

**FSA/HRA MEMBER CLAIM FORM**

This form is for reimbursement when your BEN Debit Card was not used. Documentation to substantiate purchases made with your BEN Debit card must be uploaded via your online account or submitted with a copy of the Receipt Reminder.

**Step 1: Participant Information (Required Fields)**

X	X	X	-	X	X	-				
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Participant Name (First, MI, Last)

Last four of Social Security Number

Employer Name

Telephone Number

**Step 2: Specify FSA, HRA, or Both (If Applicable).** Dependent Care FSA claim form located on website at www.benxnw.com.

Plan Type	Date of Service	Provider Name	Person Receiving Services or Product	Description of Services	Amount Requested for Reimbursement
Sample FSA	Sample 1/5/2015	Sample Dr. Joe Smith	Sample Self	Sample Office Copay	Sample \$20.00

**Step 3: Participant Certification** -To the best of my knowledge the provided information is complete and accurate. I certify that the requests I am submitting are eligible expenses as defined by the IRS and that I have not been previously reimbursed for these expenses nor am I seeking reimbursement from any other source. I understand that Benefits Exchange Northwest, including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement. I understand that I should retain a copy of all submitted documentation in the event of an IRS audit.

Participant Signature

Date

How to submit your claim:

1. Write legibly and complete all fields. Failure to complete required fields may result in a denied claim.
2. Submit a copy of your itemized receipt/EOB along with this form. (Credit card slips are not eligible formats)
3. Fax, Email, or Mail your completed form with receipt(s) to BEN.



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