

Reimbursement Form Submission Guidelines

Your reimbursement plan requires that you fill in and submit the reverse side of this form. Please submit the Date of Service, the Service Type Number (as described in Section 2), a Description of the Service, and the Out of Pocket Amount. You will also need to attach **COPIES** of the invoice for service, insurance Explanation of Benefits (EOB) or other documentation along with a copy of the check or payment receipt.

Below we have provided a sample that shows how you would submit for a Prescription Copay, Physical Incentive and a Vision Exam.

IMPORTANT: DO NOT SEND YOUR ORIGINAL RECEIPTS OR ORIGINAL COPIES OF EOBs. THESE ORIGINAL DOCUMENTS ARE IMPORTANT TO KEEP FOR YOUR PERSONAL RECORDS.

Section 2 | Claim for Reimbursement

Service Types & Descriptions: (List the number of the Service Type in the claim lines below)

40 - Health Insurance (HI)
41 - Drug Copay (Rx)
42 - Major Med Ded. (MMD)
43 - PPO Copay (PPO)
44 - Vision Reimbursement

45 - Physical Incentive
46 - Maternity / Adoption Program

SAMPLE

Please list the dates of service, the number of the service type, a brief description and amount in the area below. A receipt copy will

All Reimbursements are Paid to the Participant

Service Date	Service Type #	Description	Amount of Claim	Office Use
3/5/2014	41	Rx - Jefferson Pharmacy	20.00	<input type="checkbox"/> Code:
4/1/2014	45	PI - Dr. Goldstein	70.00	<input type="checkbox"/> Code:
2/15/2014	44	Vision Exam - Raymond Opticians	50.00	<input type="checkbox"/> Code:

You have the option of adding your bank account information in order to receive your reimbursement using our paperless direct deposit. Please fill in your banking information from the bottom of your check along with a photocopy of your check with the word "VOID" written on it. Once initiated, all future reimbursements will continue to be sent to you via direct deposit. If you need to change the banking information, just submit the a new checking account.

Section 3 | Signature and Acceptance of Plan Rules (Unsigned forms will not be accepted)

OPTION

Add Direct Deposit, Bank Routing # _____, Account # _____

IMPORTANT: All Forms **MUST** be signed and dated. Any form not signed will be returned with a Declination Form requesting that the form be signed.

Participant Signature	Date
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