Reset Form

Flexible Spending Account (FSA) Claim Form

NATIONAL BENEFIT SERVICES, LLC
Customer Care • Knowledge and Expertise • Organizational Excellence

Personal Information

Employee Name

Company Name

Home Address

Change? ☐ Yes ☐ No

Social Security Number ☐☐☐ - ☐☐ - ☐☐☐☐

Phone Number ☐☐☐ - ☐☐☐ - ☐☐☐☐

For Quick Claim Processing:

- ► Fully Complete & Sign this Claim Form
- ► Attach a copy of supporting receipts, vouchers, bills, etc.
- ► All receipts must detail each of the items summarized below
- ► Please print when using this form
- ► Minimum Total Reimbursement $25

For Account Balance: Go To
www.NBSbenefits.com
Or Call
(801) 838-7324 or (888) 353-9125

Please allow 2 business days for claims to be processed

Dependent Care Expenses

Date of Service Mo Day Yr	Service Provider Tax ID # or SS#	Dependent's Name	Age	Amount
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☐☐-☐☐-☐☐				
☐☐-☐☐-☐☐				
Total FSA Day Care Expenses				0.00

Health Care Expenses (Please list one expense per line)

****Notice****

Effective Jan. 1 2011 all over-the-counter (OTC) medication claims must be accompanied by a prescription to be elligible under new federal regulation

Date of Service Mo Day Yr	Office Visit	RX	Dental	Vision	Non-Drug OTC	Ortho-Dontia	Other Services: Please Specify	Person Receiving Service	Amount
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☐☐-☐☐-☐☐	○	○	○	○	○	○			
								Total FSA Health Expenses	0.00

Employee Signature

I, the undersigned, attest that to the best of my knowledge these statements are complete and true. I authorize the release of any medical information to my spouse. I certify these expenses are for valid services provided on the dates indicated and will not be reimbursed or claimed under any other Plan, claimed as a Tax Deduction.

Employee Signature
X

Date 07/07/2011

NBS - 402(09/09)

Please fax or mail your claim form and receipts to the following:

Mail: National Benefit Services, LLC P.O. Box 6980, West Jordan, UT 84084
FAX: Salt Lake City Area Fax: (801) 355-0928 Toll Free Fax: (800) 478-1528
Email: claims@NBSbenefits.com (PDF, TIFF or JPEG files only)