

MyChoice Accounts Reimbursement

How to file for reimbursement:

Online: Log into your benefits portal or use the MyChoice Mobile App to submit your claim electronically

Via email, fax or mail: Fill out your form electronically and submit via email, fax, or mail.

- **Email:** claims@mychoiceaccounts.com
- **Fax:** 855-883-8542
- **Mail:** MyChoice Accounts, MSC 163940, PO Box 105168, Atlanta, GA 30348-5168

Instructions for filling out this form:

Complete each section completely. If filling out by hand, use black or blue ink and CAPITAL letters. Use documentation to complete each section of the form.

1 DESCRIPTION OF PRODUCT OR SERVICE YOU ARE REQUESTING FOR REIMBURSEMENT

2 SERVICE START AND END DATE (*if an eligible product purchase, put purchase date in start and end date*)

3 AMOUNT SUBMITTED FOR REIMBURSEMENT

SECTION 1: YOUR INFORMATION																	
SOCIAL SECURITY NUMBER OR EMPLOYEE ID (NO DASHES)					COMPANY NAME												
3	2	3	1	9	2	1	0	0	3	ACME COMPANY							
EMPLOYEE LAST NAME					EMPLOYEE HOME ZIP CODE												
S	M	I	T	H						9	0	0	1	2			
EMPLOYEE EMAIL					DAYTIME PHONE # (AREA CODE FIRST, NO DASHES)												
SSMITH@ACME.ORG					9 1 9 1 2 4 3 1 0 9												
SECTION 2: YOUR EXPENSES																	
SERVICE TYPE					START DATE OF EXPENSE (MM/DD/YY)		AMOUNT										
DESCRIBE SERVICE OR PRODUCT					0	2	0	1	1	9	\$	3	2	3	.	1	9
Reimbursement information					END DATE OF EXPENSE (MM/DD/YY)												
					0	2	2	8	1	9							



Reimbursement Form

Use only **CAPITAL LETTERS**, completely fill in
and use only blue or black ink.

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SECTION 1: YOUR INFORMATION

SOCIAL SECURITY NUMBER OR EMPLOYEE ID (NO DASHES)

COMPANY NAME

EMPLOYEE LAST NAME

EMPLOYEE HOME ZIP CODE

EMPLOYEE EMAIL

DAYTIME PHONE # (AREA CODE FIRST, NO DASHES)

SECTION 2: YOUR EXPENSES

SERVICE TYPE

START DATE OF EXPENSE (MM/DD/YY)

AMOUNT

DESCRIBE SERVICE OR PRODUCT

END DATE OF EXPENSE (MM/DD/YY)

DESCRIBE SERVICE OR PRODUCT

END DATE OF EXPENSE (MM/DD/YY)

DESCRIBE SERVICE OR PRODUCT

END DATE OF EXPENSE (MM/DD/YY)

SECTION 3: CERTIFICATION *Please read Certification Statement thoroughly before signing.*

By submitting this form, I certify that:

- I verify that I have applied for reimbursement in accordance with the plan documents and my employer's policy.
- I hereby certify that all information that I have given is accurate. I also understand that falsifying information as it pertains to benefit coverage is grounds for termination of employment.

I hereby authorize release of payment from my MyChoice Account. I hereby authorize Businessolver or its representatives to obtain necessary information from my service providers to consider my claim for reimbursement under my MyChoice Account.