

FLEXIBLE SPENDING ACCOUNT CLAIM FORM

YOU MAY USE THIS FORM OR FILE CLAIMS ONLINE AT WWW.HRPRO.BIZ
 This form is to be used for non-debit card claims only (SEE ACCOUNT LOGIN INSTRUCTIONS ON THE BACK OF THIS FORM)

| | | | |
|---|------------------|---|---------------|
| Last Name | First Name | Last 4 digits of SSN | Daytime Phone |
| Street Address | City, State, Zip | Email Address (for claim correspondence only) | |
| Name of Employer GENERATIONS OB-GYN | | | |

Health Care Eligible Expenses

| Description Of Eligible Expense | Date Of Expense | Total Cost | Amount Paid By Any Plan | Your Cost (Claim Amount) | Expenses For: Name (And If Dependent, Relationship & DOB) |
|---------------------------------|-----------------|------------|-------------------------|--------------------------|---|
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| | | | | \$ | |
| TOTAL | | | | \$ | |

Dependent Care Eligible Expenses

| Care Provider Name | Fed ID# or SS# of Care Provider | Dates Of Care From - To | Total Amount | Expenses For: Name, Relationship & DOB |
|--------------------|---------------------------------|-------------------------|--------------|--|
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| | | | \$ | |
| TOTAL | | | \$ | |

I certify that these expenses were incurred by myself and/or my eligible dependents. I further certify that these expenses are not reimbursable under any other plan, including a plan of another employer that covers me, my spouse or another member of my family.

I understand that I cannot use expenses reimbursed through this account as deductions when filing my individual income tax return. I understand that if I do not provide required documentation, I will not be reimbursed. I authorize my employer to deduct the total amount requested from my account in accordance with the terms and provisions of the Flexible Spending Account plan. If I receive reimbursement for health care expenses that are not eligible, I agree on demand to indemnify and reimburse my employer for any liability I may incur for failure to withhold income tax or Social Security tax up to the amount of additional tax actually owed by me.

Employee Signature

Date

Attach copies of bills or receipts and return to:

HRPro
1423 East 11 Mile Road
Royal Oak, MI 48067

Tel (248) 543-2644 Fax (248) 543-2296
Email: claims@hrpro.biz

INSTRUCTIONS FOR FILING A CLAIM

1. Please type or print all information clearly and submit claim form to HRPro via mail, fax or email. Keep a copy of the claim form and receipts for your records. You may call HRPro at (248) 543-2644 with any questions regarding your claim.
2. Attach copies of itemized bills, EOBs or receipts to the claim form (You keep the originals). Canceled checks are not accepted.
3. You may only submit expenses incurred by you or your eligible dependents (as defined by the Internal Revenue Service).
4. Claims will be accepted and processed according to the schedule set forth by your employer.
5. Remember, disbursements from your spending accounts are made on a pre-tax basis. When filing your annual income tax return, do not declare reimbursements as income and do not take any expenses you have been reimbursed for as a deduction.

Online Access to Your Account

- ☐ File claims online
- ☐ Check account balance and claim history
- ☐ Review outstanding receipt requirements
- ☐ View plan information
- ☐ Download forms

HOW TO LOGIN:

1. Log into www.hrpro.biz and click on "FSA/HRA/HSA Login" under Participant Resources

2. Login using the following:

Username: First initial (cap), full last name
(lowercase) and the last 4 digits of your SSN.

Example: John Smith 123-45-6789 would login as:
Jsmith6789

| | |
|--------------------------------------|--------------------------|
| Login | |
| Username: | <input type="text"/> |
| Password: | <input type="password"/> |
| <input type="button" value="Login"/> | |

*If this is your first time logging onto the system, use **Password1** as your password. You will be prompted immediately to create a new, unique password before entering the participant portal.*