



REQUEST FOR REIMBURSEMENT FROM EMPLOYEE FLEXIBLE COMPENSATION ACCOUNT

Tucker Administrators, Inc.

Instructions:

- *Complete all applicable spaces on the form.
- *Attach appropriate bills and forward to Tucker Administrators, Inc.
- *Cancelled checks or balance due statements cannot be considered acceptable bills.
- *All documentation must include original dates of service.

Employer _____ Group / Division Number _____ Date _____

Employee Name _____ Social Security Number _____

Home Address _____

Type of Expense:	Medical Related Expense \$ _____	Dependent/Child Care Expense \$ _____	Dependent Care Provider Name _____ Federal ID or SS# _____
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To the best of my knowledge and belief, my statements in the Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. I certify that these expenses have not been previously reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I authorize my Flexible Compensation Account be reduced by the amount requested.

Employees Signature _____ **Date** _____

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