



# How To Submit A Reimbursement Claim (FSA)

*All sections of the claim form must be completed in order to receive reimbursement.*

## Claim Form Section 1: Employee Information

The following information must be included for each claim:

- Employee (Participant) Social Security Number
- Employee Name
- Employee Address
- Employee Phone Number

## Claim Form Section 2: Claim Information

The following must be included for each claim:

### For Medical Expenses:

- Date of Service
- Patient Name
- Name of Provider
- Description of Service
- Amount of Claim

### For Dependent Care Expenses:

- Date of Service
- Dependent Name
- Dependent Age
- Name of Care Provider
- Care Provider Address
- Provider Tax ID/SSN
- Amount of Claim

**For Medical Expenses**, you must provide a provider receipt or insurance carrier explanation of benefits (EOB) that contains ALL of the information listed under "For Medical Expenses" above. Cancelled checks, non-detailed credit card receipts, or generic cash receipts do not provide all the information necessary to substantiate claims and cannot be accepted. Statements with "Previous Balance", "Balance Forward", or "Paid on Account" do not contain all of the necessary information and cannot be accepted.

**For Dependent Day Care Expenses**, you must provide either a receipt that contains ALL of the information listed under "For Dependent Day Care Expenses" or a signature of the Care Provider on the completed claim form. Expenses submitted for Dependent Care reimbursement must allow the participant to be gainfully employed (or looking for work). Overnight camps, extracurricular activity fees, care for children over the age of 12, and private school fees (for grades Kindergarten and up) are not eligible expenses for Dependent Care reimbursement.

## Claim Form Section 3: Signature

The participant must sign and date the claim form in order for the claims to be reimbursed.

## For Reimbursement

- Upload with the mobile app or,
- Enter the claim online and upload receipts via the participant portal; or,
- Fax claim form and receipts to Little Rock (501) 553-9099 / Toll-Free (855) 504-3457; or,
- Email claim form and receipts to [vtsupport@beneliance.com](mailto:vtsupport@beneliance.com); or,
- Mail claim form and receipt copies to:  
Beneliance  
PO Box 55068  
Little Rock, AR 72215

**Visit [beneliance.com](https://beneliance.com)** for a list of Eligible/Non-Eligible Expenses for reference when submitting medical claims. You can also find a Claim Form in the Resources section.

**For fastest reimbursement, submit claims ONLINE or via MOBILE APP, FAX, or EMAIL**

