Thompson Equipment Co.- Flex Plan Reimbursement Request Form
LIMITED Purpose Health FSA and/or DC FSA

Print Clear

- ☐ File for the 2009-10 Plan Year w/Grace Period (02/01/10-04/15/10) (submit deadline: 4/30/10)
- ☐ File for the 2010-11 Plan Year w/Grace Period (02/01/11-04/15/11) (submit deadline: 4/30/11)

NAME:	Last First MI	**SS# (optional):**	
ADDRESS	Street City State ZIP	**PHONE :**	

☐ Please check if this is a new address

FAX:	(Used in case there is a problem with your fax)	**# Pgs Faxed:**	
E-Mail:	(Used in case there is an adjustment to your claim)		

MEDICAL EXPENSE CLAIMS

Date of Service MM/DD/YY	Patient Name	Patient's SS# (optional)	Relationship	Name of Provider	Description of Service *(DENTAL/VISION/HEARING)*	Claim Amount
						$
						$
						$
						$
						$
						$
						$
						$
						$
					Total:	$ 0.00

DEPENDENT CARE CLAIMS

Date of Service From	To	Dependent Name	Age	Dependent Care Provider Name	Dependent Care Provider Address	Provider Tax Id#/SS#	Claim Amount
							$
							$
							$
							$
						Total:	$ 0.00

EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT

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 Reimbursement Plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return. I also understand that privacy regulations prohibit Flexeteria, Inc. from discussing claims with anyone other than the participant.

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:** _____ /_____ /_____

FOR REIMBURSEMENT, FAX TO (504) 835-9296, OR EMAIL TO ERICA@FBANET.COM,
OR MAIL TO: FLEXETERIA, INC., 110 VETERANS BLVD., SUITE 120, METAIRIE, LA 70005