

Participant Information (Please Print)

Employer Name:	
Employee Name:	Social Security Number:
Street Address:	City, State, Zip:
Email Address:	Daytime Phone:

Health Care Expenses (Attach Supporting Documentation)

Acceptable Documentation (must include ALL of the following information)

- Patient's Name, Date of Service, Description Service, Provider's Name, Amount Paid by Insurance (if any), Amount Charged

Unacceptable Documentation

- Credit Card Receipts, Canceled Checks, Balance Forward/Previous Balance/Payment Statements, Pre-Treatment/Estimate Statements

Patient's Name	Patient's Relationship to Employee	Date of Service	Description of Service	Service Provider's Name	Submitted to Insurance? If not, why?	Amount to be Reimbursed
Total						\$

Dependent Care Expenses (Attach Supporting Documentation)

Acceptable Documentation (must include ALL of the following information)

- Dependent's Name, Date of Service, Service Provider's Name, Amount Charged

Unacceptable Documentation

- Credit Card Statements, Cancelled Checks, Balance Forward/Previous Balance/Payment Statements

Dependent's			Date of Service		Service Provider's Name	Amount to be Reimbursement
Name	Age	Date of Birth	Beginning	Ending		
Total						\$

Claim Certification (Signature & Date Required)

I certify that I (and/or my qualified dependents*) have incurred eligible expenses for which reimbursement is sought under the Flexible Spending Account in which I have enrolled and that these expenses have been incurred during the plan year. I declare that I am requesting reimbursement for expenses that have not and will not be reimbursed under any other benefit plan or program and that I have not and will not claim these expenses as an income tax deduction. *See the Claim Form Instructions for the definition of a qualified dependent.

Signature:	Date:
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Submit Your Completed Claim Form & Documentation (Via one of the following methods)

Fax: 877.774.1328
 Upload: www.innovaben.com/Files Submission/Claims
 Mail: INNOVA Benefit Services, Processing Department, 795 Pine Valley Drive, Suite 21, Pittsburgh, PA 15239
*Did you know we also have an electronic "Online Claim Entry" option?
 You can access the "Online Claim Entry" by logging into your online account.*