Health Care Reimbursement Account ClaimForm

Employee: _____ SSN: _____

Home Address: _____ Day Time Phone: ( )

Employer: _____ Email: _____

☐ **PLEASE CHECK BOX IF ANY OF THE ABOVE INFORMATION HAS CHANGED.**

Please send photocopies of forms and documents. Keep originals for your records, as claim and supporting documentation cannot be returned to you. **The IRS has determined that canceled checks, check carbons, balance forward, previous balance statements, charge card receipts or statements are not acceptable documentation of expenses. An Explanation of Benefits must be provided when available. You may be asked to verify that expenses are medically necessary by providing a note from a physician.** Receipt of faxed claims cannot be verified the same day the claim is faxed due to our large claim volume. Please check the status of your claim at www.myrsc.com. If you have not registered yourself you may email flex@lipman.com for instructions.

Co-pays and prescriptions may be grouped together in one row. List all other expenses separately. Please attach a separate sheet if needed. Attach supporting documentation as explained above.

Date of Service From: mm/dd/yy To: mm/dd/yy	Name of Person Receiving Services	Relationship to Employee	Type of Expense	Amount Requested
				Total Amount Requested

I certify that the above information is correct and complete. I am requesting reimbursement for eligible expenses incurred during the plan year (while I was a participant). I have actually incurred these expenses and will not seek reimbursement for them by any other plan or program of any employer or other person. I also understand that I am responsible for any tax consequences, which may result from the reimbursement of these expenses from this plan.

Participant Signature: _____ Date: _____

For TLC Use Only

Account	Dates of Service	Total Amount	Pending Amount	Reason Pending	Initial

Submit Claims By:
FAX: (510) 795-0858
Or
Mail: 3340 Walnut Ave #290
Fremont, CA 94538

Contact Information:
*Online Account Info.....https://www.myrsc.com
*Customer Service Rep....(800) 533-0113 x 606
*Email us at.....flex@lipman.com