BUSINESSPLANS
MYBENEFITSTATEMENTS | MYCAFETERIAPLAN | MYCOBRAPLAN

Healthcare Reimbursement Claim Form

If Faxing # of Pages:

EMPLOYEE INFORMATION *(Please Print)*

☐ Check here if address has changed

Name: _____ SSN (last 4 digits): _____

Address: _____ Email : _____

City, State, Zip: _____ Phone: _____ ☐ Home ☐ Work

****IMPORTANT NOTE****

All claims processed through a Montgomery County insurance plan will automatically be submitted by the insurance carrier. Please indicate why the below listed expenses will not be included in those direct claim feeds.

☐ I am not enrolled in the MC Health Insurance ☐ My dependents are not enrolled in the MC Health Insurance
☐ I am not enrolled in the MC Dental Insurance ☐ My dependents are not enrolled in the MC Dental Insurance
☐ I am not enrolled in the MC Vision Insurance ☐ My dependents are not enrolled in the MC Vision Insurance
☐ Expenses will not be submitted to the MC Insurance (such as over-the-counter items)
☐ Other - Please explain: _____

UNREIMBURSED MEDICAL EXPENSES *(Attach supporting documentation)*

Does your receipt include all of the following?
- ¨ Provider's Name and Address
- ¨ Service Description
- ¨ Date of Service
- ¨ Patient's Name
- ¨ Amount Billed

***** Credit card receipts are not acceptable *****

Person for Whom Expense was Incurred	Date(s) of Service	Name of Service Provider	Description of Services	Amount
		Total Unreimbursed Medical Expenses		

READ CAREFULLY

The above is a true and accurate statement of all expenses incurred by my eligible dependents or me on the date(s) indicated, and I will not seek reimbursement from any other plan including a Health Savings Account (HSA). I understand that I cannot claim any reimbursed expenses 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 this plan.

_____ _____
Participant Signature Date

Mail To: myCafeteriaPlan, 432 East Pearl St., Miamisburg, OH 45342
Fax To: 937.865.6502

Access your account information 24 hours a day, seven days a week on our web site: www.myCafeteriaPlan.com