Ph: 800-437-FLEX or 757-340-4567
P.O.Box 8188 • Virginia Beach, VA 23450
www.flex-admin.com

Private Insurance Claim Form

How to File

Form can be submitted by (1) e-mail, (2) fax or (3) mail.

To submit by e-mail, Print Form and sign. E-mail form along with receipts to flexdivision@flex-admin.com

To submit by fax, Print Form and fax to: 757-431-1155

To submit by mail and mail to: Flexible Benefit Administrators, Inc.
P.O.Box. 8188, Virginia Beach, VA 23450

Please:

- Do not mail your claim if you fax it.
- Keep a copy of all claim forms and receipts for your records.
- Notify Flexible Benefit Administrators, Inc. if you have a change in address.

Employee Information

Employee's:

Print name	Social Security Number or Employee ID #
E-Mail address	Employer

Claims For Out-Of-Pocket Expense

INCOMPLETE FIELDS MAY RESULT IN YOUR CLAIM BEING DENIED

Please note: invoices from your insurance companies and canceled checks, payment receipts or bank statements as evidence of payment of premiums for coverage during the Plan Year must be submitted with each request.

	Person covered and Relationship	Type of Eligible Insurance	Period of Coverage	Amount of Premium
1				$
2				$
3				$
4				$
5				$
6				$
			Total $	

As a participant of the Plan, I certify that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while I was covered under my employer's Flexible Spending Plan and that the expenses have not been reimbursed and reimbursement will not be sought from any other source. I fully understand that I am fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, I may be liable for payment of all related taxes including federal, state, or local income tax on amounts paid from the Plan which relate to such expense.

Employee's

Signature ______________________ Date __________

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