Flexible Benefit Management, PO Box 2610 Pawleys Island, SC 29585

Cell phone: 843-455-3547

Email: brussell@sccoast.net

Fax: **1-843-979-0717**

Section 1: Identification

Your name: first last

Mailing address:

Email address:

Employer name

Section 2: What type of reimbursement are you requesting?

Medical Amount $_____

Daycare Amount $_____

Insurance Amount $_____

How do we reimburse it?

____DIRECT DEPOSIT to my Bank (processed every Monday)

____Send CHECK by U.S. mail

Section 3: List the expenses you have incurred with required details and validate by signing

Family member receiving service	date of service	description and location of service	cost of service

My statements are true and complete and my claim is for expense during the Plan Year for which I have not or will not be reimbursed. I have all the appropriate receipts and documentation to support the requests made on this page.

Employee signature_____ Date_____