

# Flexible Spending Arrangement Claim Reimbursement Form

Employer: State of Kansas	Kansas Employee ID or Social Security Number:
Employee Name:	Date of Birth:
Home Address:	City/State/Zip:
Work Phone:	Email:*

Change of Address

\* All plan communication pertaining to your account activity is provided solely via email and the [www.KansasFSA.com](http://www.KansasFSA.com) website. It is important to notify NueSynergy if you change your email address.

1. Unreimbursed Medical Expenses (Copies of cancelled checks, credit card slips or balance due statements are not allowed.)				
Service Date(s)	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Amount
<b>TOTAL MEDICAL CARE EXPENSE</b>				

2. Dependent Care Expenses							
Name of Dependent(s)	Age	Period Covered		Day Care Provider Information			Amount Incurred
		From	To	Name	Address	Tax ID	
<b>TOTAL DEPENDENT CARE EXPENSE</b>							
<b>DAY CARE PROVIDER SIGNATURE:</b>							

*The undersigned participant in the Plan certifies that 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 Employee's Flexible Spending Arrangement with respect to such expenses and that the 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 relating to this claim which is provided by the undersigned, and that 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 on amounts paid from the Plan which relate to such expense.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Visit [www.KansasFSA.com](http://www.KansasFSA.com) or call us at 855.750.9440 to check on the status of your claim.

**Fax, email or mail completed forms and copies of bills, receipts or invoices to:**

Administration Services  
10901 Granada Lane, Ste. 100, Leawood, KS 66211  
Phone: 913.653.8398, Toll-Free: 855.750.9440, Fax: 855.890.7238  
Email: [customerservice@NueSynergy.com](mailto:customerservice@NueSynergy.com)



<i>For Office Use Only:</i> Amount Approved:	Amount Rejected:	Reviewed by:
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