



Benefits Design Group Inc.

Flexible Spending Account (FSA) Claim Form

Fax to: BDG Benefits Design Group 972-596-9266

**Mail to: BDG Benefits Design Group
P O BOX 803256
Dallas, TX 75380**

Phone #: 972-665-0783

Employer _____

Employee Name _____

Employee Address _____

Street

City

State

Zip

Telephone #

Medical Expenses \$ _____

RX Expenses \$ _____

Dental Expenses \$ _____

Vision Expenses \$ _____

Total FSA Expenses \$ _____

As the employee plan member, I certify that the above information is correct. I further certify that the above listed expenses with the attached certified receipts constitute valid expenses incurred by me or my eligible dependents and none of these expenses have been reimbursed to me by any employer sponsored benefit plan.

Signed _____ **Date** _____

Please keep copies of all submitted receipts in case of audit.