

King's College
Flexible Spending Reimbursement Request Form

Employee Information (Please Print)

Medical Expenses

Submit Claims to: Human Resources Department
 133 North River Street
 Wilkes-Barre, Pa 18711

Phone # (570) 208-5962

Fax # (570) 208-5967

Attach receipts for all expenses.

<i>Date Incurred</i>	<i>Name of Provider</i>	<i>Covered Person & Relationship</i>	<i>Describe Expense</i>	<i>Amount</i>

EMPLOYEE CERTIFICATION

I certify, that to the best of my knowledge, that the attached bills are eligible for reimbursement. I also certify that the expense has not been reimbursed or is not reimbursable under any other health plan coverage and will not be claimed as in income tax deduction on my personal income tax return.

Employee Signature _____

Date signed _____

INSTRUCTIONS

1. Complete this form and attach supporting documents of provider.
2. Each document must include date of service, amount, Fed. Tax I.D. of the provider and a description of the service.
3. If request is for insured expenses not payable by your plan, enclose a copy of the benefit statement you received which informed you it would not be paid.
4. If you do not answer all questions on the form or fail to attach the supporting documents your claim may be delayed. It must be signed and dated.