

"Plaza Towers Building" 1736 E. Sunshine Ste 200 Springfield, MO. 65804 417-883-8088 or 800-995-3569 FAX: 417-883-8261

Adair County Government

FAX: 417-883-8261 www.gbs-tpa.com

2017 Flexible Benefit Plan Claim Form

						Line Application of the Control of t			
Employee N	ame (La	ast, First	, M.I.):						
Address:									
City:				State	:	Zip:		SSN:	
For each item	ou are red ents are r	questing re	eimbursemen	This form should be co it, please attach docum mentation. Complete t	entation listing ser	vice dates, descrir	ption, and cha r fax to GBS	irge. Cano "Attn: Cla	celled checks or credit card aims". Unsigned claim forms
Dependen									
Name of Dependent		Age	Dates Care Provided From To		Provider Name, Address, & Tax ID				Cost for Care Period
				10					
							1	Total:	
I provided d	epender	nt care a	s stated ab						
Health Re	imburs	sement	S.	Care p	provider's signa	ture	Dat	te	Tax ID#
Date	Provider Name		lame	Description/Type Service	e of Pat	Patient Name Relati		onship	Dollar Amount
									*
			· .				Г	otal:	
period while the reimbursed and under the age of accuracy, and ve claimed is a proj from the Plan wi plan service pro	reimbursen 13 or for c racity of a per expense nich relate ovider, file	ed was coverent will not be the covered with the covered was cover	ered under his to be sought f hat is incapab ion relating to Plan, the und bense. Any p ent of claim of	s/her employer's Flexible from any other source. A lee of self-care. The und this claim which is profersigned may be liable ferson who knowingly a containing false incomp	le Spending Plan wi Any Dependent Card dersigned fully unde vided by the unders for payment of all re and with intent to; plete or misleading	th respect to such e Assistance expenses estands that he or sl gned, and that unle lated taxes including injure, defraud, or information may	expenses and the ses claimed her he alone is full less an expense ng federal, state deceive any i be guilty of a	nat the exp re were pro- ly responsi- for which te, or local insurance criminal	ovided for my dependent ible for the sufficiency, payment or reimbursement is income tax on amounts paid company, administrator or act punishable under law.
Signature:Date:									