

Flexible Spending Account Reimbursement Request Form

FREDRICKZINK & Associates, CPAs

A Professional Corporation

Submit completed forms and receipts to:

Email: Flex@durangocpas.com

Fax: (970) 382-3806

Address: FSA Administrator, 954 E 2nd Ave., Ste 201, Durango, CO 81301

ADMIN USE ONLY

Processed: Date:

Name of employer		Plan Year	Date of claim
Last name of employee	First name/middle initial	Last 4 digits of SSN	
Address of employee			<input type="checkbox"/> Check if new address
Daytime phone number:		Email address:	

SPOUSE & DEPENDENT INFORMATION (if expenses are for your spouse or dependent)

Your dependent is your spouse, child, or other person for whom you may take a deduction under the Internal Revenue Code

Spouse/dependent's name	Date of birth	Relationship
Dependent's name	Date of birth	Relationship

CHILD CARE (DEPENDENT CARE) EXPENSE CLAIMS

Name of dependent	Period Covered		Name and address of service provider	Last 4 digits of Provider's SSN or EIN	Amount incurred
	From	To			
Please attach receipts				*TOTAL DEPENDENT CARE EXPENSE CLAIMS	

*NOTICE: Reimbursement of dependent care claims is subject to the rules applicable to deductible dependent care expenses under the Internal Revenue Code and the provisions of your Cafeteria Plan.

MEDICAL REIMBURSEMENT CLAIMS

Service Date	Name of service provider	Expense description	Person for whom expense was incurred	Amount incurred
Please attach receipts			TOTAL MEDICAL REIMBURSEMENT CLAIMS	

The undersigned participant in the Plan certifies that all expenses for which reimbursement is claimed by submission of this form were incurred during a period while the undersigned was covered under the Company's Cafeteria/Flexible Benefit Plan. Participant certifies that the medical expenses submitted have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is responsible for the sufficiency, accuracy, and veracity of all information relating to this claim. Participant understands that he or she may be required to verify these expenses in the event of an audit by the Internal Revenue Service.

Employee Signature	Date
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