

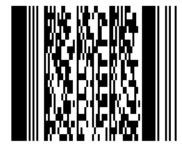
PO BOX 7500
PHONE: CHAMPAIGN, IL
1-877-272-8880 61826-7500

Mail:

Health Care FSA

FAX: 1-877-760-7076

ONLINE:www.mywealthcareonline.com/bpcinc



Employer:			##11BDC001###		
Participant Name (please print):		SSN: <u>X</u> X	SSN: X X X - X X -		
Day Time Phone Number: ()		Email Address	Email Address:		
☐ I have Changed My Address to:					
Street NOTE: Please do not send original documentation to BPC returned to you. The IRS has determined that cancelled charge card receipts or statements are NOT acceptable riod. All submitted bills/receipts/statement/EOB must be it All supporting documentation MUST be included with	. All items submitted (receipts checks, check carbons, bale documentation of expensemized with the date of servi	City and otherwise) will be cons lance forward or previous es. Expenses MUST have b ce, service provided/or item	balance statements, a been incurred during the purchased, and the am	as well as coverage pe-	
Expense Description	Dates of Service (From—To)	Provider	Claimant	Amount of Purchase	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
		AM	OUNT REQUESTED:	\$	
I have included supporting documentation from an independent third pa certify that all of the expenses listed on this form are valid and eligible a bursed and I will not seek reimbursement under any other plan covering	rty verifying that the eligible expense nd have been incurred by myself and phealth benefits. I understand that th	Account (Flex) (s) has/have been incurred in the a d/or my spouse and/or my eligible o e expense(s) for which I am reimbu	dependents. The expense(s) hursed may not be used as dec	nas/have not been reim- ductions or credits on	
my, or my spouse's, income tax return. If I have inadvertently received \hat{p}	payment for an ineligible expense or signature is required on each claim for	·	r agree to provide repayment	www.FldII.	
•	.g. a.a. 0 10 104 a. 0 0 10 0 0 0 1 0 1 0 1 1 1 1 1 1 1 1 1		ubmitted:		
SUBMIT		3	My		

your specialist www.bpcinc.com/contact