



P.O. Box 60608
 King of Prussia, PA 19406-0608
 Telephone: (610) 337-2600
 FAX: (610) 491-4992

Group Name _____

Group Number _____

FLEXIBLE BENEFIT PLAN CLAIM VOUCHER FORM

1. Attach bills, receipts, insurance claim work-sheets, cancelled checks, etc.
2. Make photocopies for your records. Submit your claim form and supporting documents to Benefit Concepts, P.O. Box 60608, King of Prussia, PA 19406-0608.

YOUR NAME	SOCIAL SECURITY #	DATE OF BIRTH	SEX
ADDRESS/PHONE #		WORK LOCATION	MARTIAL STATUS

UNINSURED MEDICAL EXPENSE BENEFIT

Date Incurred	Total Amt. of Bill	Amount Pd. by any Plan	Your Cost Amt. of Claim	Description of Expense	Person Expense is for & Relationship	D.O.B.

DEPENDENT CARE EXPENSE BENEFIT

Date Incurred		Total Amt. of Bill	Name of Person or Organization	S.S. # or Tax I.D. #	Person Expense is for & Relationship	D.O.B.
To	From					

CERTIFICATION

I certify the accuracy on the above information contained in this Claim Form and that these claims are for the person covered under this Plan, and that I am not entitled to reimbursement from any other source.

Date _____ Employee Signature _____

Instructions for Claim Submission

Please be sure to include any copies of your bills, receipts, cancelled checks, or medical/dental insurance claim worksheets that will show that you incurred an expense for which you are entitled to be reimbursement. It is not necessary that you have actually paid an eligible expense, only that you incurred the expense after the time you became a participant in the Plan. However, if the expense is for medical/dental treatment, you will have to prove that the expense was not otherwise covered by insurance. Medical or dental insurance claim work-sheets are the best proof of non-insured, major expenses. If you have not submitted an insurance claim, the statement you sign at the bottom of the Claim Voucher Form includes a representation by you that a submitted expense item has not otherwise been paid by insurance.

If you have elected to have Dependent Daycare Expense Reimbursement Benefits, you must prove that an eligible expense arose during your period of participation by including copies of receipts from a baby sitter, bills from daycare centers, cancelled checks, etc.