REIMBURSEMENT REQUEST FORM

Fax Completed Form to: 518.792.0226 | Questions/Assistance: 866.311.7110

Use this form for reimbursement of any out-of-pocket expenses. Missing or incomplete information may result in the denial or delay of your request. Documentation to substantiate purchases made with your JFA Flex Debit Card must be submitted with a copy of a Receipt Reminder Letter or a Receipt & Substantiation Form. For more information, see reverse.

STEP 1: PARTICIPANT INFORMATION	
Employer Name	
Participant Name	
Participant Last 4 Social Security Number	
Mailing Address	
Email Address	

STEP 2: REIMBURSEMENT INFORMATION

Plan Type	Did You File Online or Use your Debit Card? Y/N	Date Expense Incurred	Merchant/Provider Name	Name of Person Receiving Product/Service	Amount
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
					$
				Total Reimbursement Amount Requested	$

Plan Types (please refer to your Plan materials for the plans applicable to you):
MFSA-Medical Flexible Spending Account; LPMFSA-Limited-Purpose Medical Flexible Spending Account; DCAP-Dependent Care Assistance Program; BC-Benefit Credit; HRA-Health Reimbursement Arrangement; DEDR-Deductible Reimbursement; RX-Prescription Plan Reimbursement; VIS-Vision Plan Reimbursement; DENT-Dental Plan Reimbursement; COPAY-Specific Copay Plan Reimbursement

STEP 3: PARTICIPANT CERTIFICATION

To the best of my knowledge, the provided information is complete and accurate. I certify that the requests I am submitting are eligible expenses, incurred by myself or eligible dependents, as defined by the IRS and by my employer-sponsored Plan, and that I have not been previously reimbursed for these expenses, nor am I seeking reimbursement from any other source. I understand that Jaeger & Flynn, including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement and if any expenses are found to be ineligible I will be responsible for reimbursing the plan. If submitting expenses for my Dependent Care Assistance Program account, I have obtained or made reasonable efforts to obtain the provider's Tax ID (TIN) and I will include the TIN on IRS Form 2441, which I must attach to my federal income tax return. If there are any changes in the provided information, I understand it is my responsibility to notify Jaeger & Flynn by submitting the form, I certify the above. I understand that I should retain a copy of all submitted documentation in the event of an IRS audit. I further agree to use this reimbursement to pay the providers for any balance owed for these services incurred.

Participant Signature	
Date	