Overpayment Repayment Form

Mail completed forms to:

FSAFEDS Program – Overpayment
P.O. Box 14127
Lexington, KY 40512-4127

Primary Account Holder Information

Agency/Bureau			
Last name	First name		M.I.
Street address	City	State	ZIP
Email address	Last 4 of SSN	Daytime phone	

Overpayment Repayment Information:

To view your overpayment status and details:

- From the FSAFEDS Home Page, select the CLAIMS & ACTIVITY link from the top menu bar
- Select the OVERPAYMENT button on the left side of the screen under DASHBOARD

At the top of the page, you will see a summary of your overpayment. Next, you will see the claim(s) that was overpaid and any claim(s) and/or payment(s) that have been applied to the overpaid claim(s).

Account to apply overpayment to: ☐ HCFSA/LEX HCFSA ☐ DCFSA

Plan Year	Amount $
Date(s) of Service	Claim number
Plan Year	Amount $
Date(s) of Service	Claim number
Plan Year	Amount $
Date(s) of Service	Claim number
Plan Year	Amount $
Date(s) of Service	Claim number
Plan Year	Amount $
Date(s) of Service	Claim number

Authorization

This form is required to correct an overpayment or overpayments made for your flexible spending account. By signing below, I affirm that the correction from my flexible spending account in the amount(s) stated above is a correction of an overpayment or overpayments resulting from a mistake of fact due to reasonable cause.

Name (please print)	Signature	Date