

2021

Siloam Springs School District #21

2021

Section 125 - Cafeteria Plan

Claim Form - Flexible Benefits Spending Account Reimbursement

Plan Year: 1/1/2021 to 12/31/2021

Employee Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Email address: \_\_\_\_\_

Checks will be mailed to the address provided above. Please provide all requested information including employee or dependent's name. Incomplete forms may delay payment or be returned.

Date of Service from	Date of service to	Employee name or dependent's name	Type of care or service	Dependent care amount	Medical care amount
			TOTAL AMOUNT		

I certify that all expenses submitted under this claim are true and correct. I have attached receipts as required for proof of expenses and I have not received reimbursement from any other source.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

**MAIL CLAIM FORMS WITH RECEIPTS TO:**

**Corporate Benefits/EASIERbenefits  
P.O. Box 731  
Fayetteville, AR 72702-0731**

**FAX CLAIM FORMS WITH RECEIPTS TO:**

**FAX 479-444-3398**