

# The Benefit Center, LLC

## Flexible Spending Account (FSA) Claim Form

Date: \_\_\_\_\_ # of Pages: \_\_\_\_\_ Plan year: 2\_\_\_\_\_

New Claim       Resubmission of Claim       Response to claim denial

Employer Name:		Employee Name:	
Address : _____ <input type="checkbox"/> Please check if change of address			
Social Security Number:	E-mail Address:	Home phone:	
		Work phone:	

Please note: Not all these accounts may apply to your group

- Medical Expense Reimbursement Account**      Total Amount Requested \_\_\_\_\_
  - Enclose itemized bill from provider showing date of service, services rendered, provider of service, amount covered by insurance.
- Dependent Care Reimbursement Account**      Total Amount Requested \_\_\_\_\_
  - Must include provider Tax ID Number and itemized bill showing dates of service.
- Parking Reimbursement Account**      Total Amount Requested \_\_\_\_\_
- Transportation Reimbursement Account**      Total Amount Requested \_\_\_\_\_

Date of Service	Name of Patient	Amount Requested	Type of Service (Rx Copay, Dental, etc.)	Provider Name
1.				
2.				
3.				
4.				
5.				

Please note the following requirements for claims submission:

- Please number each receipt according to its order of appearance on this form.
- IRS guidelines do NOT consider cancelled checks as valid documentation.
- Previous balances are NOT acceptable.
- All reimbursements will be made payable to the employee.

To the best of my knowledge and belief, my statements in this reimbursement request are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. I certify that these expenses have not been previously reimbursed on this or any other benefit plan and WILL NOT BE CLAIMED AS AN INCOME TAX DEDUCTION. I authorize my Flexible Compensation account be reduced by the amount requested.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

For faster service, fax claims to: (860) 351-0134 – (800) 510-9051

Or mail to:      The Benefit Center, LLC  
 40 Corporate Avenue  
 Plainville, CT 06062