Platte Co. R-3 School District Validation Form / Claim Form

Employee Name:	Last First MI	**SS#:**	
Employee Address:	Street City State ZIP	**PHONE:**	( )

☐ Please check if this is a new address

Please read the Reimbursement Account Rules and Claim Filing Instructions provided online before completing this claim.

* Information below must be completed

MEDICAL EXPENSE CLAIMS

Did you use your *BennyCard* for this transaction?	Dates of Service	Patient Name	Relationship	Name of Provider	Description of Service	Claim Amount
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
☐ Yes ☐ No						$
					Total	$

DEPENDENT CARE (CHILD CARE) CLAIMS

Date of Service From	To	Dependent Name	Age	Dependent Care Provider Name	Dependent Care Provider Address	Provider Tax Id# / SS#	Claim Amount
							$

DAYCARE PROVIDER SIGNATURE:_____

EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT

I certify that the expenses for reimbursement indicated on this substantiation form were incurred by me (and/or my spouse and/or eligible dependents), and were not reimbursed by any other plan nor will I seek reimbursement from any other source. To the best of my knowledge and belief, the expenses are eligible for reimbursement under my Reimbursement Plans. I (or we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return.

Any person who knowingly and with intent to injure, defraud, or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Employee Signature: _____ **Date:** _____/_____/_____

Recurring expenses do not need to be substantiated after the first submission of documentation. A reoccurring charge is one that is for the same dollar amount at the same merchant every time: such as a regular refill on a prescription. If any of the charges are recurring expenses, please complete the following:

Merchant Name:_____ **Amount $**_____ **Date of Last Charge** ____/____/

FOR FASTEST REIMBURSEMENT, FAX TO (816)540-6462 OR EMAIL TO MYFLEXONLINE@FTOMA.COM

YOU MAY ALSO SCAN AND EMAIL YOUR CLAIMS TO

CEVERLEY@CBPHONLINE.NET

OR MAIL TO: FIRST TRUST OF MID AMERICA

2401 N 7 HWY, PO BOX 30, PLEASANT HILL, MO 64080

FOR CLAIM INQUIRIES CONTACT: CAROL EVERLEY AT (816)540-6476

PLATTE CO R-3 SCHOOL DISTRICT