Miscellaneous Reimbursement

☐ Health Club	☐ Association Dues	☐ PERS Long Term Care
☐ Cultural Arts	☐ Professional Coaching	☐ SDI Reimbursement
☐ Excess Tuition	☐ Retirement Buy Back Plan	☐ Auto & Homeowners Insurance

CLAIM FORM

To file a claim for expenses, please request a copy of a receipt for services from the service provider. The receipt must include the following information:

- The name of the person for whom the expense was incurred (you, your spouse, your dependents).
- The date of the service provider.
- The name of the service provider.
- A description of the service, or expense.
- The amount or cost of the item, or service provided.

Attach a copy of the receipt(s) for eligible (Dues) expenses to this form and mail to:

Employee Benefit Specialists, Inc. (or EBS)
P. O. Box 11657
Pleasanton, CA 94588

Be sure to keep a copy of your receipts and claim forms for your personal records. These will not be provided to you from the Recordkeeper.

CLAIMS Information

Employer Name:_____ Date:_____

Employee Name:_____ SSN:_____-_____-_____

Name of person for whom the service was provided	*Relationship to Employee*	*Type of Expense*	*Amount requested to be reimbursed*
Total Requested Reimbursement:			

I certify that the charges for which I am requesting reimbursement have been incurred by me, my spouse, and/or eligible dependents. Furthermore I declare that I am requesting reimbursement only for expenses that have not and will not be paid under any other benefit plan or program; and that I am solely responsible for the accuracy and veracity of all information relating to this claim. I authorize the Employer to reimburse the amount requested from my Direct Reimbursement Plan.

Employee Signature:_____ **Date:**_____