

Flexible Spending Account Claim Form

Do not use this form for swipe card transactions

Employee Name: _____
 Mailing Address: _____
 Email Address: _____
 Social Security #: _____
 Telephone #: ____ (____) _____

Medical Reimbursement-Attach an itemized receipt or an Explanation of Benefits, of each expense claimed, indicating the service(s) provided, date(s) of service, and charges. **Balance forward statements, cancelled checks and credit card receipts are NOT acceptable documentation for reimbursement.**

Date(s) of Service	Date(s) of Service	Name of Patient	Requested Reimbursement
			\$
			\$
			\$
			\$
		Total Reimbursement	\$

Dependent Care-Attach an itemized statement, of each expense claimed, indicating the start date of care, end date of care, name of care provider, name of dependent, and requested reimbursement. **Balance forward statements, cancelled checks and credit card receipts are NOT acceptable documentation for reimbursement.**

Start Date of Care	End Date of Care	Care Providers Name	Name of Dependent	Requested Reimbursement
				\$
				\$
				\$
			Total Reimbursement	\$

The undersigned Employee certifies that all expenses hereby submitted are for services incurred during the current Plan Year. Furthermore, by signing, the Participant also certifies that these expenses are not reimbursable, in whole or in part, under any other plan of insurance or other benefit. The Employee understands that he/she is responsible for the accuracy and veracity of expenses submitted and that he/she may be responsible for any tax consequences and/or penalties arising from improper submission and reimbursement of the above expenses under the Participant's Section 125 Cafeteria Plan..

Signature/Date: _____

Mail, fax or email your claim form, with documentation, to:
 Businessolver, Inc.
 Section 125 Claims Department
 PO Box 65948
 West Des Moines, IA 50265
 OR Fax to: 855-883-8542
 OR Email to: Flexadministration@businessolver.com
 For Claims inquiries, please call: 855-883-8541

Did you remember to:

1. Sign your claim form?
2. Provide proper documentation?
3. Retain original documents for your records as we do not return documents?