

# Flexible Spending Account/125-Cafeteria Plan Reimbursement Request Form

Employer DIVINE WORD COLLEGE

Employee Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **Medical Reimbursement Expense**

Unreimbursed Medical Expense Request Total \$ \_\_\_\_\_  
(Attach copy of insurance or receipts)

## **Dependent Care Reimbursement Expense**

Day Care Expense Request Total \$ \_\_\_\_\_

Name of Dependent Care Provider \_\_\_\_\_

Address of Dependent Care \_\_\_\_\_

- Tax ID Number of Dependent Care Provider \_\_\_\_\_
- Period of Day Care: From \_\_\_\_\_ to \_\_\_\_\_
- Day Care Provider Signature: \_\_\_\_\_ Date \_\_\_\_\_  
(Receipt not required if completed and signed by day care provider)

I hereby certify that the reimbursement requests I'm submitting are IRS eligible expenses and that I have not been previously reimbursed for these expenses. I also understand that Divine Word College, its agents or employees, will not be held liable if I submit non-IRS eligible expenses for reimbursement.

**Plan Participant's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **Reimbursement Guidelines:**

1. Total requests must total \$25 or more.
2. Reimbursement request expense is for an IRS eligible expense and was incurred during flex plan year.
3. The reimbursement request has not been previously reimbursed and is not eligible for reimbursement from insurance.
4. Please attach a copy of receipts or bills or insurance notifications of benefits to document each reimbursement request.
5. Reimbursement requests must include the following:
  - \* Name of Provider
  - \* Type of service / supply provided
  - \* Date of service/purchase
  - \* Charge for each service/supply
6. Please attach a copy of receipts for dependent care which meets the age requirements of under age 13, or for a person of any age you claim as a dependent on your federal income tax return and who is mentally or physically incapable of caring for himself or herself.

**DO NOT ATTACH ORIGINALS OF BILLS OR INSURANCE STATEMENTS.  
KEEP ORIGINALS FOR YOUR RECORDS.**