2013
RIVERHEAD CSD FLEXIBLE BENEFIT CLAIM FORM

NAME:_____

ADDRESS:_____

SOCIAL SECURITY#_____

MAIL FORM TO:

Riverhead Central School District
700 Osborn Avenue
Riverhead, NY 11901
ATTENTION: BENEFITS DEPT.

Instructions on back of form

Reimbursement Acct.: MEDICAL EXPENSES

Dates of Services:_____

Amount:_____

OFFICIAL USE ONLY

MEDICAL EXPENSES

Available Employee Contribution	Claim Approved	Available Balance
_____	_____	_____

Reimbursement Acct.: DEPENDENT CARE EXPENSES

Dates of Service:_____

Amount:_____

OFFICIAL USE ONLY

DEPENDENT CARE EXPENSES

Approved Claim Amount	Balance Available	Remaining Claim Balance
_____	_____	_____

I hereby certify that the expenses claimed above have not been reimbursed or are not reimburse-able under other coverage; and/or that the Dependent Care Expenses are not coverable expenses under the Internal Revenue Service.

Employee Signature

Date:_____

Approved by

Date:_____

*I recognize the Medical Reimbursement **ABOVE** my fund balance will be my responsibility if I were to leave the district.

INSTRUCTIONS FOR FILING OF CLAIMS

1. Expenses claimed must have been incurred during the plan year (January1 through December 31) regardless of when they are paid.

2. For all claims of Medical Expenses, the IRS requires a statement from a Third Party indicating that the expenses incurred were not reimbursed by any insurance company. Attach the original Explanation of Benefits form verifying that the expenses were incurred in the Plan Year and are not covered by any insurance plan. Cancelled checks, cash register receipts, and credit card receipts are not acceptable.

3. For all claims of Dependent Care expenses, the IRS requires a statement from the provider which must include the provider's name, address, either Tax ID number or Social Security number, child/children's name/s and age, date of service, a brief description of the service and the amount paid for that service.

4. Complete and sign the left-hand portion of the Claim Form.

5. Submit the complete Claim Form to Riverhead Central School District, 700 Osborne Avenue, Riverhead, NY 11901, ATTENTION: Benefits Office.

6. Reimbursement can be expected within ***approximately 10 – 15 working days*** of Receipt of this form.

6. If there are any questions, you may call the Riverhead Central School District Benefits Office at 369-6704.

Published by Western Suffolk BOCES