



FlexBank Administrators, Inc.

Administrators of FSAs, HRAs & HSAs

www.flexbank.net

1250 W. Dorothy Lane ~ Suite 107 ~ Dayton, Ohio 45409 • Free: 888.677.8373 Phone: 937.299.5515 ~ Fax: 937.299.7992

HEALTH REIMBURSEMENT ACCOUNT (HRA) CLAIM FORM

EMPLOYEE NAME	EMPLOYEE SOCIAL SECURITY #	NAME OF EMPLOYER		
PLEASE CHECK IF NEW ADDRESS <input type="checkbox"/>	DAYTIME PHONE #	YOUR EMAIL		
HOME ADDRESS	CITY	STATE	ZIP	
PLEASE SIGN BELOW				
To the best of my knowledge and belief, my statements in this Claim Form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. I certify that these expenses have not been previously reimbursed under this plan, an HSA, or any other benefit plan and will not be claimed as an income tax deduction, nor will I seek reimbursement from any other source.				
Employee's Signature _____			Date _____	

Instructions for Submission of Claim Requests

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

- 1) Complete the information requested above.
- 2) Sign and date this form.
- 3) Attach a copy of the Explanation of Benefits (EOB) report you receive from your insurance company detailing the benefits that have been paid.
- 4) Mail, fax or scan/email this form along with your EOB.

Total Pages Sent _____

Total Reimbursement Expected _____

FlexBank Administrators, Inc.

Claims@FlexBank.net

Claims Fax Number: (937) 299-7992

Free Fax Number: (888) 677-9373

Hours: 9 A.M. – 5 P.M. EST M-F

THIS IS YOUR COVER SHEET FOR FAXED CLAIMS



SAVE A TRIP TO THE BANK!

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION (E-MAIL ADDRESS REQUIRED)

New Enrollment Change Revoke Authorization

Company Name: _____

Employee Name: _____

Employee Social Security Number: _____

Internet E-Mail Address*: _____

**E-mail address required to elect direct deposit.*

Daytime Phone Number: _____

Once your claim has been processed, you will receive a confirmation email. This email will state the amount of your reimbursement and when the funds should be in your account. If the bank rejects a direct deposit due to the account being closed, a check will be processed and sent to you via mail within two weeks of your original reimbursement request. However, if your company requires direct deposit and a rejection occurs, we will need your new account information before your claim can be reprocessed.

PLEASE ATTACH VOIDED CHECK HERE
If you do not have a voided check available, please PRINT the following information:

Bank Name: _____

Account Number: _____

Routing Number: _____
(Please obtain the routing number from your check stock or from your bank. Do not use the routing number listed on your deposit slips)

Please circle type of account: Checking Savings

I understand it is my responsibility to notify FlexBank Administrators if I close the account or choose to no longer receive reimbursements via direct deposit. I further understand that I must submit a new authorization form in a timely manner should I change bank accounts. Any bank fees incurred due to participant error will be the responsibility of the participant. FlexBank reserves the right to remove funds from the employee's designated account in the event of a processing error.

Employee Signature _____ Date _____

FlexBank Administrators, Inc.

Hours: 9 A.M. – 5 P.M. EST M-F

Fax this form to - Fax Number: 937.299.7992 ~ Free Fax: 888.677.9373



HRA Employee Eligibility Form

** This form must be completed in it's entirety to comply with Federal Regulations.**

Employer Name:		Division:	
Employee Name:		<input type="checkbox"/> M <input type="checkbox"/> F	
Date of Birth:	Social Security #:		
Street:	City:	State:	Zip:
Date of Hire:	HRA Eligibility Date:		
	Termination/Benefit End Date:		

Benefit Information

HRA Benefit Amount:			
Type of Coverage:	<input type="checkbox"/> Employee Only	<input type="checkbox"/> Employee + Children	
	<input type="checkbox"/> Family	<input type="checkbox"/> Employee + Spouse	

