



##12T01802#####

# WELLNESS CARD REIMBURSEMENT CLAIM FORM

## INSTRUCTIONS

If your card is declined at an approved location due to an issue with a credit card machine or lack of a credit card machine, please pay out-of-pocket and submit this form to one of the below contacts with a copy of your receipt for reimbursement. If it's not an approved location or service, you will not be reimbursed. Please be sure to include the signature to prevent any delays in processing. If the signature is not included, the claim will be denied.

**Email:** SpendingAccountProcessing\_Receipts@alegeus.com      **or Fax:** (855) 898-2715      **or Mail:** Spending Account Processing  
PO Box 162177  
Altamonte Springs, FL 32716

If you have any questions, contact your Member Advocate Team number located on the back of the Member ID Card.  
Please Note: Your Member ID number can be found on the front of your Member ID Card.

## EMPLOYEE INFORMATION (\*required fields)

*Name:	*Member ID:
Address:	City, State Zip:
Email:	*Phone:

## UNREIMBURSED WELLNESS EXPENSES (attach supporting documentation)

Does your receipt include all of the following?

- Provider's name & address   - Service description   - Date of service   - Person's Name   - Amount billed

**\*\*\*CREDIT CARD RECEIPTS ARE NOT ACCEPTABLE\*\*\***

Person for Whom Expense Was Incurred	Date(s) of Service	Name of Service Provider	Description of Services	Amount
				\$
				\$
				\$
				\$
				\$
<b>Total Unreimbursed Wellness Expenses</b>				<b>\$</b>

## PARTICIPANT AGREEMENT (\*required fields)

The above is a true and accurate statement of all expenses incurred by my eligible dependents or me on the date(s) indicated, and I will not seek reimbursement from any other plan. I understand that I cannot claim any reimbursed medical expenses on my income tax return, and that I may be liable for payment of all related taxes including Federal, State, or City income tax and any associated penalties on the amounts paid for any non-medical or medical expense improperly claimed under the provisions of this plan. Refer to IRS Publication 502.

\_\_\_\_\_  
\*Participant Signature

\_\_\_\_\_  
Date Signed