FLEXIBLE SPENDING ACCOUNT EXPENSE VOUCHER

Name: _____
Employer: _____
Date: _____
Signature: _____
(Mandatory)
Phone# or E-mail _____

Universal Plan

1053 21st Street
Lewiston ID 83501
208-746-7046 phone
1-800-222-0901 toll free
208-746-7154 Fax
Email: ktaylor@cableone.net

HEALTH CARE EXPENSE REIMBURSEMENT REQUEST:

I have attached proof of each expense by submitting: (1) a copy of itemized receipts or invoices for doctors or other medical services; (2) a medical professional's statement of need for over-the-counter items, including cash register receipts for the amounts; (3) a copy of prescription labels or a prescription list prepared by the pharmacy, including dates, costs, and medication names; or (4) an Explanation of Benefits from my insurance company stating the medical expense, date incurred, and amount that is my responsibility.

AMOUNT	DESCRIPTION	DATE OF SERVICE
$ _____	_____	_____
$ _____	_____	_____
$ _____	_____	_____
$ _____	_____	_____
$ _____	_____	_____
$ _____	_____	_____
$ _____	_____	_____
$ _____	_____	_____
$ _____	TOTAL	

DEPENDENT DAY CARE EXPENSE REIMBURSEMENT REQUEST:

I have attached proof of expense by submitting a signed receipt from my provider including the name, address and social security or tax I.D. # of my provider and the dates the expenses were incurred.

$ _____	_____	_____
$ _____	_____	_____
$ _____	_____	_____
$ _____	_____	_____
$ _____	TOTAL	

INDIVIDUAL INSURANCE PREMIUM REIMBURSEMENT REQUEST:

I have attached a copy of my insurance premium expense in the form of a coupon or statement provided by the insurance company. This is an individually purchased health policy for myself or one of my dependents.

$ _____	_____	_____
$ _____	_____	_____
$ _____	TOTAL	

The above-signed participant certifies that all expenses claimed on this form were incurred during the period he/she was covered under the above named employer's Flexible Spending Plan with respect to such expenses. The expenses were incurred by the participant or his/her eligible dependents and will not be, or have not been reimbursed by his/her insurance or any other benefit plan. These expenses will not be used as deductions or credits when filing the participant's income tax.

Itemizing your receipts on this voucher and sending them together is necessary so we may properly reimburse them.

01/01/2012