

## Flexible Benefit Plan

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Auto Reimbursement Form

### SECTION I:

This form authorizes a direct reimbursement of eligible expenses under your flexible benefit plan.

*This form should be completed only if you or your dependents do not have any other group health coverage.*

### SECTION II:

Please type or print clearly

Employer: \_\_\_\_\_

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

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

Social Security #: \_\_\_\_\_

### SECTION III:

I authorize any expenses not covered through my group health plan to be processed through my flexible benefit plan. Such expenses may include, but are not limited to, deductibles, co-insurance, and "not covered" expenses.

### SECTION IV:

I certify that the expenses for which reimbursements are requested under my flexible benefit plan were incurred by myself and/or my eligible dependents. I will not use expenses reimbursed through the flexible benefit plan as deductions when filing my individual income tax return. I certify that these expenses are not reimbursable under any other plan, including a plan of another employer that covers me, my spouse, or another member of my family.

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**Employee Signature**

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**Date**

**Return completed from to: Dunn & Associates**

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