

## Flexible Benefit Plan Claim Form

ACCOUNT Name of Emp	HOLDER INF	ORMATION	<b>\</b> :		
-					
Employee Na					
Social Securi	ty Number:				
Day Time Pho	one Number:				
Please reim	burse the follo	wing Medica	I and/or Dependent C	are expenses as covered under the Flexible Spending Ac	count Plan.
Dependen	t Care Flexible	e Spending	Account Claims:		
Name of Dependent(s) D.O.B.		Period Covered	Name, Address, & Tax ID Number	Amount	
				Total Dependent Care Claim	¢
				rotal Dopolidoni Galio Gianni	Ψ
Flexible S	pending Acco	unts:			
Date			Person For		
Expense	=		Whom Expense		
Incurred	Provi	der	Incurred	Expense Description	Amount
	<u>I</u>			Total Medical Claim	\$
A data	iled recein	t includi	ing the merchs	ants name, date	Ψ
	-			•	
of purchase, product name and the amount paid for the					
	item n	nust acc	ompany any c	iaim.	
	sponsible for det	termining the	validity of each item to	be reimbursed; it is not the responsibility of your Employer or	the administration
<ul><li>company.</li><li>These item</li></ul>	ns cannot be rein	nhursed unde	er any other plan		
<ul> <li>These items cannot be reimbursed under any other plan.</li> <li>Supporting documentation must be attached to validate all reimbursement requests.</li> </ul>					
• Documentation must be a copy of the bill, explanation of benefits (EOB) or receipt which provides date of service or date of purchase.					
• For Over The Counter (OTC) expenses to be reimbursed you must submit a detailed receipt including the merchants name, date of purchase, product name and the amount paid for the item.					
• Effective 1/1/2011 employees with an FSA can no longer use their account funds to purchase OTC medicines, drugs and biological treatments					
,	have a prescript			med as deductions on your personal income toy return	
<ul> <li>Medical Care Expenses reimbursed by this Plan cannot be claimed as deductions on your personal income tax return.</li> <li>Child Care Expenses cannot be reimbursed in excess of \$5,000 per tax year. Child care expenses reimbursed by this Plan cannot be claimed</li> </ul>					
	n your personal			,,	
		\ /			
Employee	's Signature:	χ		Date:	
		$\overline{/}$	Email via accura	rebsite: www.vanfin.com	
Fax to: 216 Mail to: Va		al Group Fle		ebsite: www.vannin.com Rockside Road, Suite 100  P.O. Box 318082  Cleveland	i, OH 44131

Online claim submission: www.vfgps.com
Email claims via secure website: www.vfgps.com (Do not use csflex@vanfin.com.)