Reimbursement Claim Form

Please complete this form to request reimbursement of expenses incurred by you and/or eligible dependents. Itemized documentation of each expense must be provided. For questions, contact Customer Care at 877-933-3539.

Participant Information
Participant Name:
Employer Name:
Employee Number/ID:
Email Address & Home Address:

Please list each eligible expense below

Under the **Benefit Type** column, select one of the following benefit codes for each expense.

FSA – Health FSA **LPFSA -** Limited Purpose Health FSA **DCA –** Dependent Care Account **HRA**-Health Reimbursement Arrangement
TRN – Transit **PKG** – Parking **DVFSA** – Dental/Vision Health FSA **PRA** – Premium Reimbursement Account

Under the **Service Code** column, select one of the following service codes.

MT – Mass Transit **PK** – Parking **MD** – Medical **RX** – Prescription Drugs
OT – Over-the-Counter **VS** – Vision **DN** – Dental **IP** – Individual Premiums

Paid with TASC Card	Benefit Type	Date of service	Service Code	Service Provider	Dollar Amount

For quick reimbursement, file online via your employee portal (partners.tasconline.com/tasc1ppt) or Mobile App!

Submit your claim form with supporting documentation via fax to 877-231-1287.

To the best of my knowledge and belief, my statements on this Request for Reimbursement are complete and true. I am requesting reimbursement only for eligible expenses incurred during the applicable Plan Year and for eligible Plan Participants. I certify that these expenses have not been previously reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I understand that the IRS regulates my FlexSystem account and that these guidelines are implemented as a means of ensuring compliance and approval for reimbursement. I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests, as doing so may delay payment. I authorize my Flexible Spending Account balance to be reduced by the amount requested.

Signature	Date

Total Administrative Services Corporation (TASC) | P.O. Box 7511 | Madison, WI 53707-7511 | Phone: 877-933-3539
Fax: 877-231-1287 | TC-5498-020816