

**Muhlenberg College**  
**Plan Year: 1.01.08 - 12.31.08**  
**Flexible Spending Account Request for Reimbursement**

Muhlenberg



<b>Employee First Name</b>	<b>Employee Last Name</b>
<b>Employee ID No.</b>	<b>Daytime Phone #</b>
<b>Home Address</b> <input type="checkbox"/> Check here if new address	
<b>E-Mail Address</b> <input type="checkbox"/> Check here if new address	

Unreimbursed Medical Expenses		
Date(s) of Service	Physician or Other Provider	Expense Amount
<b>Total Amount Requested</b>		

Dependent Care Expenses		
Date(s) of Service	Provider	Expense Amount
<b>Total Amount Requested</b>		

Dependent Care Provider Signature (If no receipt is provided)	
I certify that the above listed Dependent Care charges have been incurred.	
<b>Provider Signature</b>	<b>Date</b>

Participant Statement	
I certify that the expenses listed above have been incurred by me, my spouse and/or my eligible dependents during the plan year and while I was a participant in the plan. To the best of knowledge all expenses listed above are eligible for reimbursement under the plan. I certify that any prescription drug expenses submitted are for medical care and not cosmetic purposes (e.g., Propecia for male pattern baldness, Retin-A for smoothing wrinkles, etc.). I understand that I am responsible for the accuracy of the information related to this request. I have not and will not seek to be reimbursed through any other health plan coverage and/or dependent care assistance plan for any of the expenses listed above. I further declare I will not deduct any of the reimbursed medical expenses listed above from my federal, state or local tax returns.	
<b>Participant signature</b>	<b>Date</b>

<p><b>Please email, mail or fax claim forms to:</b>          claims@hfsbenefits.com          Claims Department, HFS Benefits          PO Box 1550, Hunt Valley, MD 21030-1550          Phone: 410.771.1331 / Toll Free: 888.460.8005          Fax: 410.771.5533 / Toll Free 888.510.4218  <b>****PLEASE DO NOT MAIL ORIGINALS****</b></p>	<p><b>Have you visited <a href="http://www.hfsbenefits.com">www.hfsbenefits.com</a>?</b></p> <ul style="list-style-type: none"> <li>• Go to <a href="http://www.hfsbenefits.com">www.hfsbenefits.com</a></li> <li>• Click on the "HFS Account Login" button</li> <li>• Enter your User Name (Employee ID Number)</li> <li>• Enter your Password: 1153</li> </ul>
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