

INSTRUCTIONS FOR COMPLETING THE FLEXIBLE SPENDING ACCOUNT MEDICAL REIMBURSEMENT CLAIM FORM

Please read these instructions **carefully** before completing the claim form. Remember, if the claim form is filled out incorrectly, it will delay your reimbursement check.

1. Complete accurately all five columns of the claim form.
2. In order for the claim to be processed, copies of your receipts or itemized statements from your health care provider and/or an Explanation of Benefits (E.O.B.) from the health insurer must accompany this form. A copy of a cancelled check is NOT acceptable.
3. Make sure you sign and date the claim form before submitting it. Also check for any errors or omissions. Any claim forms that are not signed, dated or are incomplete will be returned to you for completion. This will cause a delay in your being reimbursed for expenses.
4. For your records you should make a copy of the claim form and attachments submitted.
5. Your completed form with attached receipts or itemized statements should be sent to:

**Self Funding Administrators
Post Office Box 6596
Annapolis, Maryland 21401**

If you have any questions, please contact your Human Resources Department or Self Funding Administrators.