Limited Flexible Spending Account (LFSA) Claim Form

Instructions For Quick Claim Processing:

- Fully complete & sign this claim form
- Attach copies of supporting EOB, receipts, vouchers, bills, etc.
- All receipts must detail each of the items summarized below
- Please list one expense per line
- Please print in dark blue or black ink when using this form
- Minimum Total Reimbursement = $25
- Please allow 2 business days for claims to be processed

For Account Balance:
Go to my.nbsbenefits.com
or call (855) 399-3035

****Notice****
Claims submitted on this form are for Limited FSA expenses and may include the following: Dental, Vision, Preventative Care. Please refer to your current SPD to determine which expenses apply.

1 Personal Information

Employee Name ____________________ Company Name ____________________

Street Address, City, State, Zip ____________________ Address Change? ☐No ☐Yes

Phone Number ____________________ Social Security Number ____________________

2 Dependent Care Expenses *(Dates of Service are required in order to process claim)*

	Date of Service		Service Provider Tax ID# or SS#	Dependent's Name	Age	Amount
	Start Date	**End Date**				
1						
2						
3						
4						
				Total Dependent Care Expenses		

3 Limited Health Care Expenses

	Date of Service			Dental	Vision	Person Receiving Service	Amount
	MM	DD	YY				
1				☐	☐		
2				☐	☐		
3				☐	☐		
4				☐	☐		
5				☐	☐		
6				☐	☐		
7				☐	☐		
						Total Health Care Expenses	

4 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 or claimed as a tax deduction.

Employee Signature ____________________ Date ____________________

Please fax, mail, or email your claim form and receipts to the following:
Mail: National Benefit Services, LLC, P.O. Box 6980, West Jordan, UT 84084
Fax: (844) 438-1496
Email: service@nbsbenefits.com (PDF, TIFF, or JPG files only)