



Flexible Spending Account (FSA) Reimbursement Claim Form

Note: This form is to be used only in situations where Barrett Benefits Group (BBG) is not otherwise receiving claims information. .

Employee Name: _____

Name of Employer: Berkshire Local Schools

Total Pages Sent: _____

Total Claims Submitted: \$ _____

Total Reimbursement Expected: \$ _____

Please Sign Below:

I am claiming reimbursement only for eligible expenses incurred during the application plan year and for eligible plan participants.

Employee Signature

Date

Instructions for Submissions of Claim Requests

In order to be reimbursed for qualifying eligible expenses you must:

- Complete the information requested above
- Sign and date this form
- For prescriptions, attach the tag from the bag including patient name, medication name, date and amount owed.
- Mail or fax this form with receipts

Fax To:
Kathy Salsbury
Barrett Benefits Group
(866) 539-5643

THIS IS YOUR COVER SHEET FOR THE FAXED CLAIM