



**HEALTH CARE & DEPENDENT CARE
REIMBURSEMENT REQUEST**



EMPLOYEE INFORMATION

| | | |
|--|----------------------|----------|
| NAME: | UMR MEMBER ID/SSN #: | PHONE #: |
| <input type="checkbox"/> CHECK HERE IF NEW ADDRESS | EMPLOYER NAME: | |
| ADDRESS: | EMAIL ADDRESS: | |
| CITY: | STATE: | ZIP: |

REIMBURSABLE EXPENSES

| DATES OF SERVICE - (MM/DD/YY) | | PROVIDER OF SERVICE | PERSON FOR WHOM SERVICE WAS PROVIDED | EXPENSE TYPE* | REIMBURSEMENT AMOUNT REQUESTED |
|--|----------|--|--|------------------|--------------------------------------|
| Start Date | End Date | *If Dependent Care service, SSN or ID number must be included. | | | |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| | | | | | \$ |
| * Expense Type: M= Health Care / D= Dependent Care | | | | TOTAL: | \$ |

CERTIFICATION

I certify the following is true:

1. The expenses listed above were incurred by me and/or my eligible dependents and qualify for reimbursement.
2. The expenses listed above are not eligible for reimbursement by any health care plan.
3. I have not and will not deduct the above listed expenses on my Federal Income Tax returns.
4. The appropriate bills, receipts, Explanation of Benefit statements or documentation for dependent care expenses are attached or verified by provider signature below.

| | |
|---|------------------|
| Employee Signature: | Date: |
| Provider of Dependent Care must certify dates and amounts listed above are correct for services rendered. | |
| Provider Signature: | Provider Tax ID: |
| Any person who knowingly and with intent to defraud or deceive any health care plan, files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime. | |

PLEASE SEND COMPLETED FORM TO:

| | |
|---------|--|
| MAIL: | UMR P.O. Box 8022 Wausau, WI 54402-8022 |
| E-MAIL: | umr-fsa@umr.com |
| FAX: | 877-390-4782 -OR- 866-881-1200 |

FOR MORE INFORMATION ABOUT YOUR
ACCOUNT, PLEASE VISIT OUR WEBSITE:
www.umr.com

CUSTOMER SERVICE
1-888-763-8232