FLEXIBLE BENEFITS REIMBURSEMENT CLAIM FORM

This form must be completed and must accompany each group of receipts submitted

Employer _____Submitted for Plan Year_____

Employee_____Member ID _____

Daytime Phone #_____Email Address_____

☐ Check if new address and complete below:

_____

_____

Flexible Spending Account

Unreimbursed Expenses - receipts from an independent third party must include the following:

Medical Spending Account Receipts - Patient's name, provider name, type of service or supply provided, date of service or date supply purchased, and the charge for service or supply.

Dependent Care Spending Account Receipts – Facility name and/or caregivers name, Tax Identification # or Social Security Number, Dates child care was provided, dependent care was provided for and the charge.

If you or your eligible dependent for whom you are submitting receipts have medical, dental and/or vision coverage, charges must first be submitted to your insurance carrier. The Explanation of Benefits (EOB) you receive from the insurance carrier should be submitted along with your claim for reimbursement.

If you or your eligible dependent for whom you are submitting receipts has no other coverage, please initial here _____

Claim Type: ____ Medical Spending Account

____ Dependent Care Spending Account

Total Amount Requested for Reimbursement:

$ _____ Medical Spending Account

$ _____ Dependent Care Spending Account

I hereby certify that all items requested to be reimbursed comply with the Company's Flexible Benefits Plan and such items have not and will not be covered by any other plan or program of any employer or person. I further certify that such items will not be deducted or taken as tax credits on my personal federal and state income tax returns for any year. The Company does not accept responsibility for direct payments to any individual other than the employee.

_____ _____

Employee's Signature Date

Submit claim form with receipts to:

Fax: 704-972-1633

Corporate Benefits Service, Inc.

PO Box 11937

Charlotte, NC 28273