PlusPoint

S125 Medical Flexible Spending Account

FSA Claim Form

Remit To:
Plus Point Services
307 oak street
hood river, or 97031
PHONE: 541.386.1696
FAX: 541.386.2280
EMAIL: Admin@pluspoint-tpa.com

Employee Information					
Employer Name:		Daytime Phone:			
Employee Name:		Employee ID:			
Employee Address:					
City:		State:		Zip:	
Email Address:					

PLEASE NOTE: Claims that are not listed on this from cannot be processed. You must complete each field below for each claim you are seeking reimbursement for and attach supporting documentation.

S125 FSA CLAIMS – for unreimbursed medical expenses (Attach supporting documentation)

Supporting documentation for unreimbursed medical expenses must include all of the following:

--- Provider's Name
--- Service Description
--- Date of Service
---- Patients Name
---- Amount Billed

Date of Service	Apply to Plan Year: Current/Previous?	Name of care recipient and relationship to employee	Name of Medical Provider	General Medical Expense Description	Amount
				Total Amount Requested:	

Employee Confirmation

I certify that the claims listed above are a true and accurate statement of all expenses incurred by my eligible dependents or me on the date(s) indicated, and were incurred while I was covered under the S125 Medical Flexible Spending Account. Supporting documentation from my service provider(s) for all expenses is attached to this claim form. I understand that I cannot claim any reimbursed expenses from the plan on my income tax return, and that I may be liable for payment of all related taxes including Federal, State or City income tax and any associated penalties on the amounts paid for any expense improperly claimed under the provisions of the S125 Flexible Spending Account.

Employee Signature: _____ Date: _____