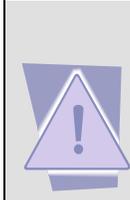


FLEXCARD

Receipt Submission Form



IMPORTANT!

This is **NOT** a Claims Reimbursement Form. This form is used for verification purposes **ONLY**. If you need to submit a receipt for reimbursement, please use the **FSA Reimbursement Request Form**. To obtain this form: Log onto www.flexcorp.com; click **Download Forms**; select **FSA Reimbursement Request Form**.

Instructions: Please complete all fields in the **PERSONAL INFORMATION** section (required). You must sign and date this form, and also attach any corresponding receipt(s) in order for your FlexCard transaction to be properly processed and verified. You have permission to photocopy this form.

PERSONAL INFORMATION

Employer's Name	Email Address
Employee's Name	Date of Request
Employee's Social Security Number	Daytime Phone Number

RECEIPTS ATTACHED

Service Date	Merchant or Service Provider	Amount
Total:		

I, the undersigned, hereby certify that the above listed expenses can be verified with the attached receipts, and that they are reimbursable from any other source. I hereby authorize Flexible Corporate Plans, Inc. to obtain necessary information from all physicians, hospitals, daycare providers, employers and all other agents in order to adjudicate the claim for reimbursement under the Benefit Plan established by my employer.

Employee Signature

Date

FLEXIBLE CORPORATE PLANS, INC.

P.O. Box 381717, Birmingham, Alabama 35238 ♦ (205) 995-1222 ♦ Toll Free 1-888-505-4557 ♦ Fax: (866) 238-8224