



Contact Us Today!
www.myflexlogin.com

Premium Reimbursement Account Reimbursement Form

Take advantage of email updates on the status of your claims and reimbursements. It's easy! Just login to www.myflexlogin.com and update your profile.

Please follow the steps below to thoroughly and accurately complete this form.

Date: _____
Fax- # of Pages: _____

Step 1: Personal Information

Company Name: _____
Employee Name: _____ SSN: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____

Step 2: Premium Reimbursement Account Claims

Month of Coverage (mm/yy)	Name of Carrier	Type of Coverage (medical, dental, vision)	Claim Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
			Total \$ _____

Step 3: Acknowledgement and Signature

I acknowledge that my statements in this request for reimbursement form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the application plan year. I certify that these expenses have not been previously reimbursed under this or other benefit plans. I authorize my Account to be reduced by the amount(s) requested.

Employee Signature: _____ Date: _____

Claim Submission Instructions:

Option 1: Submit a Reimbursement Request online and Go Paperless! You won't need to complete paper forms anymore. Submit claims online at www.myflexlogin.com.

Option 2: Submit a Reimbursement Request in three easy steps using this form.

1. Provide acceptable proof of paid expenses. We request that you send **Copies** of your proof of expenses since they will not be returned to you. For tax purposes, you should retain the original proof of expense. For your first claim submitted, please provide copy of the insurance agreement with your carrier and proof of premium due & paid. For subsequent claims simply provide proof of premium due & paid for that period of coverage. Cancelled checks or credit card receipts are not acceptable documentation. Neglecting to submit required documentation may delay claim processing.
2. Write the total amount for reimbursement in the claim amount column.
3. Attach all documentation pertaining to your claim to this form and submit via fax to 847-636-9295 or email claims@flexiblebenefit.com. You can also mail your documentation to the address below.

Note: To update your email address and other contact information, please login to www.myflexlogin.com

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