



Benefit Planning Consultants, Inc.

SEND CLAIM FORMS AND DOCUMENTS TO BPC:

Mail: PO BOX 7500 CHAMPAIGN, IL 61826-7500
Fax: 217-239-4499 800-295-2990

Email Claims: faxes@bpcinc.com

Phone: 217-531-9000 877-272-8880

MEDICAL REIMBURSEMENT FSA CLAIM FORM

Form with fields for Participant Name, SSN, Employer (Bradley University), Participant Signature, Date Submitted, Daytime Phone, Email Address, and Address.

NOTE: Please send copies of forms, receipts & documents. Keep originals for your records, as claim & supporting documentation will not be returned to you. The IRS has determined that cancelled checks, check carbons, balance forward or previous balance statements, and charge card receipts or statements are NOT acceptable documentation of expenses.

Expense Type: FSA: Medical Flexible Spending Account (Flex)

Table with 6 columns: FSA, Expense Description, Dates of Service (From - To), Provider, Name of person Services provided for, Amount of Purchase.

AMOUNT REQUESTED: \$

I have attached supporting documentation from an independent third party verifying that the medical expense has been incurred and the amount of the expense. By my signature above, I certify that all the expenses are for medical care excluding cosmetic purposes, and are not for general health purposes and are valid expenses under the Plan incurred by myself and/or my spouse and/or my eligible dependents.

CHECK YOUR ACCOUNT ONLINE AT: www.bpcinc.com/clients/bradleyuniver.cfm