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**BANK ACCOUNT FOR
REIMBURSEMENT**

Account ending in

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Step 3a: If you select 'Service from a health provider,' enter the expense type, a description of the expense, the patient's name, the provider's name, the service date and the amount to reimburse

What kind of expense is this?



Service from a health provider
For doctor visits



A retail purchase
For over the counter medication, prescriptions, and medical equipment

Expense category

- Select expense type -

Expense details

Ex. Physical exam, prescription glasses, etc.

Patient

Myself

Provider

Enter the provider's name



Service date is the date the service was incurred, not when it was paid for.

Service date

MM / DD / YYYY

Required



Service date is the date the service was incurred, not when it was paid for.

Service date

MM / DD / YYYY

Required

+ ADD END DATE

Amount to reimburse

\$ 0.00

Would you like to get reimbursed for transportation expenses?

Yes

No

Step 3b: If you select 'A retail purchase,' enter the expense type, a description of the expense, the merchant's name, the transaction date, and the amount to reimburse

Tell us about the expense

What kind of expense is this?



Service from a health provider

For doctor visits



A retail purchase

For over the counter medication, prescriptions, and medical equipment

Expense category

- Select expense type -



Expense details

Ex. Physical exam, prescription glasses, etc.

Merchant's name

Enter the merchant's name

Transaction date

MM / DD / YYYY

Amount to reimburse

\$ 0.00

Step 4: Upload documentation for the expense (must include provider/merchant name, product details, date of purchase and cost)

Upload supporting documents

Review the instructions to ensure you get reimbursed:

- Product documents must show provider/merchant name, product details, date of purchase, and cost.
- Make sure your document is readable and clear.



Up to 10 JPG, PNG, or PDF files

Drag and drop your document here or

Choose file

Additional notes (optional)

Banking info

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