

# The Benefit Center, LLC

## Flexible Spending Account (FSA) Claim Form

Date: \_\_\_\_\_ # of Pages: \_\_\_\_\_ Plan year: 200\_\_

**New Claim**     **Resubmission of Claim**     **Response to claim denial**

Employer Name:		Employee Name:	
Address _____ Please check if change of address <input type="checkbox"/>			
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**

Or mail to: The Benefit Center, LLC

40 Corporate Avenue; Plainville, CT 06062; Telephone: (860) 351-0113