



BBP Admin
BENEFITS ADMINISTRATION
COBRA, FALSA, FSA, HRA, HSA, TRANSIT
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Participant Extension of Runout Rule Request Form

Use this form for the participant to formally request an extension of time to submit a claim after the termination or yearend runout. Failure to file this form prior to the runout ending will result in the claim being denied under IRS rules. If request is after the plan runout date or termination runout date, a \$25.00 will be issued for the reopening of a plan year or terminated employee's account after the runout period.

You are requesting more time as your provider or insurance carrier has not adjudicated a claim so that you could timely submit towards your plan funds. This information is located in the Plan Documents section of the Participant Portal at <https://betterbusinessplanning.wealthcareportal.com>.

Choose one:

Termination Runout Extension – 60 days

Plan Year Runout Expired – 90 days

All fields below must be completed

Employer Name: _____

Participant Name: _____

Claimant Name: _____

Account Type (circle): FSA Medical / DCAP / HRA / Commuter Plan Year: _____

Today's Date: _____ Date of Service: _____

Provider Name: _____

Insurance Carrier: _____

Projected Claim Amount: _____

Explanation: _____

Participant Signature: _____ Date: _____

Employer Approval: _____ Date: _____

This form must be completed by the Participant and returned to BBP Admin by the Employer.