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* Multiply the "Total Miles" by the "Mileage Rate" to get the "Amount to Reimburse" Total Amount Requested: \$

- Please be sure to provide your SSN or Member ID.
- Mail Claims to EBS-RMSCO, Inc., FSA Dept, PO Box 2330, Blasdel, NY 14219; Fax # (877) 256-7228.
- Call Customer Service with questions at 800-327-7130.

Med Mile 2010 (FSA-25)