



Health Care FSA Claim Form

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Tips to Remember when submitting Health Care FSA expenses.

1. **Include your 10-digit FlexID.** Locate your FlexID at www.flexdirect.adp.com or by calling the Participant Solution Center at 1-800-654-6695.
2. Sign, Date and Fax your Claim Form without a cover page, followed by a copy of all supporting documentation including itemized receipts, bill or statements, and/or Explanation of Benefits (EOB) showing date, provider, amount and type of service. **Note:** Many credit card receipts do not show type of service and are therefore insufficient. Claims without sufficient documentation or signatures are ineligible for reimbursement.
3. Do not include a cover page or the instructions pages with your claim submission.

Employee Information (PLEASE PRINT)

Name _____ Employer Name _____
(Please print name in ALL CAPITAL letters)

Address _____

City _____ State _____ Zip _____ Daytime Phone _____

FlexID

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Instructions: Please use blue or black ink and print like this →

0	1	2	3	4	5	6	7	8	9
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Expense Information

Start Date of Service			NOTE: Please report <u>only one</u> expense per block. Combining multiple expenses in one block may result in a delayed reimbursement.	Amount											
MONTH	DAY	YEAR		DOLLARS	CENTS										
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			TYPE OF SERVICE		OVER THE COUNTER DENTAL HEALTH VISION PRESCRIPTION										
DEPENDENT NAME		RELATIONSHIP TO EMPLOYEE	DEPENDENT D.O.B.												
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To Expedite Processing Please Fax Your Claim To
 1- (866) 392-4090 (toll-free)
 Or Mail to: ADP Claims Processing, P.O. Box 1853, Alpharetta, GA 30023-1853

Total Expenses → \$

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Certification

I certify that the expenses listed above qualify for reimbursement under the applicable IRS regulations and guidance and have been incurred by me or by my eligible dependents. These expenses have not been reimbursed and I will not seek reimbursement under any other source. I understand that where an expense is determined to be ineligible, I am responsible for reimbursing the plan for any such expense. Additionally, these expenses are not being claimed as tax deductions under the IRS code. Bills, statements, receipts or other proof of the expenses are attached.

SIGNATURE _____ DATE _____