



**BBP Admin**  
BENEFITS ADMINISTRATION  
COBRA, FDLA, 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 claim denial under IRS rules. If request is after the plan runout date or termination runout date a \$25.00 reactivation fee will be issued.

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.*