



Benefit Planning Consultants, Inc.

SEND CLAIM FORMS AND DOCUMENTS TO BPC:

Mail: PO BOX 7500 CHAMPAIGN, IL 61826-7500
Fax: 217-239-4499 800-295-2990

Email Claims: faxes@bpcinc.com

Phone: 217-531-9000 877-272-8880

FSA/HRA CLAIM FORM

Form with fields for PARTICIPANT NAME, SSN, EMPLOYER, PARTICIPANT SIGNATURE, DATE SUBMITTED, DAYTIME PHONE, EMAIL ADDRESS, and ADDRESS.

NOTE: Please send copies of forms, receipts & documents. Keep originals for your records, as claim & supporting documentation will not be returned to you. The IRS has determined that cancelled checks, check carbons, balance forward or previous balance statements, and charge card receipts or statements are NOT acceptable documentation of expenses.

COMPLETE THIS SECTION FOR CHECK OR DIRECT DEPOSIT CLAIM

Expense Type: FSA: Medical Flexible Spending Account (Flex) OR HRA: Health Reimbursement Arrangement (HRA claim: You must submit an Explanation of Benefits (EOB) from your health insurance provider)

check both boxes if you want any unreimbursable HRA amounts paid from your FSA account

Table with 7 columns: FSA, HRA, Expense Description, Dates of Service (From - To), Provider, Name of person Services provided for, Amount of Purchase.

AMOUNT REQUESTED: \$

COMPLETE THIS SECTION ONLY FOR MBI/DEBIT CARD DOCUMENTATION

Table with 5 columns: Dates of Service (From - To), Expense Description, Provider, Name of person Services provided for, Amount of Purchase.

I have attached supporting documentation from an independent third party verifying that the medical expense has been incurred and the amount of the expense. By my signature above, I certify that all the expenses are for medical care excluding cosmetic purposes, and are not for general health purposes and are valid expenses under the Plan incurred by myself and/or my spouse and/or my eligible dependents.

I understand that the expense for which I am reimbursed may not be used as deductions or credits on my or my spouse's income tax return. If I have inadvertently received payment for an ineligible expense, I agree to provide repayment to the Plan.