SECTION 125 CAFETERIA PLAN CLAIM FORM

EMPLOYER/COMPANY NAME: _____ DATE _____

EMPLOYEE NAME: _____

DAYTIME PHONE: _____ EMPLOYEE SSN#: _____

EMPLOYEE EMAIL ADDRESS: _____

Flexible Spending Account - Medical Expenses

The attached charges are to be considered for reimbursement under Section 125 benefit program. I certify that these expenses or services have been incurred during the plan year for which I am filing. These charges have been added and the total entered on the line below: (Please do not say "See Attached"...a list must be made.)

Date Incurred	Person Treated	Nature of Expense	Amount of Expense

TOTAL MEDICAL EXPENSES CLAIMED $ _____

Flexible Spending Account - Dependent Care Expenses

The attached charges are to be considered for reimbursement under Section 125 benefit program. I certify that these expenses or services have been incurred during the plan year for which I am filing. These charges have been added and the total entered on the line below:

Date Incurred	Person Cared For:	Amount of Expense

Provider Name ***REQUIRED***

_____

Provider Address

_____

Provider Tax I.D. #

_____

TOTAL DEPENDENT CARE EXPENSES CLAIMED $ _____

EMPLOYEE CERTIFICATION: I certify that either I or my dependents have incurred the expenses claimed above. I, my dependents or the providers of the services claimed have not received, nor will receive reimbursement for any claimed expenses from any insurance carrier or other third party. I have not received reimbursement previously for these expenses from my Flexible Spending Account (s) or any other plan. I understand that neither I, nor my dependents, may deduct these expenses on an individual federal income tax return.

_____

Employee Signature

NOTE: All expenses must be INCURRED during the plan year, regardless of when billed or paid. Attached receipts or documentation must show dates of service. Copies of checks, statements of payments, credit card receipts, etc. cannot be accepted. Checks will not be issued for less than $5.00 other than at the end of a plan year.

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