

Flexible Benefit Plan Claim Form

THIS SIGNED FORM MUST ACCOMPANY EACH GROUP OF RECEIPTS SUBMITTED

Employer:				
Employee Last Name: (Please Print)	Employee First Name	Employee Middle Initial	SSN	
Home Address	City	State	Zip Code	
Email Address	Daytime Phone Number () -			

To the best of my knowledge and belief, my statement in this Request for Reimbursement is complete and true. I am claiming reimbursement only for eligible expenses with the date of service incurred by me, my spouse, or my qualified dependent(s) during the applicable plan year. I certify that these expenses have not been reimbursed by any other source, nor will any reimbursement be sought from any other source. By signing and submitting a Dependent Care Reimbursement Request, I am certifying that expenses for which I request reimbursement satisfy all dependent care guidelines. I and my spouse, where applicable, are gainfully employed or am/are a full-time student and not on leave. In accordance with the Flex Benefit Plan, I authorize my Flexible Spending Account(s) to be reduced by the amount requested.

Employee Signature: _____ Date: _____

Signature Required

Medical Care Expenses:

Expenses that may be covered by your (or your spouse's) medical, dental or vision plan must first be submitted to the appropriate insurance carrier. The Explanation of Benefits (EOB) you receive from your insurance carrier may then be submitted to Key Benefit Administrators - FlexPro as a qualifying receipt towards your FSA Plan. Medical care receipts must be from an independent third party and must include the Name of the Patient, Name of the Provider, Type and date of Service or Supply provided (Names of Prescriptions are required), and the Amount of the Service or Supply. Receipts for eligible Over-the-Counter (OTC) drugs or medicines must include the same information as listed above. If necessary, please add additional pages. Photocopies of receipts are acceptable. Please retain a copy of all receipts for your own records. Cancelled checks are not acceptable receipts. This form must be signed and submitted with applicable receipts.

A Few Reminders:

- Your request for reimbursement may be submitted from your personal online account. This form is not required when you submit your claim from your personal online account. If you have not already set up your personal online account today at www.mywealthcareonline.com/flexpro.
- The cost of **Over-the-Counter medicines may not be reimbursed** through a Health FSA, HRA, HSA, **unless the medicine is prescribed by a Physician**. Copy of prescription from Physician is required.
- **Make the most out of an FSA qualified account - visit** <http://www.keybenefit.com/flexpro/fsa-extras>

Name of Patient or Dependent	Date(s) of Service	Name of Provider or Merchant	Type of Service or Supply	Medical Care Charge for each service/supply	Flex Card Purchase Substantiation
Total					

- As requested, a letter of medical necessity is included.
 A letter of medical necessity is on file.

Number of pages Submitted _____

Dependent Care:

Dependent Day Care receipts must include the Name of the Provider, Dates of Service, Name of the Dependent(s), Fee for Service or you may have your Dependent Day Care Provider complete and sign below (Original Signature required).

Dependent(s) Name:	Dependent Date of Birth	Date(s) of Service (to & from):	Fees for Service
Dependent Care Provider Name			Dependent Care Provider Tax ID or SSN
Dependent Care Provider Signature			Date:

Dependent Care expenses for the care of a qualifying individual are for the purpose of enabling the employee and the spouse, when applicable, to be gainfully employed or attend school full-time are eligible. Dependent Care may not be reimbursed while on Leave of Absence (LOA). Exception for short, temporary absences. An absence of no more than 2 consecutive calendar weeks is considered a short, temporary absence. A taxpayer who is gainfully employed is not required to allocate expenses during a short, temporary absence from work, such as for vacation or minor illness, provided that the caregiving arrangement requires the taxpayer to pay for care during the absence.