



**Employee Solutions Group**  
60 E. Rio Salado Pkwy. • Ste 900 • Tempe, AZ 85281  
PO Box 4953 • Naperville, Illinois 60567  
(877) 668-8522

## FSA Claim Form

Please follow the steps below to thoroughly and accurately complete this form.

Employee name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

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

**Fill out for change of Address only!**

New  
Address \_\_\_\_\_

City \_\_\_\_\_

State, Zip \_\_\_\_\_

Phone \_\_\_\_\_

### Eligible Expenses To Be Reimbursed

Please list only expenses that are eligible for this plan. Attach copies of all receipts supporting each expense item listed below.

Date(s)	Patient Name	Description	Claim Amount
Claim Total			\$

### READ CAREFULLY!

The undersigned participant authorizes ESG to review all submitted expenses for purposes of this reimbursement. By signing this form, I acknowledge that my statements in this request for reimbursement form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. **IRS regards the date incurred as being when the service is rendered, not when you actually pay the bill.** I certify that these expenses have not been previously reimbursed under this or other benefit plans and will not be claimed as an income tax deduction. I authorize my Flexible Spending Account to be reduced by the amount(s) requested. The undersigned further understands that no medical expense tax deduction is permitted for amounts for which reimbursement is made.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Retain the original receipts and a copy of this form for your records. **For Tax Purposes** – Use only for expenses incurred in the same plan year for yourself or members of your family who are dependents.

**Submit form along with copies of all receipts to:**

ESG Consumer Portal or smartphone application

Email: [customerservice@esgcorp.biz](mailto:customerservice@esgcorp.biz) or

Fax: 866-668-1592