

REIMBURSEMENT REQUEST

(Please staple receipts to back of form)

For GDI	Use Only
Auditor:	
Claim #	

EMPLOYEE INFORMATION (Print clearly)							
Employee Name:			BATES ID#:				
			Plan Year:				
Employer:			Plati feat.				
DEPENDENT CARE (Child Care, Elder Care)							
Provider Name	Provider SS# or Tax ID#	Services For (Name)	Relationship/Age	Service Dates	Amount		
				TOTAL:			
DEPENDENT CARE PROVIDER (If you don't have a receipt, this section must be completed)							
Provider's Name		Provi	der SS/Tax ID#:				
Provider's Address					_		
Address City State Zip I certify that I have provided the services as listed above:							
li cominy macrimave pro	vided the convices de no	iod abovo.					
				_			
Provider's Signature Date							
MEDICAL CARE	(You may copy form it	f needed for addi	tional expenses or	attach an itemized	l list)		
Provider Name	Service/Item Purchased	Services For (Na	me/Relationship)	Date of Service	Amount		
Mileage Reminder	You are eligible to reimbu	rsed for mileage to a	and from an eligible	Number of miles x			
	medical appointment.			\$0.19 =			
				TOTAL:			
date of service, provider na following: 1.) The expenses source. 2) The expenses nas credits or deductions on	r my dependent care expenses me, type of service, and fee co s listed above have not been r must qualify for reimbursemen my personal income tax. 4) F vings Account. 5) I have retain	harged for the service. eimbursed nor will I se t under the Internal Re articipation in a Medic	My signature below ack sek reimbursement for the evenue Code. 3) Reimbu al FSA may disqualify m	nowledges my understa ese expenses from any ursed expenses cannot be e and/or my spouse from	nding of the other oe claimed n		
Signature:				Date:			

SIGNATURE REQUIRED

Reimbursement requests must be received before 12 Noon (ET) on Tuesdays for processing that week. Requests received after this time will be processed the following week.

MAIL TO: Group Dynamic, Inc., Reimbursement Benefits, 411 U.S. Route One, Falmouth, ME 04105

EMAIL TO: claims@gdynamic.com WEBSITE: www.gdynamic.com

FAX TO: Reimbursement Benefits, 207-781-3841 PHONE: (207) 781-8800 or 1-800-626-3539

DEPENDENT CARE EXPENSES

- 1. Complete all pertinent information on the Reimbursement Request Form. If you have any questions or need assistance in filing this form, please call 1-800-564-3539 within Maine or 1-800-626-3539 from elsewhere in the U.S. We will be happy to assist you.
- 2. Attach a copy of the invoice showing the provider's name and address, dates of service, and the expense incurred. If your daycare provider does not issue statements, you may complete the information on the front of the Request Form. Simply have your provider sign the form in the appropriate space as verification of the information that you have provided.
- 3. Third party verification is required; therefore, canceled checks, check copies or credit card statements may not be used as documentation.
- 4. Retain originals of the invoice(s) and Request Form submitted for your personal tax records, as those you submit cannot be returned to you.
- 5. Incomplete Reimbursement Request Forms or those lacking proper documentation will not be processed. You will receive a letter of explanation.

MEDICAL CARE EXPENSES

- 1. Complete all pertinent information on the Reimbursement Request Form. If you have any questions or need assistance in filing this form, please call 1-800-564-3539 within Maine or 1-800-626-3539 from elsewhere in the U.S. We will be happy to assist you.
- 2. Attach copies of the invoices for services received. The documentation submitted must include the provider's name, address & credentials, dates of service, description of service and the expense incurred.
- 3. If a service has been partially covered by insurance, send a copy of the Explanation of Benefits (EOB) received from the insurance company. Request only the amount you will actually be paying. You cannot be reimbursed for items that will be paid by your insurance.
- 4. Third party verification is required; therefore, canceled checks, check copies or credit card statements may not be used as documentation.
- 5. Retain originals of the invoice(s) and Request Form submitted for your personal tax records, as those you submit cannot be returned to you.
- 6. Incomplete Reimbursement Request Forms or those lacking proper documentation will not be processed. You will receive a letter of explanation.
- 7. In certain instances, a statement from your health care provider may be necessary to verify the medical necessity of a procedure or prescription.