Dependents Covered by HRA

First Name	Last Name	Social Security #	Date of Birth	Relationship to Employee

Medicare Eligibility

Is the employee or any dependent enrolled in Medicare? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Medicare Participant Name:	Medicare Health Insurance Claim Number (HICN):
Effective date of eligibility/entitlement <input type="checkbox"/> Part A _____ <input type="checkbox"/> Part B _____ <input type="checkbox"/> Part A & B _____ <input type="checkbox"/> Part D _____	Reason for Medicare eligibility/entitlement <input type="checkbox"/> Age <input type="checkbox"/> End-Stage Renal Disease (ESRD) <input type="checkbox"/> Disability <input type="checkbox"/> Disability and current ESRD



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For more information:
 Flexbank, Inc.
 Local: 937.299.5515
 Free: 888.677.8373
 1250 West Dorothy Lane
 Suite 107
 Dayton, OH 45409
 info@flexbank.net

See maps below, or click these links. [Ohio Map](#) [Local Map](#)

Printable Map (Requires Acrobat Reader)

Hours Of Operation: 8:00 AM to 5:00 PM Eastern Standard Time.

Directions to our office

FlexBank is located at **1250 W Dorothy Lane, Suite 107, Kettering Ohio**, just south of Dayton, near the intersection of **Dorothy Lane** and **South Dixie Drive**.

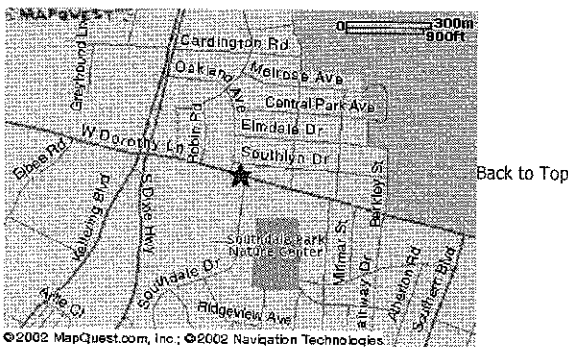
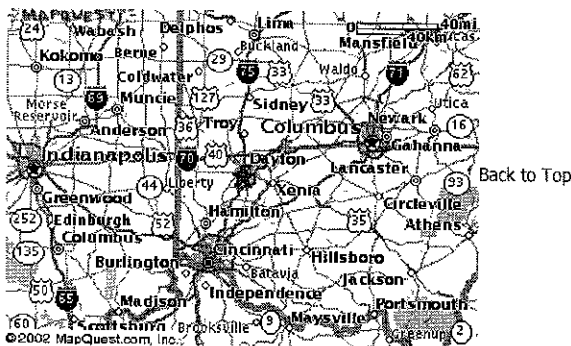
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From the North, take I-75 South to Exit # 50B / Springboro Road. Go left at the bottom of the ramp, drive about 1/2 mile and turn left onto Dorothy Lane. Go another 1/2 mile and cross South Dixie Drive.

We are on the right after the Marathon gas station.

From the South, take I-75 North to Exit # 47 Moraine / Kettering. The ramp merges into South Dixie. Go about 2 miles and turn right onto Dorothy Lane.

We are on the right side after the Marathon gas station.





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 Dayton, OH 45409
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FlexBank Hours of Operation

FlexBank is open Monday – Friday from 8:00 am – 5:00 pm EST.

FlexBank 2010 Holiday Closings

Directions to our office	Thursday December 31, 2009	Close at 12:00pm
	Friday January 1, 2010	New Year's Day
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	Monday January 18	Birthday of Martin Luther King Jr.
	Monday February 15	Washington's Birthday
	Monday May 31	Memorial Day
	Friday July 2 (close at 2:00 pm)	
	Monday July 5	Independence Day
	Monday September 6	Labor Day
	Monday October 11	Columbus Day
	Thursday November 11	Veterans Day
	Thursday November 25	Thanksgiving Day
	Friday November 26	Day After Thanksgiving
	Friday December 10	Close at 11:30 a.m.
	Friday December 24	Closed
	Friday December 31	Close at 12:00pm