



Cafeteria Plan Claim Form

Personal Information	Employee Name	Company Name
	Home Address	Address Change <input type="checkbox"/> Yes <input type="checkbox"/> No
	Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>	

For Quick Claim Processing: <ul style="list-style-type: none"> ▶ Complete & Sign this Claim Form ▶ Attach a copy of supporting receipts, vouchers, bills, etc. ▶ All receipts must detail each of the items summarized below ▶ Please print when using this form ▶ Minimum Reimbursement = \$25 	For Account Balance: <ul style="list-style-type: none"> ▶ www.cafeteriaplan.com ▶ (801) 363-3347 ▶ 1-888-FLEX125
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Health Care Expenses	Date of Service	Office Visit	RX	Dental	Vision	over the counter drugs	Other Services: Please Specify	Person Receiving Service	Amount
	Mo Day Yr								
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
	<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Total Health Care Expense									<input type="text"/>

Day Care Expenses	Date of Service	Service Provider Tax ID # or SS#	Child's Name	Age	Amount
	Mo Day Yr				
	<input type="text"/> - <input type="text"/> - <input type="text"/>				<input type="text"/> . <input type="text"/>
	<input type="text"/> - <input type="text"/> - <input type="text"/>				<input type="text"/> . <input type="text"/>
	<input type="text"/> - <input type="text"/> - <input type="text"/>				<input type="text"/> . <input type="text"/>
	<input type="text"/> - <input type="text"/> - <input type="text"/>				<input type="text"/> . <input type="text"/>
Total Day Care Expense					<input type="text"/> . <input type="text"/>

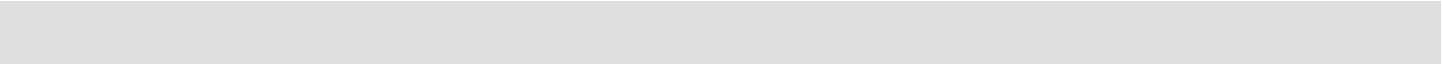
Employee Signature	I, the undersigned, attest that to the best of my knowledge these statements are complete and true. I certify these expenses are for valid services provided on the dates indicated and will not be reimbursed or claimed under any other Plan, claimed as a Tax Deduction or Tax Credit. I authorize the release of any medical information to my spouse	
	Employee Signature X	Date

NBS - 402(01/04)

National Benefit Services, Inc.
 Toll Free Fax: (800) 478-1528 Salt Lake City Area Fax: (801) 355-092E
Get Your Money Back Fast. Fax Beats Mail!



Claim Guidelines



Get Paid Fast

- Fax your claim to NBS instead of mailing it. Mail can take days before it is received. Faxing takes minutes.
- Fill out the claim form completely, and attach proper receipts. Simply writing “See Attached” could result in delayed payment.
- If you participate in the dependent care portion of the plan, fill out a Continual Reimbursement form to automatically be reimbursed each pay period. *See form for details.*
- Sign up for direct deposit. Checks sent through the mail are at the mercy of the postal service. *Contact your company HR representative for details.*



Turnaround Time/Expectations

- NBS offers daily claim processing. This means that if we receive your claim on a working business day (M-F), a payment will be generated on the next business day (excluding holidays). It will take a few days or more from that point, for the payment to either hit your bank or for the check to show up in your mailbox. Some of our clients have elected not to have NBS process claims on a daily basis. *Contact your company HR representative for details on your specific payout dates.*
- If you would like to know that we have received your claim, and what the status is, please check our on-line or automated account balance systems. Calling to verify that we got your fax is less convenient and takes more time for you and our administrators.

Important Contact Information

- **Fax Claims To:** 1-(800) 478-1528 Toll Free
355-0928 Salt Lake Direct
- **Check Account Balance:**
Web www.CafeteriaPlan.com
Phone 1-(888) FLEX125
- **Obtain Forms:**
Claim forms, continual reimbursement forms, daycare receipts, etc. may be downloaded from our web site: www.CafeteriaPlan.com

