

Section 125 Flexible Spending Account Claim Form


Instructions: Please complete this form for the submission of any EOBs or receipts. Number your EOBs and receipts to correspond with the "Item #" column in Sections B and/or C. Fax to (512) 719-6505 or mail to TML IEBP.

This form must be submitted with each EOB or receipt; claims will not be processed unless proper documentation is supplied.

A. Account Holder Information*				
NAME	Last	First	Middle Initial	
MAILING ADDRESS	Street	City	State	Zip
Social Security Number	-	-	Employer	
Daytime Phone Number	() -		E-mail	

B. Receipts For Reimbursement			
Please complete this section for any requests for manual reimbursement from your FSA funds. You must provide a corresponding receipt in order to be reimbursed.			
Item #	Date	Provider	Amount
R1	/ /		
R2	/ /		
R3	/ /		
R4	/ /		
R5	/ /		
R6	/ /		
R7	/ /		
R8	/ /		
R9	/ /		
Total Amount For Reimbursement			

C. Receipts For Pharmacy Purchases			
Please complete this section to accompany pharmacy receipts. You must provide receipts for all pharmacy purchases.			
Item #	Date	Provider	Amount
P1	/ /		
P2	/ /		
P3	/ /		
P4	/ /		
P5	/ /		
P6	/ /		
P7	/ /		
P8	/ /		
P9	/ /		

D. Agreement and Signature*	
<p>I certify that these expenses have been incurred by me or my eligible dependent for eligible medical, dependent care, and/or transportation costs. I also certify that any medical expenses listed above are not for cosmetic purposes but for the treatment of an illness, injury, trauma, or medical condition. I understand that expense incurred means the service has been provided that gave rise to the expense, regardless of when I am billed or charged for or pay for the service. The expenses have not been reimbursed, and I will not seek reimbursement elsewhere. I understand that any amounts reimbursed may not be claimed on my or my spouse's income tax returns. I have received and read the printed material regarding the reimbursement accounts and understand all of the provisions.</p>	
 Employee signature	Date / /

MAIL TO: TML IEBP PO Box 140167 Austin, Texas 78714-0167	FAX TO: TML IEBP (512) 719-6505	Please keep copies of all receipts and EOBs for your own records. For questions and concerns, please call TML IEBP at (800) 282-5385
--------------------------------------------------------------------------	----------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------

* These sections are required. Use Sections B and C only as needed.