

2022

Siloam Springs School District #21

2022

CLAIM FORM Section 125 - Cafeteria Plan CLAIM FORM

Flexible Benefits Spending Account Reimbursement
Plan Year: 1/1/2022 to 12/31/2022 expenses incurred
(Must be submitted by March 15, 2023 to be reimbursed.)

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.

Table with 6 columns: Date of Service from, Date of service to, Employee name or dependent's name, Type of care or service, Dependent childcare amount, Medical care amount. Includes a row for 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