Advanced Benefit Strategies
Your Flexible Benefits Specialists

Sec. 125 HCR & DCR Reimbursement Request

IRS Section 125
Health Care Reimbursement (HCR) Account &
Dependent Care Reimbursement (DCR) Account

I. Employee Information

Your Employer	Your Name
( ) Day time telephone number	Employee ID #

II. Certification

I certify that the following reimbursement submissions are for expenses incurred for my spouse, eligible dependent or myself. I will not receive payment from any other source for any of these expenses.

Signature: _____ Date: _____

Submit your email address to customerservice@abs125.com as this will allow our system to send you an automatic email confirmation for any of your future claim submissions.

Documentation must be attached to verify all submissions and must include the name and address of service provider, the date of service, a detailed description of the service rendered, and the charge for the service (submit copies only, keep original receipts for your files). Cancelled checks and credit card receipts are not sufficient forms of receipt. Acceptable forms of documentation are:

- Co-payments receipts for office visits and receipts from dependent care providers
- Pharmacy prescription receipt
- Copy of Explanation-of-Benefits from your insurance company showing that the charges were not covered

III. Health Care Reimbursement Submissions – Is there a note on file for any item listed below? **YES or No** circle one

Dates of Service	Type (Rx, co-pay, contact solution, etc)	Cost
		$
		$
		$
		$
		$
		$
	TOTAL:	$

IV. Dependent Care Reimbursement Submissions

Dates of Service	Dependent(s) Name	Age	Name & Address of Provider	Cost
				$
				$
				$
				$
				$
			TOTAL:	$

Fax claims to: 860-673-2207
Mail claims to: Advanced Benefit Strategies
30 Mill Street
Unionville CT 06085

Questions?
Call 860-675-2261
Toll Free 877-732-8125
Or, visit our web site @**www.abs125.com**