

Last Name, First Name, MI (Please Print)	Employer	Social Security Number or Employee ID (EID) as appropriate
Street Address	City, State, Zip	
Requesting Reimbursement from?      Medical FSA      HRA      Dependent Care FSA		

**Dependent Care FSA**

Dependent care expenses must be for a dependent that is incapable of self care or under the age of 13 at the time the care was provided.

Dependent Name	Age	Dates Care Provided		Name and Address of Care Provider	Provider ID/SSN	Amount Requested
		From	To			
<b>TOTAL</b>						

I provided the dependent care as stated above:

\_\_\_\_\_  
Care Provider's Signature      Date

**Medical FSA or HRA**

Plan Type	Date Medical Care Provided	Merchant/Provider Name	General Medical Expense/Item Description	Name of Person Receiving Service/Product	Relationship (Self, Spouse, Qualifying Child, Qualifying Relative)	Medical Mileage	Claim Amount (Amount of your responsibility)
<b>TOTAL</b>							

Attach copies of Explanation of Benefit (EOB) statement(s) or provider receipts if there is no insurance. Copies must include the date(s) of service. Please do not send originals of your EOB's or your insurance statements - keep originals for your records. A signed Letter of Medical Necessity from your provider may also be required if the expense is considered "dual purpose." Dual purpose is defined as those items that have both a medical purpose and a person/cosmetic or general health purpose. **Missing information may delay the processing of your reimbursement.**

**Reimbursement Guidelines**

- 30 Vj g'tglo dwtugo gpv'tgs wguv'zr gpgu'o wu'dg'cp'K'U'g'ri kdg'zr gpgu'cpf 'l'pewt'gf 'f'w'kpi 'y' g'ngz'r'ncp' {gct'0'E'nclo u'ht' h'w'w'g't' c'gu'q'h'g't'x'leg'c'tg'p'q'v'g'ri kdg'ht' 't'glo dwtugo gpw' }
- 40 Vj g'tglo dwtugo gpv'tgs wguv'o wu'p'q'v' c'xg'd'ggp'r't'g'x'q'w'u' 't'glo dwtug' 'p'q'i'c't'g'f'q'w'g'g'n'p'i 't'glo dwtugo gpw' h'q'o 'l'p'w't'c'p'g'q't'c'p'f' 'y'j' g't' 'u'w'eg'0
- 50 C'w'c'ej 'c'eq'r' { 'q'h'f'q'w' 'l'p'w't'c'p'g'eq'o r'c'p' { 'u'G'z'r'nc'p'k'p'q'h'D'g'p'g'h'u' 'l'p'f' l'ec'v'p'i 'f' c'v'g'q'h'g't'x'leg'c' 'q't'eq'r'k'g'u' q'h'g'g'k'r' u'ld'k'm' 'h'f'v' g't'g' 'l'u'p'q' 'l'p'w't'c'p'g'eq'x'g't'c'i' g'q' 'T'q'ew'o g'p'v'j' g'c'o' q'w'w'0
- 60 Vj g'o' g'f' l'ec'v'o' k'g'c'i' g'p'f' l'ec'v'f' 'o' wu'd'g' 'h'q' 't'c'p'ur' q't'c'v'k'p'r' t'lo' c't'k' 'h'q' 'c'p'f' 'g'u'g'p'k'r'v'q'o' g'f' l'ec'r'f'c't'g'c'p'f' 'c't'g' 'u'q'k'c'v'g'f' 'y' k'j' 'y' j' c'v'g'q'h'g't'x'leg' 'l'p'f' g'p'w'h'g'f' 'c'd'q'x'g'0'v'j' g' 'u'nc'p'f' c't'f' 'o' g'f' l'ec'v'o' k'g'c'i' g' 'c'v'g' 'l'u'g'v'd' { 'y' j' g' 'K' 'U'c'p'p'w'm' 'c'p'f' 'y' k'f' 'd'g' 'c'c'w'w'v'g'f' 'd' { 'V'j' g' 'V'c'd'g'p' 't'q'w' 'y' j' g'p' 'T' g'v'g't'o' l'p'g'f' 'g'ri' k'dg' 'z'r' g'p'g'u' 'h'q' 'v'p't'g'lo' dwtug'f' 'o' g'f' l'ec'v'z'r' g'p'g'u'0
- K'j' g't'g'd'f' 'c'g't' 'w'h'f' 'y' c'v'j' g' 't'g'lo' dwtugo gpv'tgs wguv' 'k'o' 'u'w'd'o' k'w'p'i' 'c't'g' 'K' 'U' 'g'ri' k'dg' 'z'r' g'p'g'u' 'c'p'f' 'y' c'v' 'K'j' c'x'g' 'p'q'v' 'd'g'g'p'r' 't'g'x'q'w'u' 't'g'lo' dwtug'f' 'h'q' 't' 'y' g'ug' 'z'r' g'p'g'u' 'p'q't' 'c'o' 'K'g'g'n'p'i' 't'g'lo' dwtugo gpv' 'h'q' 't' 'y' g'ug' 'z'r' g'p'g'u' 'h'q'o' 'l'p'w't'c'p'g'q't'c'p'f' 'y'j' g't' 'u'w'eg'0' 'K'c'c'q' 'v'p'f' g't' 'u'nc'p'f' 'y' c'v'j' g' 'V'c'd'g'p' 't'q'w' . 'l'u' 'c'i' g'p'w' 'q't' 'g'o' r' 'u'q' { 'g'g'u' 'y' k'f'p'q'v' 'd'g'f' g'f' 'k'c' 'd'g' 'h'k' 'w' 'd'o' k'p'p' / 'K' 'U' 'g'ri' k'dg' 'z'r' g'p'g'u' 'h'q' 't' 'g'lo' dwtugo g'p'0' 'K'w'p'f' g't' 'u'nc'p'f' 'y' c'v'j' g' 'z'r' g'p'g'u' 'h'q' 't' 'y' j' 'l'ej' ' 'K'c'o' 't'g'lo' dwtug'f' 'o' c'f' 'p'q'v' 'd'g' 'w'g'f' 'y'q' 'e'nc'lo' 'c'p'f' 't'g'f' g't'c'n'p'eq'o' g' 'c'z' 'T'g'f' v'ek'p' 'q't' 'e't'g'f' k'o

(Request cannot be accepted without participant's signature)

\_\_\_\_\_  
Employee's Signature      Date



U'w'd'o' k'f' 'h'q'o' 'y'q' 'V'j' g' 'V'c'd'g'p' 't'q'w' .....  
**CNQP1 "Y KJ" UWRQRTVRI "F QEWO GP VC VIQP" .....**  
 H'z' '538/684/55; 4'....., P'q' 'E'q'x'g't' 'R'c'i' g' 'T'g's' w'k'g'f' , .....  
 R'c'i' g' '3' 'q'h' 'a'aa' .....  
**Online claims submission @ flexsupport@taben.com**