EBS-RMSCO, Inc.
Employee Benefit Solutions

Reimbursement Request Form

Clear Form Print Form

Employer Name

Participant First Name MI Last Name

Address

City State Zip Code

Date of Hire Gender Date of Birth

Email Address

Social Security Number (include dashes)/Employee ID Phone Number

Claimant Name	Date of Service	Amount	Plan Code*	Type of Service/Item Purchased	# of Miles	Claim Ref#	EBS-RMSCO Use Only
John Sample	10/01/2011	$25.00	F	Doctor Visit Copay	18.25	00	
		$				01	
		$				02	
		$				03	
		$				04	
		$				05	
		$				06	

Use one of the Plan Code's below to indicate the account from which payment should be made. Your employer may not offer all the benefit types listed below and certain restrictions may apply. If your employer offers multiple benefit types, EBS-RMSCO will process the reimbursement based on the rules established by your employer. For example, if you have both an FSA and HRA account, and your employer has identified the FSA as the "pay first" account, your expenses will be applied to your FSA until the balance is depleted with any additional expenses applied to your HRA.

*Plan Code	Plan Code Description
F	Flexible Spending Account (FSA): Health Care Expenses Only. For Dependent Care expenses, use the Dependent Care Account Reimbursement Request Form
L	Limited Purpose Flexible Spending Acct (LPFSA)
H	Health Reimbursement Account (HRA)
P	Parking Account (cannot claim miles associated with Parking)
T	Transit Account (cannot claim miles associated with Transit)
R	Retirement
I	Individual Insurance Policy Premiums
M	To submit for medical mileage associated with EBS Debit Card transactions. You will only be reimbursed for the medical mileage associated with the miles traveled, since you paid for the service with the EBS Debit Card.

By submitting this form to EBS-RMSCO, I certify the information is accurate, the expenses incurred were for myself, spouse or qualified dependents, and these expenses are not reimbursable under any other plan coverage. In addition, I have read the Reimbursement Request Instructions on the following page and agree to adhere to all terms specified. I understand if I do not follow the instructions my reimbursement may be delayed or denied.

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Reimbursement Request Instructions

For All Account Types (FSA, LPFSA, HRA, Parking/Transit, RRA, Insurance Premium)

- For faster reimbursement processing, submit your claims online at www.ebsrmsco.com.
- Complete the top section, including Social Security Number or Employee ID.
- Submit one expense (either a product or service) per row, even if items are contained on the same receipt.
- Label the receipts to correspond to the Claim Ref #.
- If you have more items than the form can accept, use additional forms.
- Do not "lump" or group items together or write **See Attached**.
- All claims are subject to deadlines, as defined in your Summary Plan Description (SPD).
- The expenses you submit must qualify as valid expenses under the terms of the Plan, and the claimant receiving the services must be a qualifying individual as defined in the Plan.
- EBS-RMSCO can only process claims that are properly submitted. Claims that are not properly submitted may be delayed or denied.
- Call EBS-RMSCO Customer Service with questions at (800) 327-7130 during standard week-day business hours.
- Mail OR fax (but not both!) completed form with required documentation to:

  EBS-RMSCO, Inc.
  Claims Department
  PO Box 6509
  Syracuse, NY 13217
  Fax # (877) 256-7228

Reporting Medical Mileage

- Medical mileage rates are set by the IRS and can be applied to transportation primarily for and essentially to medical care.
- Indicate the total number of miles incurred with each service provided (i.e. round trip miles to visit the doctor).
- EBS-RMSCO will apply the current mileage rate and include the mileage amount in your total reimbursement.
- You may be required to produce additional documentation for each mileage expense you claim.

Medical Claims for FSA, LPFSA, HRA and RRA

- For each medical claim covered by your insurance carrier, submit an Explanation of Benefits (EOB). If your claims are not submitted to your insurance carrier, provide an itemized bill showing: date of service, provider name, patient name, charged amount, and description of services rendered.
- Do not send credit card receipts, original receipts or cancelled checks.
- The IRS states that Over-the-Counter (OTC) items classified as drugs and medicine are only eligible if they are accompanied by a doctor's prescription.
- Use Plan Code M to report medical mileage associated with an EBS Debit Card transaction. For example, if you drove 20 miles to a doctor's appointment, and paid your copayment amount with the EBS Debit Card, you should use Plan Code M to be reimbursed for the 20 miles you drove. You should still complete the full line of information, but you will only be reimbursed for the mileage, not the copayment amount.

Dependent Care Claims

- Please use the separate form titled Dependent Care Account Reimbursement Request Form.

Parking/Transit Claims

- Receipts are not required as long as page one of this form is properly completed and separate claims are itemized on separate claim lines.
- The only type of parking that is eligible for tax-free reimbursement is qualified parking on (or near) the employer's facility, or on (or near) a location from which the employee commutes to work by public transportation. If the parking is on (or near) the employee's residence, it is not eligible for tax-free reimbursement.

Individual Insurance Premium

- The bill from the insurance carrier must identify participant, premium amount, coverage period, policy number