

Flexible Spending Account Claim Form

1025 N. Campbell Road, Royal Oak, MI 48067
800.989.8776 • p: 248.543.2644
f: 248.543.2296
www.HRPro.com



YOU MAY USE THIS FORM **OR** FILE CLAIMS ONLINE AT WWW.HRPRO.COM

This form is to be used for non-debit card claims only (SEE ACCOUNT LOGIN INSTRUCTIONS ON THE BACK OF THIS FORM)

Employer Name:							
Employee Last Name:		First Name:		Last 4 digits of SSN			
Street Address:		City:		State:		Zip:	
Daytime Phone:		Email Address (For claim correspondence only):					

Health Care Eligible Expenses

Description of Eligible Expense	Date of Expense	Total Cost	Amount Paid by Any Plan	Your Cost (Claim Amount)	Expenses for: Name (And if Dependent, Relationship & DOB)
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
TOTAL				\$	Check here to apply total to offset any pending repayment(s), if applicable.

Dependent Care Eligible Expenses

Care Provider Name	Fed ID# or SSN of Care Provider	Date of Care From	Date of Care To	Total Amount	Expenses for: Name, Relationship & DOB
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
TOTAL				\$	

I certify that these expenses were incurred by myself and/or my eligible dependents. I further 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.

I understand that I cannot use expenses reimbursed through this account as deductions when filing my individual income tax return. I understand that if I do not provide required documentation, I will not be reimbursed. I authorize my employer to deduct the total amount requested from my account in accordance with the terms and provisions of the Flexible Spending Account plan. If I receive reimbursement for health care expenses that are not eligible, I agree on demand to indemnify and reimburse my employer for any liability I may incur for failure to withhold income tax or Social Security tax up to the amount of additional tax actually owed by me.

Employee Signature:	Attach copies of bills or receipts and return to: HRPro 1025 N. Campbell Rd, Royal Oak, MI 48067 Tel: (248) 543-2644 Fax: (248) 543-2296 Email: claims@hrpro.com
Date:	

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Instructions for Filing a Claim

1. Please type or print all information clearly and submit claim form to HRPro via mail, fax or email. Keep a copy of the claim form and receipts for your records. You may call HRPro at (248) 543-2644 with any questions regarding your claim.
2. Attach copies of itemized bills, EOBs or receipts to the claim form (You keep the originals). Canceled checks are not accepted.
3. You may only submit expenses incurred by you or your eligible dependents (as defined by the Internal Revenue Service).
4. Claims will be accepted and processed according to the schedule set forth by your employer.
5. Remember, disbursements from your spending accounts are made on a pre-tax basis. When filing your annual income tax return, do not declare reimbursements as income and do not take any expenses you have been reimbursed for as a deduction.

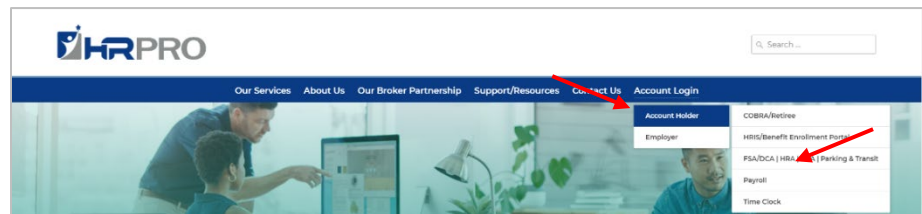
Online Access to Your Account

Allows you to:

- File claims online
- Check account balance and claim history
- Review outstanding receipt requirements
- View plan information
- Download forms

How to Login:

In order to view your account, file a claim, check status, submit documentation on or view recent transactions, you'll need to log into the system. To get started, go to www.hrpro.com and follow the instructions below:



1. Click the account login tab in the main menu (far right)
www.hrpro.com.
2. Select "account holder":
FSA/HRA/HSA/DCA/Parking & Transit
3. Logging in for the first time, select NEW USER. You will be prompted to enter your name, zip code and social security number, once recognized, you will be able to set your own username and password.
4. Existing users (those who have logged in before) please sign in under EXISTING USER with the username and password you have previously established.