



# REQUEST FOR REIMBURSEMENT FROM EMPLOYEE FLEXIBLE COMPENSATION ACCOUNT

Tucker Administrators, Inc.

Instructions:

- \*Complete all applicable spaces on the form.
- \*Attach appropriate bills and forward to Tucker Administrators, Inc.
- \*Cancelled checks or balance due statements cannot be considered acceptable bills.
- \*All documentation must include original dates of service.

Employer \_\_\_\_\_ Group / Division Number \_\_\_\_\_ Date \_\_\_\_\_

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Home Address \_\_\_\_\_

Type of Expense:	Medical Related Expense \$ _____	Dependent/Child Care Expense \$ _____	Dependent Care Provider Name _____ Federal ID or SS# _____
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To the best of my knowledge and belief, my statements in the Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. I certify that these expenses have not been previously reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I authorize my Flexible Compensation Account be reduced by the amount requested.

**Employees Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

3800 Arco Corporate Dr. Ste. 450, Charlotte, NC 28273 Ph: 704-525-9666 Fax: 704-525-9534