



FSA REIMBURSEMENT FORM

Section 1: EMPLOYEE INFORMATION

Employee Name: _____ Member ID/SSN: _____

Employer Name: _____

Section 2: BENEFICIARY DETAILS

Name of the Recipient/Beneficiary: _____

Type of Account (FSA/DCFSA/LPFSA): _____

Section 3: EXPENSE DETAILS

Mode of Payment: _____

Account No./ Card No. (last 4 digits) _____

Expensed Amount: _____ Amount to be Reimbursed: _____

Service Description: _____

Service Date: _____ Payment Date: _____

Merchant/Service Provider Name: _____

Merchant Signature/Stamp: _____

Additional Remark:

- To the best of my knowledge and belief, my statements on this Request for Reimbursement are complete and true. I am requesting reimbursement only for eligible expenses incurred during the applicable Plan Year and for eligible Plan Participants.
- I certify that these expenses have not been previously reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction.



- I understand that the IRS regulates my FSA account and that these guidelines are implemented as a means of ensuring compliance and approval for reimbursement.
- I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests, as doing so may delay payment.
- I authorize my Flexible Spending Account balance to be reduced by the amount requested.

Employee Signature*: _____ **Date:** _____

*Your Signature and Date are required in order to process your claim for reimbursement.

Instructions:

- Please upload the completed form through the Claim Section form in your FSA App only
- Do not share the filled-up form via mail/email/chat.
- To upload the Claims Form, Select the **FSA** app. Under the **Claims** tab, select **Submit New Claim**, then follow the steps to complete the claim. Upload the form along with the Receipts.
- File size should be less than 2 MB
- Check this [Help Center Article](#) for more information.