

**SOUTHEAST DUBOIS SCHOOLS**

Flexible Benefit Plan Automatic Reimbursement Claim Form

Mail to Plan Supervisor:  
Dunn & Associates  
P. O. Box 2369  
Columbus, IN 47202-2369

**SECTION I:**

This form authorizes a direct reimbursement of eligible expenses under your flexible benefit plan. *This form should be completed only if you or your dependents do not have any other group health coverage.*

**SECTION II:**

Please type or print clearly

Employee \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Social Security # \_\_\_\_\_

**SECTION III:**

I authorize any expenses not covered through my group health plan to be processed through my flexible benefit plan. Such expenses may include, but are not limited to, deductibles, co-insurance, and "not covered" expenses.

**SECTION IV:**

I certify that the expenses for which reimbursements are requested under my flexible benefit plan were incurred by myself and/or my eligible dependents. I will not use expenses reimbursed through the flexible benefit plan as deductions when filing my individual income tax return. I certify that these expenses are not reimbursable under any other plan, including a plan of another employer that covers me, my spouse, or another member of my family.

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

\_\_\_\_\_  
Date