

TabenFlex
DEDUCTIBLE VERIFICATION FORM

If enrolled in a Post Deductible FSA or a Post Deductible HRA, a completed Deductible Verification Form must be on file in order for a participant to be reimbursed for general medical expenses. Until a completed form is submitted, only expenses for dental, vision and preventative care are eligible for reimbursement.

*=Required Fields

Participant Information

*Employer Name

*Employee ID

*Employee Name (First, MI, Last)

*Social Security Number

Plan Information

*Plan Year Start Date (mm/dd/yyyy)

*Plan Year End Date (mm/dd/yyyy)

*Date Deductible Was Met (mm/dd/yyyy)

*Deductible Amount

Note: You will need to submit an Explanation of Benefits from your Health Insurance Plan confirming your deductible has been met.

Participant Authorization

To the best of my knowledge all of the information provided on this form is accurate. I have satisfied my health insurance deductible and would now like to receive reimbursement from my spending account for general-purpose medical expenses.

*Participant Signature _____

*Date _____

Return form to: The Taben Group
C/O Surency Life & Health
PO Box 789773
Wichita, KS 67278-9773
www.taben.com
Customer Service: 855-826-8692
Fax: 316-462-3392

