

Rosedale Bible College Employees' Flexible Benefits Plan Claim Form

Please indicate the amount of the expenses you have incurred since your last claim. If there are no reimbursements from an insurance company or other sources, just use column 3. **NOTE:** Your insurance premiums and Health Savings Account Contributions will be paid automatically and do not need to be listed below. Please retain a copy of this form for your records.

| Claim Summary Form | | | | | |
|--------------------|-----------------------|-----------------------------------|----------------------------|---------------------------------|--|
| No. | Date Expense Incurred | Description (Name of Provider) | Column 1 | Column 2 | Column 3 |
| | | | Amount of Expense Incurred | Less: Reimb. from Insurance Co. | (1 Minus 2) Flexible Benefits Plan Exp. Claimed |
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| 6 | | | | | |
| 7 | | | | | |
| 8 | | | | | |
| 9 | | | | | |
| 10 | | | | | |
| Totals | | | \$ | \$ | \$ |

These expenses are for the following category:

- | | |
|---|--|
| <input type="checkbox"/> Medical, Dental & Vision Expense Reimbursement | <input type="checkbox"/> Dependent Care Assistance Expense Reimb. |
| <input type="checkbox"/> Limited-purpose Medical, Dental & Vision Expense Reimbursement | <input type="checkbox"/> Adoption Assistance Expense Reimbursement |
| | <input type="checkbox"/> Employer Group Term Life Ins. Premiums |

I hereby acknowledge that the attached supporting documents, such as receipts, vouchers, etc., to corroborate the expenses listed above are original documents or true and correct copies of original documents, and hereby declare that the amounts claimed have not been reimbursed and are not reimbursable from any other health plan.

Signed: _____ Date: _____

FOR OFFICE USE ONLY:

Eligible Expense \$ _____ Plan Year _____ (If other than current)
Employee # _____ -FLEX-R

Explanation for Unreimbursed Amounts: Exceeds total salary reduction election amount

Other: _____