

FLEXIBLE SPENDING ACCOUNT CLAIM FORM

YOU MAY USE THIS FORM **OR** FILE CLAIMS ONLINE AT WWW.ADMINPRO-INC.COM
 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			

Health Care Eligible Expenses

Description Of Eligible Expense	Date Of Expense	Total Amt Of Bill	Amt 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/RECEIPTS AND MAIL OR FAX TO:



ADMINPRO, INC.
1423 East 11 Mile Road
ROYAL OAK, MI 48067

TEL (248) 543-2644 • FAX (248) 543-2296
EMAIL: claims@adminpro-inc.com

INSTRUCTIONS FOR FILING A CLAIM

1. Please type or print all information clearly and submit claim form to AdminPro, Inc. via mail, fax or email. Keep a copy of the claim form and receipts for your records. You may call AdminPro 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.
6. A list of eligible expenses, including over-the-counter (OTC) medications, can be found at www.FSAandYOU.com

Online Access to Your Account

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

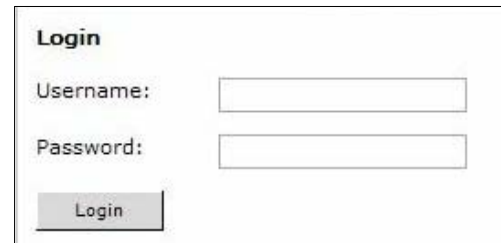
HOW TO LOGIN:

1. Log into www.adminpro-inc.com and click on "Employee Flex Login"

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](#)



The screenshot shows a login form with the following elements:

- Login** (title)
- Username: [input field]
- Password: [input field]
- Login [button]

*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.*