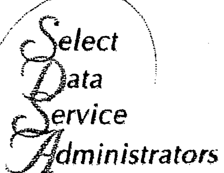

P.O. Box 2076
Batesville, AR 72503
PHONE: 1-888-698-1429
FAX: 1-888-877-4747

Claim for Reimbursement

(Instructions on reverse side)
Please keep the yellow copy for your records

☐ **CHECK IF ADDRESS CHANGE**

SECTION I - PERSONAL INFORMATION

Your Employer's Name		Your Name		
Your Social Security Number		Mailing Address (Include Number and Street)		
Work Phone ( )	Home Phone ( )	City	State	Zip

SECTION II - DEPENDENT DAYCARE EXPENSE CLAIMS

Name of Dependent(s)	Period Covered From	Period Covered To	Name, Address and Taxpayer Identification Number of Provider of Service	Amount Incurred
			TOTAL DEPENDENT CARE EXPENSE CLAIMS	

Provider Signature (Not necessary if submitting receipt)

SECTION III - UNREIMBURSED MEDICAL EXPENSE CLAIMS - YOU, YOUR SPOUSE AND DEPENDENTS

Date Service Provided	Name of Service Provider	Service Description	Person for Whom Expense Incurred	Net Amount After All Insurance Payments
		TOTAL MEDICAL CARE EXPENSE CLAIMS		

Provider Signature (Not necessary if submitting receipt)

SECTION IV - THIRD PARTY MEDICAL INSURANCE CLAIMS

Dates of Coverage	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Net Amount
		TOTAL THIRD PARTY MEDICAL INSURANCE CLAIMS		

SECTION V - CERTIFICATION

The undersigned participant in the Cafeteria Plan certifies that all expenses for which reimbursement is claimed by submission of this form, were incurred during a period while the undersigned was covered under the Plan with respect to such expenses, and that these expenses have not previously been reimbursed and are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy and veracity of all information relating to this claim, and that unless an expense for which reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for the payment of all taxes on amounts paid from the Plan which relate to such expense. The undersigned also understands that he or she is responsible to keep sufficient documentation to substantiate the expenses claimed for reimbursement, as may be required by the IRS.

Employee's Signature

Date