

Flexible Spending Account Claim Form

Today's Date: ____/____/____

of pages: _____

Plan Year: 20 _____

New Claim

Response to Claim Denial

Employee Name:		Employer Name/Division Name:	
Employee Address: <input type="checkbox"/> Please check if change of address; you must also change with your HR department.			
Social Security Number or Member ID Number:	Work Phone: ()	Home Phone: ()	

**Minimum check reimbursement is \$25; minimum reimbursement for direct deposit is .50*

Health Flexible Spending Account

Total Amount Requested: _____

Dependent Care Reimbursement Account

Total Amount Requested: _____

Dependent Care Provider Signature: _____ **Date:** ____/____/____

**Note: you MUST include the provider Tax ID Number in the service provider column in the table below. If you use the account to pay for the cost of a babysitter, you must provide the babysitter's Social Security Number. If you cannot remit a copy of your bill/contract, your daycare provider must sign on the line below in lieu of submitting a receipt.*

Date of Service	Employee, Spouse or Dependent	Amount Requested	Type of Service (Rx, co-pay, dental expense, etc.)	Service Provider */ Rx Number
1.				
2.				
3.				
4.				
5.				

I certify that the above listed expenses have been incurred by me or by my spouse or dependent(s) and that they have not been reimbursed under any other health plan; furthermore, I will not seek reimbursement of the expenses under any other health plan.

Employee's Signature: _____

Date: ____/____/____

Claim Submission Guidelines

- Please number each receipt according to its order of appearance on this form.
- IRS guidelines do not consider cancelled checks as valid documentation.
- Previous balances are not acceptable.
- All reimbursements will be made payable to the employee.

Send completed claims via fax or mail to P&A Group.

FAX: Toll-free (877) 855-7105 or (716) 855-7105

MAIL: Flex Department

17 Court Street, Suite 500

Buffalo, NY 14202-3204

P&A Group Customer Service Information

Customer service representatives are available Monday - Friday, 8:30 AM - 10:00 PM ET.

WEBSITE: www.padmin.com

TOLL-FREE: (800) 688-2611

Electronic Claim Submission

Upload and submit your claims directly to the P&A website from your mobile device or computer. Log into your P&A account for more information.