



Deliver as Promised

Flexible Spending Account Claim Form

Please mail completed form to:
DELTA HEALTH SYSTEMS
6575 So. Redwood Road, Ste. 300
Taylorsville, UT 84123
Toll free: 888-478-7331
Email: flex@delapro.com
or Fax: 801-412-8542

Please review the claim form instructions on our website, www.hrbenefitsdirect.com, or email flex@delapro.com to eliminate delay with the processing of your claim.

Complete the appropriate spaces on this form and attach the Explanation of Benefits or proof of expenses, which includes provider's name, date of service, type of services provided, and pharmacy leaflet. Check registers, bank statements, and credit card receipts are not valid forms of proof of service. Please refer to your Summary Plan Document for timeframes and guidelines on claims submission.

Employer: _____ Group #: _____
 Employee Name: _____ Social Security Number: _____
 Address: _____ Empl #: _____ Site: _____
 City: _____ State: _____ Zip: _____
 Telephone Number: _____ Email Address: _____

TYPE OF EXPENSE(S)

Date of Service	Individual Receiving Service	Service Type (Office Visit, RX, Dental, Vision, etc.)	Amount
			\$
			\$
			\$
			\$
Total Amount Requested for Reimbursement			\$

FOR DEPENDENT CARE PROVIDER

Date of Service	Dependent Receiving Service	Age	Provider	Provider Tax ID	Amount
					\$
					\$
Total Amount Requested for Reimbursement					\$

Provider Address: _____
 Provider Statement: I verify that child care services were provided for the amount and dates indicated above.
 Provider Signature: _____ Date: _____

I, the undersigned, request reimbursement for the eligible expenses listed for myself and/or any eligible dependents. I certify these expenses are eligible for reimbursement under the Flexible Spending Account sponsored by my employer. I have not been and will not be reimbursed for these expenses from this or any other benefit plan and have/will not included them as itemized deductions or as a tax credit on my personal income tax returns.

Employee Signature: _____ Date: _____

Note: Claim will be rejected if supporting documentation is not received and the form is not signed.