



Un-reimbursed Medical Expense and Dependent Care Reimbursement Request Form

Instructions For Submitting A Claim:

1. Complete all information in Sections A, B and C
2. Attach detailed medical invoices, receipts and cancelled checks.
3. Please make copies for your records.
4. Send completed form and supporting expense documentation to the above address.

Section A – Employee Identification

Employer: _____		Group #: _____	
Employee: _____		Soc. Sec.#: _____	
D.O.B. _____		Address: _____	
City: _____		State: _____	
Zip: _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Marital Status: <input type="checkbox"/> Single		<input type="checkbox"/> Married	
<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed	

Section B – Medical Expense Information

*** Health Care Expenses** are expenses incurred by you, your spouse, or your dependents, which have not been and will not be reimbursed by any medical or dental insurance. Health care includes the prevention, diagnosis, treatment and care of a physical or mental defect, illness, injury or disease.

† Dependent Care Expenses are expenses incurred to enable you to work. If you are married and your spouse is not a full time student or is not incapable of self-care, the expenses must be to enable you and your spouse to work. These expenses must be for your dependent who is under age 13 (for whom a personal exemption deduction is allowed for federal income tax purposes), the care of your dependent spouse who is physically or mentally incapable of self-care, of household services in connection with the care of such a person(s).

Expenses Incurred For (name)	Relationship	Type * H / † D	Dates of Service	Total Expense	Amount Paid By Another Plan	Amount Paid By You
TOTAL REIMBURSEMENT REQUESTED						\$

Section C – Employee Certification

I hereby certify that all items requested to be reimbursed have not and will not be covered by any other plan of any employer or other person. I further certify that such items will not be deducted or taken as tax credits on my personal federal and state income tax return for any year.

EMPLOYEE SIGNATURE	DATE
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