



## Flexible Benefit Plan Reimbursement Claim Form

Company: Town of Meredith, NH

Employee Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Street City State Zip

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Please attach all receipts to this form.

**NOTE:** The IRS no longer accepts canceled checks or credit card charge slips as sufficient proof of claim. Therefore, documents showing date, cost, and description of service are required for reimbursement.

### Daycare Expense Claims:

Name Of Dependent(s)	Date Of Service	Service Provider Name, Address and Tax ID#	Amount
Total Daycare Expenses			\$

### Unreimbursed Medical Expense Claims:

Date of Service	Service Provider with Brief Description	Person Expense Covers	Amount
Total Medical			\$

### Read Carefully:

The above is true and accurate statement of unreimbursed medical / dependent care expenses and / or individually owned health insurance premiums incurred by me or my eligible dependents on the date(s) indicated, and were incurred while I was covered under the said company's Flexible Benefit Plan. Receipts from my service provider(s) and / or insurance carrier(s) for all expenses and / or individually owned health insurance premiums claimed by me are attached to this voucher. I understand that these expenses cannot be submitted to any other medical plan once reimbursed under this Plan. I also understand that I cannot claim my reimbursed expenses on my income tax return, and that I may be liable for payments for all related taxes including Federal, State or City income tax on the amounts paid for any expense improperly claimed under the Plan.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Send claims to: **CGI Business Solutions**  
**Claims Processing Department**  
**171 Londonderry Turnpike**  
**Hooksett, NH 03106**

Or Fax Claims to: 603-232-9363  
Or E-mail to: [claims@cgibusinesssolutions.com](mailto:claims@cgibusinesssolutions.com)

For CGI Use Only: Claim received: \_\_\_\_\_ Processed by: \_\_\_\_\_  
Amount of payment: \_\_\_\_\_ Payment date: \_\_\_\_\_