Your Flexible Benefit Plan **Reimbursement Claim Form**

Employer ____________________

Employee Name ____________________ Social Security # ____________________

Phone ____________________ E-mail ____________________

Dependent Care Expense Claims

Name of Dependent(s)	Period Covered From	Period Covered To	Name, Address, and Taxpayer Identification Number of Provider Service	Amount Incurred
			Provider's Signature: Total Dependent Care Expense Claim*	

Attach a receipt from your day-care provider, or include the day-care provider's signature.

*NOTE: The total amount claimed under the Plan for any coverage period must not exceed the lesser of your earned income for the Plan Year or the earned income of your spouse. (If your spouse is either a full-time student or is incapable of taking care of himself or herself, then he or she is deemed to have monthly earnings of $250 if there is one (1) child or dependent, or $500 if there are two (2) or more.) No payment may be made under the Plan; if the service provider is your dependent for federal income tax purposes; or is your child or stepchild and is under age 19. **Please visit** www.125Company.com **for more details.**

Unreimbursed Medical Expense Claims for **FSA** and/or **HRA** accounts

FSA Card Receipt	Date Expense Incurred	Name of Service Provider	Expense Description - **FSA** (unless checked)	Person for Whom Expense Incurred	Net Amount
☐			☐ HRA		
☐			☐ HRA		
☐			☐ HRA		
☐			☐ HRA		
☐			☐ HRA		
☐			☐ HRA		
☐			☐ HRA		
☐			☐ HRA		
☐			☐ HRA		
☐			☐ HRA		
☐			☐ HRA		
☐			☐ HRA		
☐			☐ HRA		
			Total Medical Care Expense Claim		

Attach appropriate receipt(s) and submit with this claim form.

Read Carefully:

The undersigned participant in the Plan certifies that all services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's Cafeteria Plan with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense.

Signature area:____________________ Date/Time Field ____________________

Print and Fax >>> Claim & Receipts to 877-303-0742

More Claim Forms - Check your account balance at **www.125Company.com**

Attention: 125Company Flex Claims Group Phone: 301-977-8840

Claim Form & Filing Instructions:

1. On the reverse side of this page is a claim form. Please feel free to copy this form.

2. When filing your claim, you must attach copies of the receipts.

3. The receipt must show the date and type of service for the expense.

4. **Canceled checks, credit card slips, or statements showing only a balance due on your account are not allowable.**

5. Please be sure to number each attachment page (i.e., Page 2 of 3, Page 3 of 3, etc.)

6. Please fax your claim with receipts to 877-303-0742. After you fax a claim and receipts, please do not follow-up with a hard copy in the mail.

7. Please remember to keep a copy of the claim form and supporting documents for your records.) If you choose to mail your claim with receipts, the address is:

The 125Company, Inc. **PO Box 2401 Germantown, MD 20875-2401**.

8. To verify that your claim has been received, please go to the Web site described below. When your claim is approved, it will appear within two business days on the Web site under "view account."

(*Remember to keep the original claim form and supporting documents for your records.*)

9. You may check your account balance status any time, day or night at the Web site.

10. In addition, the Web site has a claim form, a list of qualifying expenses, and other administrative tools that will help you conveniently manage your account.

11. The site also has frequently asked questions and instructions on how to contact us.

12. The Web site address is **www.125Company.com**.

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www.125Company.com has everything you need to manage your Flexible Benefit Account!

Verify your election

View your account balance

Print claim forms

How and where to file claims

Look up qualified expenses

Change in status rules

Eligibility requirements

Calculate your tax savings

Learn about the plan

How to contact us