

FLEXIBLE REIMBURSEMENT PROGRAM (FLEX\$) **CLAIM FORM**

2. YOU HAVE 90 DAYS FROM THE END OF THE PLAN YEAR TO FILE CLAIMS FOR THE PRIOR PLAN YEAR. 3. IF YOU RETIRE OR TERMINATE FROM EMPLOYMENT YOU HAVE 60 DAYS TO FILE CLAIMS FOR EXPENSES INCURRED PR TO YOUR TERMINATION DATE. ITEM	EMP	LOYEE INFORMATION	J				
Please complete ALL applicable spaces. Enclose copies of ONE of the following documents for each item claimed: An Explanation of Benefits (EOB) from your insurance company, OR, a receipt/statement detailing the services provided, d service and the total out-of pocket expense. Indicate the item number to which they pertain. Include a Doctors note w required. Consult the FLEX5 Handbook for items requiring a Doctor's note, (www.pehp.org) The first orthodontia claim include a copy of the written agreement between you and the orthodontist, indication the total estimated charges and period of treatment. Please keep a copy of each claim for your records. **QUALIFIED HEALTH CARE EXPENSES** What is your plan type? (Circle one): FSA Limited FSA HRA **TEM** NO.** DATE OF SERVICE** NAME OF PROVIDER** EXPENSE DESCRIPTION CLAIM AM** A FLEX\$ HANDBOOK WITH DETAILED PLAN RULES AND INFORMATION IS AVAILABLE AT WWW.PEHP.ORG CLAIM SPONT THE PLAN YEAR TO FILE CLAIMS FOR THE PRIOR PLAN YEAR. A. IF YOU RETIRE OR TERMINATE FROM EMPLOYMENT YOU HAVE 60 DAYS TO FILE CLAIMS FOR EXPENSES INCURRED PRIOR YOUR TERMINATION DATE. **QUALIFIED DEPENDENT DAY CARE EXPENSES:** **PROVIDER TAX IS/SSN (REQUIRED)** CLAIM AM** CL	EMPLOY	/EE NAME (last, first, middle initial)	SS# or PE	SS# or PEHP ID#		PLAN YEAR	
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participant believe in good faith are Qualified Health Care Expenses and/or Qualified Dependent Day Care Expenses during the Plan Year for myself, my spouse and/or my legal dependents, I also certify that these expenses have not and will not be claimed for reimbursement under any other Flexible Spending Plan, insurance plan, paid for using my Flex\$ Card or claimed as a deduction on a tax return.

EMPLOYEE SIGNATURE	DATE	PEHP APPROVAL

Unsigned forms will not be processed.

The employer and the Plan Administrator reserve the right to verify to their satisfaction all claimed expenses prior reimbursement and to refuse any amount that are not qualified Health Care Expenses and/or Qualified Dependent Day Care Expenses.