



**REQUEST FOR REIMBURSEMENT**  
**Flexible Spending Account**

- New Request for Reimbursement*
- Re-Submittal of Request dated \_\_\_\_\_*

**If you have questions or need assistance  
please call (877) 819-9413, or email us at  
chcbenefits@chc-inc.com**

<b>Instructions</b>	
1. Complete all sections, supplying all requested information. Sign and date the form. 2. <b><u>Attach a copy of an itemized bill or receipt</u></b> to this form. If submitting expenses eligible under another insurance plan, you must submit an Explanation of Benefits (EOB) statement. 3. Fax or mail Requests for Reimbursement to: <b>CHC @ FSAontheweb.com.</b> <div style="text-align: center;"> <b>FSA Reimbursement</b>  <b>P.O. Box 827</b>  <b>Lanham, MD 20703-0827</b>  <b>Fax: 301-306-2509</b> </div>	

<b>Employee Information</b>			
NAME	(Last)	(First)	(M.I.)
			SOCIAL SECURITY NUMBER
HOME ADDRESS- Please check here if this is a new address <input type="checkbox"/>			EMPLOYER
(Street)			
(City)	(State)	(Zip Code)	EMAIL ADDRESS
			WORK PHONE NUMBER ( )

<b>Dependent Care Account</b>								
CLAIM REF #	DEPENDENT CARE PROVIDER'S NAME	TAXPAYER I.D. NUMBER	DATES EXPENSES INCURRED		DEPENDENT'S NAME	RELATION TO EMPLOYEE	AGE	REIMBURSABLE EXPENSE AMOUNT
			FROM	TO				
<b>TOTAL »</b>								

**I (provider) certify that the above charges have been incurred during the time period specified.**

\_\_\_\_\_ *Signature of Provider* \_\_\_\_\_ *Date*

<b>Healthcare Account</b> (Please enter one expense on each line below. Use additional forms if needed)						
CLAIM REF #	EXPENSES PAID TO (PROVIDER'S NAME)	DATES EXPENSES INCURRED		PATIENT'S NAME	RELATION TO EMPLOYEE	REIMBURSABLE EXPENSE AMOUNT
		FROM	TO			
<b>TOTAL »</b>						

<b>Employee Certification</b>	
I request reimbursement from my Flexible Spending Account(s) for the expenses itemized above. I have attached a statement from the provider of services showing the amount of each expense and the date it was incurred. The expenses are not eligible for reimbursement from any other source. I certify that these expenses qualify for reimbursement under the Internal Revenue Code. I also understand that reimbursement expenses cannot be claimed as deductions on my personal tax return.  <b>The information on this Request for Reimbursement is true and correct to the best of my knowledge.</b>	
_____ <i>Employee Signature</i>	_____ <i>Date</i>

