



205 West Dares Beach Road  
 Prince, Frederick, MD 20678  
 (888) 577-2762 ~ (410) 535-0754  
 (410) 414-8432 (Fax)  
 www.careflex.com

## Reimbursement Request

Employer \_\_\_\_\_ Employee ID Number \_\_\_\_\_

Employee Name \_\_\_\_\_ Employee Telephone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Check if new address

### Health Care Expense

Date Expense Incurred	Name of Service Provider	Expense Description	Person Who Incurred the Expense	Amount Incurred
<i>Attach appropriate receipt(s) and submit with this claim form.</i>			<b>Total Medical Care Expense Claim</b>	

### Dependent Care Expense

Name of Dependents	Period From	Covered To	Name, Address, and Taxpayer Identification Number of Provider of Service	Amount Incurred
Attach a receipt from your daycare provider or include the daycare provider's signature.			Provider's Signature	Total:

**READ CAREFULLY:** The undersigned participant in the Plan certifies that all services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's Flexible Spending Plan (Cafeteria Plan) with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Submit Claims to:  
 CAREFLEX Benefit Solutions  
 205 West Dares Beach Road  
 Prince Frederick, MD 20678  
 (410) 414-8432 (Fax)



## Claim Filing Instructions

### Who can file a Claim for Reimbursement?

- Only employee participating in the Flexible Benefit plan can file a claim for reimbursement.
- Employees can file a claim during the current plan year and prior to the run out period after the plan year ends for expenses incurred during the plan year.
- Terminated employees can file a claim within the run out period after the date on which they terminate for expenses incurred while employed.

### What expenses can be claimed?

- Only expenses incurred during the plan year can be claimed for reimbursement.
- Terminated employees can claim expenses incurred prior to termination but within the plan year.
- Sources to determine eligible claims are available through the IRS website ([www.fedworld.gov/pub/irs-pdf](http://www.fedworld.gov/pub/irs-pdf)) – [IRS Publication 502](#) (Medical and dental Expenses) and [IRS Publication 503](#) (Child and Dependent Care Expenses).

### Completion of the Claim for Reimbursement form.

- Complete **all** information on the form for each amount claimed for reimbursement.
- Make sure the claim does not include items for more than one plan year. Use different forms for different plan years.
- You **must** sign and date the form.
- Attach receipts or the Explanation of Benefit(s) (EOB) from insurance plan(s) to support claimed expenses. Please keep a duplicate copy of all records submitted for future reference.

**Note:** *Cancelled checks, credit card/bankcard receipts and/or cash register receipts are not acceptable. You must provide an itemized billing statement or invoice from the provider of service for each date of service filed.*

### Reimbursement Procedure

- Completed Claim for Reimbursement forms should be mailed or faxed to:
  - CareFlex Benefit Solutions
  - ATTN: FSA Claims Processing
  - 205 West Dares Beach Road
  - Prince Frederick, Maryland 20678
  - Fax Number: (410) 414-8432
- Claims will be paid out based on the schedule determined by the employer.

### How to Request Changes in Plan Participation

Revocation of participation in the Plan can only occur if you have a change in family status or termination of employment. “Change of family status” includes birth, death, marriage, divorce or change of employment by spouse. Contact your employer with all chan