ABS Advanced Benefit Strategies
Your Flexible Benefits Specialists

Reimbursement Request Form

Employer Name:						**Last 4 of SS#**	
Employee Name:	**LAST**	**FIRST**	**MI**			**Email**	
Address:	**STREET**	**CITY**	**STATE**	**ZIP**		**Phone:**	

please check if this is a new address ☐

List Claims

- **All documentation must be attached and include:** •Name and address of provider • Date of service • Services rendered on that date • the portion of charges you are responsible for
- **Credit card receipts/statements, Cancelled checks, & Balance forward statements *aren't* considered acceptable forms of documentation by the IRS.**

Date of Service MM/DD/YY	Recipient of Service	Type of claim and brief description	Claim Amount
			$
			$
			$
			$
			$
			$
		Total: $	

SIGNATURE: _____

Date: _____

Send Claims To:
Mail:
Advanced Benefit Strategies, Inc.
30 Mill Street
Unionville, CT 06085
Email:
Claims@abs125.com
Fax:
860-673-2207

Advanced Benefit Strategies, Inc.
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