

Querbes & Nelson

Insurance Since 1914

Flexible Spending Account (FSA) Claim Form

Employer Name:	Centenary College of Louisiana				
Employee Name:	Last	First	MI	SS#:	
Employee Address:	Street	City	State	ZIP	PHONE: ()
Email Address:					

Please check if this is a new address

Explanation of Benefits (EOB) must be provided as proof of expense. Detailed invoice/receipt may be accepted if no EOB is available.

MEDICAL FSA EXPENSE CLAIMS						
Did you use your mySourceCard® for this transaction?	Date(s) of Payment	Date(s) of Service	Patient Name	Patient Relationship to Employee	Name of Provider/ Description of Service	Claim Amount
<input type="checkbox"/> Yes <input type="checkbox"/> No						\$
<input type="checkbox"/> Yes <input type="checkbox"/> No						\$
<input type="checkbox"/> Yes <input type="checkbox"/> No						\$
<input type="checkbox"/> Yes <input type="checkbox"/> No						\$

Dependent Care FSA (Child Care) Description of Expenses

Date of Service From	To	Dependent Name	Age	Dependent Care Provider Name	Tax ID# or SSN of Child Care Provider	Description of Service	Claim Amount
							\$
							\$
							\$
Total:							\$

EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT

I certify that the expenses for reimbursement indicated on this substantiation form were incurred by me (and/or my spouse and/or eligible dependents), and were not reimbursed by any other plan nor will I seek reimbursement from any other source. To the best of my knowledge and belief, the expenses are eligible for reimbursement under my Reimbursement Plan. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee Signature: _____ Date: ____/____/____

FOR PROCESSING, SEND TO: CALLIE WARE

EMAIL: cware@qnins.com
 PHONE: (318) 429-0553
 PHONE: (318) 429-0516

MAIL: Querbes & Nelson
 P.O. Box 1802
 SHREVEPORT, LA 71162