

Section 125 Plan Flexible Spending Account Reimbursement Claim Form

Employee Name _____ SS# _____

Worksite Employer _____

Daytime Telephone# _____ Email _____

Directions for using the Claim Form

To designate the type of claim, check the appropriate box below. Attach the documentation in the order in which you have the expenses listed. The documentation must contain the date(s) of service, type of expense and/or the name of the provider, and the amount of expense incurred. Canceled checks and credit card receipts are not valid forms of documentation. To be processed, the form must be signed and dated. Mail completed forms and receipts to:

**The NELCO Companies, 339 6th Avenue W, Bradenton, FL 34205
OR
Benefits Dept. Fax#: 888-386-3526**

Health Care **OR** **Dependent Care**

Date of service	Description / Type of Expense / Provider	Dollar Amount
		\$
		\$
		\$
		\$
		\$
		\$
	Total Requested Amount	\$

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible for reimbursement under my FSA plan(s). I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return. Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee Signature

Date

Reminders:

- Provide proper documentation for all expenses submitted
- Sign and date the Reimbursement Claim Form. NELCO cannot process an unsigned form
- Expenses for medical and daycare services must be incurred prior to reimbursement
- Minimum check amount \$25.00, or balance of account.
- Keep copies of everything submitted.
- Checks are mailed to the address we have on file, so if you have moved, please update your address with your NELCO representative