Mail: ARI
PO Box 300314
Waterford MI 48330-0314
Phone: 248-623-2816
Fax: 248-454-2104
Email: ARI@comcast.net

Flexible Benefit Plan
Reimbursement Request Form

IDENTIFICATION Please print clearly

Employer

Employee Name | Social Security Number

Address | City | State | Zip | Daytime Phone Number

Read Carefully: I certify these expenses: 1) were incurred during my coverage period for myself, spouse, or dependent child(ren) or a person whom I am entitled to claim a reimbursement: 2) were not incurred for general health or cosmetic purposes; 3) have not been previously reimbursed from this or any other benefit including a Health Saving Account(HSA): 4)are directly or indirectly my responsibility; and 5) will not be claimed as a tax credit or deduction on federal, state or local tax returns. I understand that in accordance with IRS regulations I must provide third-party documentation for these expenses that I have a right to appeal any denied claim, and that if an appealed claim is denied a second time, the decision of the Plan Administrator will be final.

PARTICIPANT'S SIGNATURE: **DATE:**

HEALTH CARE REIMBURSEMENT ACCOUNT (See Section on the reverse side)				**Administrative Use** (Do not write in this space)
Attach third-party documentation indicating this information. The reverse side of this form provides suggested documentation for various expenses				
Service Date or Span of Service(s)	**Type of Service** (Medical, Dental, Vision, Rx, Ortho, Chiropractor)	**Patient Name**	**Out of Pocket Cost**	
	TOTAL HCRA	$		
DEPENDENT CARE REIMBURSEMENT ACCOUNT(See Section on the reverse side) **Provider's Tax ID or Social Security Number:**				
Name of Dependent(s)	Coverage From	Coverage To	Expenses	
	TOTAL DCRA	$		

How to file your claim

Complete ALL personal information and SIGN your claim form. You should retain a copy for your files.

Health Care Reimbursement Account: Reimburses eligible medical expenses for you, your spouse, and other qualified individuals. Examples of eligible expenses include co-pays, coinsurance, deductibles, vision, hearing, dental and Rx drugs.

Supporting Documentation: The IRS requires third-party documentation showing the date of service, type of service and out-of-pocket cost for each expense listed. **A cancelled check is not adequate documentation**

Best documentation:

1. An explanation of benefits (Explanation of Benefits- EOB) form showing health care expenses covered in part or in full by insurance. Submit expenses to your insurance carrier(s) before requesting reimbursement. If you have dual coverage, send both EOB's.
2. An itemized statement or bill is acceptable documentation when there is no insurance coverage.
3. Co-pay & Rx receipts should indicate the date, cost, provider, and type of service or drug. Orthodontic treatment plan completed by your orthodontist/dentist. Expenses are reimbursed over the entire treatment period and typically span more than one plan year. When submitting your first orthodontia claim, you must submit the orthodontia contract. This contract must contain the initial fee charged, estimated insurance payment, initial start date, duration of treatment and proof of partial or full down payment. For each monthly request for reimbursement, you must submit a completed and signed claim form with an itemized bill/statement or receipt from the orthodontist. Future dates of services cannot be submitted. IRS guidelines require services to be incurred before you can be reimbursed. A reimbursement request for a service that will occur in a subsequent plan year will be returned to you for resubmission in that plan year.

Dependent Daycare Reimbursement Account

Reimburses eligible work or school related day care for your child (under age 13) or other qualified individuals.

Supporting Documentation:

1. The Dependent Care Provider can complete and sign

OR

2. A statement from the provider that includes the provider's name and tax ID or social security number, dates of service, and amount paid to the provider.

IMPORTANT INFORMATION:

Claim forms are available at our website: www.administrationresourcesinc.com

Be aware: Any person who knowingly files a claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.