NATIONAL BENEFIT SERVICES, LLC
Customer Care • Knowledge and Expertise • Organizational Excellence

Flexible Spending Account (FSA) Claim Form

Personal Information

Employee Name		Company Name: Southern Utah University
Home Address	Change? ☐ Yes ☐ No	Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐
		Phone Number: ☐☐☐ - ☐☐☐ - ☐☐☐☐

For Quick Claim Processing:

- ► Fully Complete & Sign this Claim Form
- ► Attach a copy of supporting receipts, vouchers, bills, etc.
- ► All receipts must detail each of the items summarized below
- ► Please print in dark blue or blak ink when using this form
- ► Minimum Total Reimbursement $25

For Account Balance: Go To www.NBSbenefits.com Or Call (801) 838-7324 or (888) 353-9125

Please allow 2 business days for claims to be processed

Day Care Expenses

	Date of Service (Mo - Day - Yr)	Service Provider Tax ID # or SS#	Child's Name	Age	Amount
1	- -				.
2	- -				.
3	- -				.
	Total FSA Day Care Expenses				.

Health Care Expenses (Please list one expense per line)

****Notice****

Effective Jan. 1 2011 all over-the-counter (OTC) medication claims must be accompanied by a prescription to be eligible under new federal regulation

	Date of Service (Mo - Day - Yr)	Office Visit	RX	Dental	Vision	Non-Drug OTC	Ortho-dontia	Other Services: Please Specify	Person Receiving Service	Amount
1	- -	O	O	O	O	O	O			.
2	- -	O	O	O	O	O	O			.
3	- -	O	O	O	O	O	O			.
4	- -	O	O	O	O	O	O			.
5	- -	O	O	O	O	O	O			.
6	- -	O	O	O	O	O	O			.
7	- -	O	O	O	O	O	O			.
8	- -	O	O	O	O	O	O			.
9	- -	O	O	O	O	O	O			.
10	- -	O	O	O	O	O	O			.
									Total FSA Health Expenses	.

Employee Signature

I, the undersigned, attest that to the best of my knowledge these statements are complete and true. I authorize the release of any medical information to my spouse. I certify these expenses are for valid services provided on the dates indicated and will not be reimbursed or claimed under any other Plan, or claimed as a tax deduction.

Employee Signature X	Date

NBS - 402(10/10)

Please fax or mail your claim form and receipts to the following:

Mail: National Benefit Services, LLC P.O. Box 6980, West Jordan, UT 84084
FAX: Salt Lake City Area Fax: (801) 355-0928 Toll Free Fax: (800) 478-1528
Email: claims@NBSbenefits.com (PDF, TIFF or JPEG files only)