

# Flexible Benefit Management

## Flex Spending Claim Form

Claims processed every Monday of every week

To send in your claim – complete each section and email: [4barryrussell@gmail.com](mailto:4barryrussell@gmail.com)

Need help? Call: **843-455-3547**

### Section 1: Identification

Your name:

first	middle initial	last

Email address:

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Employer name:

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### Section 2: What type of reimbursement are you requesting?

How do we reimburse it?

Medical Amount

Dependent Amount

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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

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

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Date

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