NEW Form!

EBM - TASC
REIMBURSEMENT REQUEST FORM
FLEXIBLE BENEFITS PLAN

1) Claims received by 12:00pm (noon) EST will be processed within two business days.
2) Retain a copy of this form and all documentation for your records.
3) Mail your claims to EBM - TASC, 8740 Landmark Road, Richmond, Virginia 23228
   or FAX them to EBM at (804) 515-8910. If you have any questions, please call (804) 515-8900.
4) Please see the reverse side of this form for guidelines on filing a claim for reimbursement.

(Please Check One)

Prior Plan Year ☐

Current Plan Year ☐

****Direct Deposit participants will no longer receive a statement of deposit. To access your account, go to: www.ebmllc.com****

Employee's Name: SSN:

Employer's Name:

Employee's Address:

Is This a New Address? NO YES E-Mail Address:

Healthcare Spending Claims

Date of Service (NOT date billed or paid)	Name of Service Provider	*Expense Description	Person for Whom Expense Incurred	Claim Amount
			TOTAL	

*Deductible, Copay, Medical, Dental, Vision, Prescription Drugs, etc.

Dependent Care Expense Claims

Name of Dependent(s)	Period Covered From To	Name and Taxpayer Identification Number of Provider of Service	Amount Incurred
		TOTAL	

Dependent Care Provider Signature: _____

I request payment for the above services. I certify the accuracy of the above information and that these claims are for the persons covered under this plan. I am not entitled to reimbursement from any other source, and these expenses were incurred during the current plan year. I have not been reimbursed by EBM-TASC or any other source. I understand that I am responsible for refunding EBM-TASC any money that has been reimbursed to me for ineligible expenses and/or for any services that I have been reimbursed that incurred after I ceased to be a participant in the plan. Any money that needs to be refunded must be received by EBM-TASC within two weeks of notification that the money is due. I also understand that if I do not refund this money, I will be responsible for any fees associated with the collection of these funds.

Falsification of information on claims is against federal law and could result in legal liability.

Employee's Signature: Date:

revised 1/24/07