



EBPA Reimbursement FAX Cover Page

To: EBPA Reimbursement Department		FAX #: 1-603-773-4415
Participant's Name: _____	Employer Name: _____	DATE: _____
Number of pages Including this cover page: _____	Participant's Contact Information: Telephone Number or Email Address _____ RECOMMENDED	

You may obtain copies of this **FAX Cover Sheet** at: <http://www.ebpabenefits.com/members>

Important Claim/Substantiation Submission Information

Please check the box that applies



New Claim Submission

To ensure there are no delays in processing your claim(s), you are required to complete, sign and submit an "FSA Reimbursement Claim Form" for all *new* reimbursement claims.

(Found on your FSA webpage at www.ebpabenefits.com under Member Access)



Substantiation / Documentation Submission

Please remember to include a copy of the "Substantiation Letter" or "Denial Letter" when submitting your response and/or documentation. **Please do not submit a new Reimbursement Form.**

MESSAGE:

The material in this FAX is confidential. Please be sure it is received by the intended recipient as soon as possible.