

Claim Form

Rocky Mountain Reserve



Name: **Employer:** **Email Address:** **Address:**
Phone Number: **SSN:** **Plan Year:**

PO Box 631458 Littleton, CO 80163
 P: (888) 722-1223 F: (866) 557-0109
 claims@r mrbenefits.com
 www.RockyMountainReserve.com



Health Care Expenses

Account Types: FSA = Flexible Spending Account HRA = Health Reimbursement Arrangement WELL = Wellness Account
 PKG = Qualified Parking Account TRN = Qualified Transit Account OIP = Outside Insurance Premium Account

Date of Service	Account	Type of Service	Patient	Amount

Total Claims:



Dependent Care Expenses

In the absence of a receipt from the daycare provider, please include the provider's name and signature.

Service Start Date	Service End Date	Dependent Name	Age	Amount

Total Claims:

Daycare Provider Name:

Daycare Provider Signature:

The undersigned participant in the Plan certifies the following:

- All expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while the undersigned was covered under the Company's Flexible Spending Account with respect to such expenses.
- All expenses were incurred (service provided) in the Plan Year indicated above.
- Both medical expenses and/or dependent care expenses are qualifying expenses.
- Medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage.
- The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information provided by the undersigned. Unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan which relate to such expense.
- Rocky Mountain Reserve is a mere claims paying agent of the employer. All reimbursements are paid out of the general assets of the employer. There is no separate fund or account for the plan. There is no separate fund or account that secures Cafeteria Plan benefits.

A copy of a third party receipt, bill, or statement showing an amount and proof of service (not just payment) must be included in order to process this claim.



Employee Signature

Date