2011-12 Hope College

Medical Flexible Spending Account Request for Reimbursement

EMPLOYEE INFORMATION:

Name _____ Employee ID # _____

In order to reimburse expense (*exceptions listed below), complete information below and attached only receipts that include all required information below:

1. provider's name & address
2. patient's name
3. service date(s)
4. service and/or type of service rendered
5. amount of charge for the service

* Expenses for OTC medicines require store's receipt indicating medication/item, date of purchase, cost, & physician prescription. OTC supplies donot require prescription.

* For orthodontic expenses, with the first remibursement request,provide a copy of the Service Agreement/Contract itemizing the treatment period, down payment, monthly payment and amount covered by insurance (if applicable). For subsequent claims; submit a copy of your monthly payment coupon and/or itemized receipt each time you request reimbursement.

Date of Service*	Name of Provider *(physician, hospital, dentist, pharmacy, etc.)*	Type of Service	Name of Patient	Amount of Expense to be Reimbursed
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -
				$ -

*date of service must be within benefit year July 1 2011 - June 30 2012 to be considered eligible

Employee Authorization: I request payment from my FSA account for the incurred expenses outlined above. I certify that I have not received prior reimbursement under this plan or any other source. I have met all requirements for eligible expenses and that these reimbursed expenses cannot be claimed on my or my spouse's income tax returns.

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Employee Signature: _____ **Date :** _____

Send claims to Hope College's Human Resources Office, 100 East 8th Street, Suite 210, Holland, MI 49423. Please make copies, if needed, as documents will not be returned. Reimbursement requests must be received in HR one week prior to paydate to be included in your check. For claim questions, please visit website listed below or contact the HR Department @ 616.395.7811.

http://www.hope.edu/admin/hr/benefits/flex.html