

REQUEST FOR REIMBURSEMENT FORM

Employer _____

Employee Name _____ Social Security Number(Last 4 digits) _____

Address _____ Is this an address change? Yes No

City _____ State _____ Zip _____

Complete the information below for expenses incurred by you or your dependents for which you are requesting reimbursement. **If this form is not filled out completely, a delay in reimbursement will occur.** You must provide an explanation of benefits statement (EOB). An EOB is the statement from your insurance company showing what they have paid.

HEALTH CARE EXPENSES

Date of Expense	Description Of Expense	Who Incurred Expense	Covered By Insurance?	Amount of Expenses
/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No	
/ /			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Total:				

Certification Agreement

I certify that the statement and information on this reimbursement request form are accurate and true, to the best of my knowledge. I also certify that I am claiming reimbursement for only eligible expenses incurred during the plan year and for expenses incurred by my IRS dependents and me. I certify that these expenses have not been previously reimbursed under this or any other benefit plan, and I am not eligible to receive additional insurance benefits or reimbursements from any other source for such expenses. I understand that if I receive reimbursement by another benefit plan that the amount of my reimbursement will become taxable and I will notify my employer immediately. I further certify that I am not applying these expenses toward any federal or state income tax deduction or credit.

Employee Signature _____

Date _____

Submit your request to: Flex Administrators, 3980 Chicago Drive | Suite 230 | Grandville, MI 49418

OR Fax this form and all documentation to 616-454-6090.

For additional information call: 616-456-7908 or 800-968-3539, or visit our website:
www.flexadministrators.com; OR to submit via email with receipts, send to claims@flexadministrators.com