

FLEXIBLE SPENDING ACCOUNT

Reimbursement Request Form

Instructions: Please print or type and complete all items under Personal Information. In order to receive reimbursement, you must submit an Explanation of Benefits Statement (EOB) (if applicable) from your insurance carrier, or an itemized statement that includes the provider, patient name, date of service, description of service, insurance responsibility (if applicable), and patient responsibility for each health care claim. For Dependent Care reimbursement you have two choices: 1) Complete all items in the Dependent Care Expenses section and attach a receipt of your payment **OR** 2) Complete your dependent's name, age, date of service and the requested amount, and have your Day Care Provider complete the *Affidavit of Dependent Care Provider*. You must sign and date this form and attach any corresponding receipts in order for us to process this claim.

Personal Information

Employer's Name	Email Address
Employee's Name	Date of Request
Employee's SS#	Daytime Phone Number

Health Care Expenses

Patient Name	Relationship	Date of birth	Date of Service	Type of Service (Medical, Dental, Etc.)	Requested Amount
1.					
2.					
3.					
4.					
5.					
6.					
7.					

Total: _____

Dependent Care Expenses

Dependent's Name	Date of Birth	Date of Service From/To	Requested Amount
1.			
2.			
3.			

Total: _____

Affidavit of Dependent Care Provider

I have provided adult/ child care for _____, date of birth _____, for the period beginning _____ and ending _____. Services were provided by _____ for a fee of \$ _____.

Signature of Provider

Tax ID# or SS#

Date

I, the undersigned, hereby certify that the above listed expenses have not been previously reimbursed from my Flexible Spending Account, nor are reimbursable from any other source. I hereby authorize Alliance Insurance Group, LLC to obtain necessary data from all physicians, hospitals, daycare providers, employers and all other agents in order to adjudicate the claim for reimbursement under the Benefit Plan established by my employer.

Employee Signature

Date

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