

Please Complete When Faxing:

(000) 555 1212

12/31/03

2

Return Fax Number ^

Date

No. of Pages

Reimbursement Authorization: This is to certify that my statements on this Reimbursement Form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for my eligible dependents. I understand that it is my responsibility to submit only eligible expenses defined by My Company Plan's parameters. I certify that these expenses have not been, nor will be reimbursed by any other benefit plan and will not be claimed as an income tax deduction. I also understand, to provide services to my employer in connection with one or more employee benefit plans maintained by my employer, EBC may need "protected health information" regarding coverage or benefits for me or my dependents under the plan. By signing this reimbursement form, I hereby acknowledge that EBC will obtain and use such information and disclose it to my employer (or to an insurer or other provider of services related to the plan), but only for the purposes of the plan and only for as long as EBC is providing services regarding the plan. Any information disclosed pursuant to this enrollment form will not be subject to redisclosure by the recipient, except for purposes of the plan. **I understand that my claim can be denied if I do not sign this form.**

\$ 220.00

12/31/03

Total amount of reimbursement requested

Date

Jill Q Public

Signature

Filing Recurring Claims

Sample Reimbursement Form

What are Automatic Recurring Claims?

This is an option for expenses that are under contract. With a recurring claim EBC will automatically send reimbursement checks (after documentation and/or a contract is received), subject to account availability.

What expenses are eligible?

- Orthodontia
- Daycare (if it is contractual)

How do I set up the claim?

To set up a recur claim you must send the following information to EBC

- Amount due
- Date the amount is due
- When the claim should be paid (monthly, quarterly, etc)
- Copy of policy or contract for services with the provider
- Signed reimbursement form

When do I set up the claim?

You can set up a recurring claim at anytime during the plan year. You need to submit a reimbursement form with your information as shown in this example form at the beginning of each plan year to continue the automatic recur claim service.

Other expenses?

For non-contractual expenses follow the regular claims procedure. Following are examples of expenses that are not eligible for a recur claim:

- Co-Pays
- Deductibles
- Prescription drugs
- Child care expenses (not under contract)

Questions?

Call EBC's Customer Service Department at 800 346 2126

My Personal Information:

JILL

Q

PUBLIC

First Name ^

Middle Initial

Last Name

123 HARMONY WAY ANYTOWN WI

01234

Mailing Address

City

State

Zip

(000) 555 1212 JILLP@ABC.COM

1	2	3	-	4	5	-	6	7	8	9
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Daytime Phone

E-mail Address (We do not share your e-mail address)

Social Security Number

JOHN SMITH CO.

Company Name

Check if any Personal Information is new or changed

Health Care FSA

RECURRING ORTHODONTIC PAID

DR. JC JONES DDS \$ 100.00

Date of Service ^

Type of Service

Name of Provider

Claim Amount

MONTHLY ON THE 1ST

Date of Service

Type of Service

Name of Provider

Claim Amount

(CONTRACT ATTACHED)

Date of Service

Type of Service

Name of Provider

Claim Amount

Date of Service

Type of Service

Name of Provider

Claim Amount

Date of Service

Type of Service

Name of Provider

Claim Amount

Dependent Care FSA

RECURRING DAYCARE PAID

HAPPY RABBIT \$ 220.00

Date of Service

Type of Service

Name of Provider

Claim Amount

TWICE MONTHLY ON THE

Date of Service

Type of Service

Name of Provider

Claim Amount

15TH AND 30TH

Date of Service

Type of Service

Name of Provider

Claim Amount

(CONTRACT ATTACHED)

Date of Service

Type of Service

Name of Provider

Claim Amount