

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

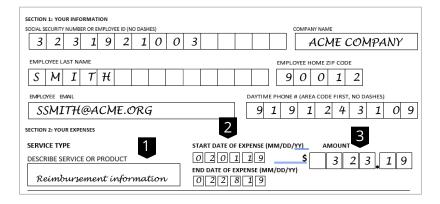
• **Fax**: 855-883-8542

• 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







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) |
| LIVII EOTEE LIVIAIE | DATHWILE HONE # (AREA CODE HIGH, 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 | |
| DESCRIBE SERVICE ORT ROBOCT | END DATE OF EXPENSE (MM/DD/YY) |
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| DESCRIBE SERVICE OR PRODUCT | |
| | END DATE OF EXPENSE (MM/DD/YY) |
| | |
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| CECTION 2. CERTIFICATION Plant and Cartiff and a Cartiff a | habatan darin |
| SECTION 3: CERTIFICATION Please read Certification Statement thorough | ly before signing. |
| By submitting this form, I certify that: | and the state of t |
| - I verify that I have applied for reimbursement in accordance with the - I hereby certify that all information that I have given is accurate. I als | e plan documents and my employer's policy. So 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.