Flexible Spending Arrangement
Claim Reimbursement Form

Employer:	**Social Security No:**
Employee Name:	**Date of Birth:**
Home Address:	**City/State/Zip:**
Work Phone:	**Email:***
☐ **Change of Address**	

* All plan communication pertaining to your account activity is provided solely via email and the www.NueSynergy.com website. It is important to notify NueSynergy if you change your email address.

1. Dependent Care Expenses

Name of Dependent(s)	Age	Period Covered From	Period Covered To	Day Care Provider Information Name	Day Care Provider Information Address	Tax ID	Amount Incurred
					TOTAL DEPENDENT CARE EXPENSE		
DAY CARE PROVIDER SIGNATURE:							

2. Unreimbursed Medical Expenses (Copies of cancelled checks, credit card slips or balance due statements are not allowed.)

Service Date(s)	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Amount
TOTAL MEDICAL CARE EXPENSE				

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while the undersigned was covered under the Employee's Flexible Spending Arrangement with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes on amounts paid from the Plan which relate to such expense.

_____   _____

Employee Signature   Date

Visit www.NueSynergy.com or call us at 855.890.7239 to check on the status of your claim.

Fax, email or mail completed forms and copies of bills, receipts or invoices to:
Administration Services
11221 Roe Ave., Ste. 200, Leawood, KS 66211
Phone: 913.653.8381, Toll-Free: 855.890.7239, Fax: 855.890.7238
Email: customerservice@NueSynergy.com

 NueSynergy

For Office Use Only:		
Amount Approved:	*Amount Rejected:*	*Reviewed by:*

9-2012