business services

Mail requests to: CBI Flex
322 Broadway
Fargo, ND 58102
OR Fax to: 701-297-6151

FLEX REIMBURSEMENT REQUEST FORM

Name: _____ Employer:_____

E-mail Address:_____

ADDRESS CHANGE ONLY: _____

SEND ONLY AFTER INSURANCE HAS PROCESSED medical, dental, vision, chiropractic or hospital claims.

KEEP ORIGINAL RECEIPTS. SEND COPIES ONLY.

Reimbursement request must specify the exact amount(s) requested. No other parties will determine the amount(s) you are requesting.

Mail requests to: **CBI Flex**, 322 Broadway Suite B, Fargo, ND, 58102 **E-Mail Address:** flex@cbipayroll.com ***OR*** Fax: 701-297-6151. Questions: 701-237-6128.

Reimbursement Request

Date Incurred	Name of Service Provider	Describe Expenses Medical or Dependent	Person for Whom Expense Incurred	Net Amount
				$
				$
				$

Amount from attached form $_____

Total amount of reimbursement request ($25 minimum) $_____

Dependent Care Provider Information Only

Provider Name:_____ Provider ID/SS#: _____

Provider Address: _____

Dates Dependent Care Provided From: _____ To: _____

Provider Signature (or attach signed receipt): _____

I hereby certify and understand that all expenses for which reimbursement is requested are:

1. IRS eligible expenses incurred during the Plan year and not previously reimbursed.
2. Expenses not reimbursed, or reimbursable by insurance or third parties.
3. Not guaranteed favorable tax status by my employer or its agents and my employer and its agent are not tax advisors.
4. Not eligible for deduction or credit on my federal/state tax returns.
5. Made within 90 days from the end of my Flex Plan year.
6. Subject to “use it or lose provisions” of Section 125.

_____ _____

Employee’s Signature Date

CBI business services

MEDICAL CARE EXPENSE CLAIM FORM

Date Incurred	Name of Service Provider	Describe Expenses	Person for Whom Expense Incurred	Net Amount
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$
				$

TOTAL (Enter here and on page 1) **$**_____

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Forms available at www.cbipayroll.com