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	Social Security Number

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: _____

Documentation must be attached to verify all submissions and must include the name and address of service provider, the dates of service, a detailed description of the service rendered, and the charge for the service. 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

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**

R-HD-030106