Clear Form

HEALTH REIMBURSEMENT ACCOUNT
HEALTH CARE EXPENSE CLAIM FORM

Participant's Identification No.: _____ Group Name: _____

Participant's Name: _____ Group Name: _____
Last First Middle

Claimant's Name: _____
Last First Middle

The undersigned participant in the Plan requires reimbursement in the amounts shown below:

NOTE: Federal law requires that you submit a written statement (such as an itemized bill from the benefit provider) as well as proof that the claim is not being reimbursed by other coverage. Also, you will not be entitled to claims any reimbursed expenses as a tax deduction.

HEALTH CARE EXPENSE

Date Incurred	Service Provider	Expense Description	Person for Whom Expense Incurred	Net Amount
				$
				$
				$
				$
				$
				$
				$
			Total amount of medical	**$**

READ CAREFULLY

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form, were incurred (i.e., services were provided) during a period while the undersigned was covered under the Plan with respect to such expenses and the such expenses have not been reimbursed, or are not reimbursed, or are not reimbursable, under any other health plan coverage / Section 125 Flexible Benefit Plan. The undersigned fully understands that he or she alone is fully responsible, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for the payment of all related taxes including federal. State or city income tax on amounts paid from the Plan which relate to such expense. The undersigned further understands that no medical expense tax deduction or credit is permitted for amounts for which reimbursement is made.

_____ _____
Participant's signature Date

SUBMIT TO:

MBA Benefit Administrators

P.O. Box 57340 Murray, Utah 84157 Phone: (800) 877-3427 Fax: (801) 747-5205