HCA Claim Form

Health Care Spending Account

info@benstrat.com

603-647-4668 (15 page max)

Did you know that you can:

- **File** your claim online or through our mobile app
- Click here to access your online portal
- Click here for information on our mobile app
- **Sign-up** for direct deposit online

Receipts must include:

- **Date** the expense was incurred
- **Description** of the expense(s)
- **Dollar** amount of the expense
- **Doctor** or name of provider

Employee Information:

Employee Name:
First/Last

Last Four Digits of SSN:

Primary Phone:

Employer:

Email Address:

Email is required to receive important account notifications such as claim confirmations, payment notifications and denial letters.

Health Care Reimbursement Expenses			
Amount to be Reimbursed	**Service Date** MM/DD/YYYY	**Description of Product/Service**	**Person Receiving Product/Service**
$			
$			
$			
$			
$	Total Expenses Requested		

Signature:

Read Carefully: The undersigned participant in the plan certifies that all services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's Flexible Spending Account with respect to such expenses and that the expenses have not and will not be reimbursed under any other plan. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the plan, the undersigned may be liable for payment of all related taxes, including federal, state, or city income tax on amounts paid from the Plan with relation to such expense.

Employee's Signature:
First/Last

Date:
MM/DD/YYYY

Submission Instructions: To submit this form please click the print and sign button below after filling out all required fields, or download the form from our website and print it out to manually fill it in and either email, or fax it to the above contact information.

Print and Sign >>

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