

UNIVERSITY OF DELAWARE
Health Care FlexAccount
Reimbursement Request Form

1. Type or print information in items 1 through 10 on this form.
2. Enter total amount for which claim is being made in the appropriate sections.
3. Sign and date the declaration.
4. Supporting documentation must accompany this request form. Supporting documentation may include either:
 - For medical/dental deductible or coinsurance, Explanation of Benefit (EOB) Statement(s) indicating deductible and coinsurance from any Medical/Dental Plan(s) under which you and/or any of your eligible dependents are covered.
 - For all other eligible expenses, itemized bills from doctor, dentist or other supplier for expenses not covered by your Medical/Dental Plan(s).
5. Send claim form and supporting documentation directly to the Office of Human Resources.
6. All reimbursements from your Spending Account will be made to you (rather than the provider).
7. Reimbursement requests are limited to a minimum of \$25, except that your final request for the plan year may be under \$25

TO BE COMPLETED BY EMPLOYEE

| | | | |
|---|------------------------------|------------------------------|-----------------|
| 1. Employee Name | 2. Date of Birth | 3. Employee ID # | |
| 4. Employee's Campus Address | 5. Campus Phone | 6. Home Phone | 7. Date of Hire |
| 8. Name of Dependent (if other than employee) | 9. Dependent's Date of Birth | 10. Relationship to Employee | |

HEALTH CARE EXPENSES (Health Care expenses not covered or not paid by your insurance or HMO Plan or any other Plan).

| | Amount Submitted |
|--|------------------|
| Medical/Dental Deductible (Attach EOB Statement) | \$ _____ |
| Medical/Dental Coinsurance (Attach EOB Statement) | \$ _____ |
| Other Out-of-Pocket Health Care Expenses (Attach detailed receipts) | \$ _____ |
| TOTAL | \$ _____ |

I Certify that this claim is submitted for myself or an eligible dependent under the plan. I certify that I/or my eligible dependents have incurred the expenses for which reimbursement is claimed from my Health Care FlexAccount. I understand that any amounts for which I am reimbursed cannot be claimed as deductions or credits on income tax returns.

Signature _____ Date _____

The University of Delaware is offering FlexAccounts based on its present understanding of the Internal Revenue Service Code. Any determinations as to qualification of an allowable expense are subject to review by the Internal Revenue Service.