

Pre Tax Plan Reimbursement Request Form

**Advanced Benefit Strategies**

*Your Flexible Benefits Specialists*

[www.abs125.com](http://www.abs125.com)

Fax claims to: 860-673-2207

Mail claims to: Advanced Benefit Strategies

30 Mill Street

Unionville, CT 06085

Call: 860-675-2261 • Toll Free: 877-732-8125

<b>Employee Name:</b>			
<b>Company/Employer Name:</b>			
<b>Social Security Number</b> <i>(or Employee ID, If Applicable):</i>			
<b>Email:</b>	<b>New Email:</b>	<b>Yes</b>	<b>No</b>
<b>Phone:</b>			

**All documentation must be attached and include:**

- Name and address of provider
- Date of service
- Services rendered on that date
- The portion of charges you are responsible for

**Credit card receipts/statements, Cancelled checks, & Balance forward statements aren't considered acceptable forms of documentation by the IRS.**

Date:	Type (RX, co-pay, contact solution, etc.)	Cost:
<b>HEALTHCARE TOTAL:</b>		

Date:	Transit Provider:	Cost:
<b>TRANSIT TOTAL:</b>		

Date:	Dependent(s) Name:	AGE:	Cost:
<b>DEPENDENT CARE TOTAL:</b>			

Date:	Garage/Parking Facility:	Cost:
<b>PARKING TOTAL:</b>		

**I certify that the above reimbursement submissions are for eligible expenses incurred for my spouse, eligible dependent or myself. I will not receive payment from any other source for any of these expenses. If I am enrolled in an HSA I am submitting for only vision and or dental claims or medical expenses after IRS minimum deductible is met.**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

OVER THE COUNTER MEDICATIONS MAY BE SUBMITTED FOR REIMBURSEMENT. VITAMINS & SUPPLEMENTS, TEETH WHITENING PRODUCTS AND WARRANTIES ARE SAMPLES OF EXPENSES THAT ARE NOT ALLOWED AS THEY ARE CONSIDERED NOT MEDICALLY NECESSARY BY THE IRS.

View our website, [www.abs125.com](http://www.abs125.com) for complete description of eligible/ineligible items or shop at [www.fsastore.com](http://www.fsastore.com) for your medical needs.