



PO Box 8022  
Wausau WI 54402-8022



JANE DOE  
123 EXAMPLE ST  
CITY ST 12345

QUESTIONS/CONCERNS Contact 1-800-826-9781.

INTERNET: Online services are available 24 hours a day at [www.umar.com](http://www.umar.com).

APPEAL:

You may file an appeal of the claim decision by sending a written request and pertinent information within 180 days from the date of this Notice to "Claims Appeal Unit, P.O. Box 30546, Salt Lake City, UT 84130-0546". Refer to your current benefit booklet for information on the appeal process. After you have exhausted the mandatory appeal levels that are described in your benefit booklet, you have the right to bring a civil action under section 502(A) of the Employee Retirement Income Security Act (ERISA).

HELP STOP FRAUD! If you know or suspect any illegal activity concerning claims, contact our anti-fraud unit by calling 1-800-356-5803. You do not need to identify yourself.

Refer to your benefit booklet for more details on Claim determination.

**Account Summary**

Account Type	Annual Election	YTD Deposits	YTD Paid	Funds Available	Amount Paid	Remaining Balance
2013 HEALTH CARE	\$1000.00	\$750.00	\$600.00	\$400.00	\$50.00	\$400.00



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Employee	Jane Doe
Member ID	00000000
Notice Date	11-14-13
Employer Name	Sample Company
Employer Number	00000000

EXPLANATION OF BENEFITS NOTICE - THIS IS NOT A BILL

Account Type	Dates of Service		Provider	Claim ID	Amount Requested	Amount Not Payable	See Note Section	Amount Pended	Amount Paid
	From:	To:							
FSA - HEALTH CARE	08-01-13	08-13-13	Healthcare	000000000000C0000000	\$50.00			\$0.00	\$50.00
TOTALS					\$50.00			\$0.00	

Note Section

For balance information, see other side.

DATE: 11-14-13

TOTAL AMOUNT: \$50.00

THE PAYMENT WILL BE ELECTRONICALLY DEPOSITED INTO YOUR ASSIGNED BANK ACCOUNT