

# REIMBURSEMENT ACCOUNT CLAIM FORM

## Erskine College

### EMPLOYEE INFORMATION

Employee Name: _____	Social Security Number: _____
Home Address: _____ <input type="checkbox"/> check here if your address has recently changed	
Daytime Email Address: _____	Daytime Phone Number: _____

### MEDICAL EXPENSE CLAIMS (FOR YOUR FSA MEDICAL AND/OR HRA/105 ACCOUNT)

Account Type FSAM	HRA/105	Name of Person Incurring Expense	Relationship to Employee	Date of Service	Type of Service (Rx, copay, OTC, etc.)	Medical Condition (for OTC Rx Only)	Amount Requested
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>						
mySource Debit Card used on this claim? <input type="checkbox"/> Yes <input type="checkbox"/> No						<b>Total Amount Requested</b>	

### DEPENDENT CARE EXPENSE CLAIMS

Name of Person Incurring Expense	Relationship to Employee	Date of Service From	To	Provider Name Tax ID or SS #	Amount Requested
<b>Total Amount Requested</b>					

#### Acceptable Forms of Documentation:

Documentation for medical reimbursement should include: name of the person incurring the service, provider name, date of service, type of service that was incurred and the amount charged less any amount that has been or will be paid by insurance or other sources. If you are submitting documentation for over-the-counter medications it must include the name of the medicine on the receipt (cannot be handwritten). An explanation of benefits from your insurance company, walk-out statement from a physician's office, or pharmacy statement is acceptable depending on the nature of the expense.

Daycare documentation should include the name of the child, name of the provider, beginning and ending date of service and amount charged. If the daycare provider is an individual, then the documentation should include that person's signature and tax ID or social security number.

Cash register receipts, cancelled checks and credit card receipts/statements are not acceptable forms of documentation.

#### Employee's Certification for Reimbursement

I certify that the expense for reimbursement requested from my account was incurred by me (and/or my spouse and/or eligible dependents), was not reimbursed by any other plan, and, to the best of my knowledge and belief, is eligible for reimbursement under my Reimbursement Plan. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual tax return and agree to file IRS Form 2441 with my tax return for Dependent Care purposes. I also agree to notify my Employer if I have reason to believe that any expense(s) for which I have obtained reimbursement is not an Eligible Medical or Dependent Care Expense, and also agree on demand to indemnify and reimburse my Employer for any liability it may incur for failure to withhold federal and state income tax or Social Security tax for any reimbursement I receive for an expense which does not qualify as an Eligible Expense pursuant to Section 213d of the Internal Revenue Code.

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:** \_\_\_\_\_