

# 105 Deductible Reimbursement Form

(THIS FORM SHOULD **NOT** BE USED FOR FLEX HEALTH CARE OR DEPENDENT CARE SAVINGS ACCOUNTS.)

EMPLOYER/COMPANY NAME \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE SSN \_\_\_\_\_

STREET \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

**Please read the instructions on the back of this form before completing this voucher.**

**PLEASE NOTE: An Explanation of Benefits from your medical insurance carrier must be attached for reimbursement to be processed.**

Name of Person Expense Covers	Date Service Incurred	Description of Expense including Name of Service Provider	Claim Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

### Please Read Carefully

I request payment for these expenses from my account(s). I certify that the above information is a true and an accurate statement of unreimbursed expenses incurred by **me or my eligible dependents** on the date(s) indicated, and were incurred while I was covered under my company's Plan. These expenses have not been nor will ever be reimbursed by another source or claimed on my personal income tax return. I understand that I may be liable for payment of all related taxes including Federal, State and/or City income tax on the amounts paid for any expense improperly claimed under the Plan.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



85 Washington Street • Keene, NH 03431 • 888-IPG-FLEX • (603) 358-6882 FAX

## INSTRUCTIONS

### ACCOUNT RULES AND CLAIM FILINGS:

- Only employees participating in the Plan may submit a claim voucher.
- Employees can submit a voucher at any time during the plan year and for a specified grace period after the plan year as described in their Plan's Summary Plan Description.
- Documentation supplied for processing will not be returned. Please use photocopies when possible.
- Substantiation must include the explanation of benefits from insurance carrier containing all information on the Claim Voucher. Canceled checks/credit card receipts/provider bills alone are not sufficient to document medical reimbursement claims.
- Claim eligibility is considered based on the dates of service not dates of payment.
- Claims cannot be processed unless ALL of the information on the voucher is completed.
- Payments will only be made directly to the employee.

- **PLEASE MAIL OR FAX COMPLETED FORM AND SUPPORTING DOCUMENTATION TO:**

**IPG Employee Benefits**

**85 Washington Street**

**Keene, New Hampshire 03431**

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