



## Reimbursement Claim Form

Please complete this form to request reimbursement of expenses incurred by you and/or eligible dependents. Itemized documentation of each expense must be provided. For questions, contact Customer Care at 877-466-1999

### Participant Information

Participant Name:

Employer Name:

Email address & Home Address:

### Please list each eligible expense below

Under the **Benefit Type** column, select one of the following benefit codes for each expense.

**FSA** – Health FSA      **DCA** – Dependent Care Account      **HRA**-Health Reimbursement Arrangement      **DVFSA** – Dental/Vision Health FSA  
**LPFSA** - Limited Purpose Health FSA      **QSEHRA** – Small Employer HRA      **ICHRA** - Individual Coverage HRA      **COMM** - Commuter Benefits

Under the **Service Code** column, select one of the following service codes.

**MD** – Medical      **RX** – Prescription Drugs      **OT** – Over-the-Counter      **VS** – Vision      **DN** – Dental      **PM** - Premium

RedQuote Card Used	Benefit Type	Date of service	Service Code	Service Provider	Dollar Amount
TOTAL					

**For quick reimbursement, file online via your employee portal or Mobile App!**

**Submit your claim form with documents via email to [Admin@redquote.com](mailto:Admin@redquote.com).**

**Submit your claim form with supporting documentation via FAX to 253-858-5770.**

To the best of my knowledge and belief, my statements on this Request for Reimbursement are complete and true. I am requesting 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 or any other benefit plan and will not be claimed as an income tax deduction. I further understand that it is my responsibility to comply with these guidelines and to avoid submitting duplicate or ineligible requests, as doing so may delay payment. I authorize my Flexible Spending Account balance to be reduced by the amount requested.

Signature

Date