



FAX TO: 303-221-2785

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IT IS NOT NECESSARY TO INCLUDE A COVER SHEET

PLAN & EMPLOYEE INFORMATION

Check here if you have an address change

FIRST NAME: _____ LAST NAME: _____ SOCIAL SECURITY NUMBER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

DAYTIME PHONE: _____ E-MAIL: _____ DATE OF BIRTH: ____/____/____

EMPLOYER NAME: _____ PLAN YEAR: _____

INSURANCE EXPENSES

*******PLEASE DO NOT HIGHLIGHT DOCUMENTATION/RECEIPTS OR ITEMS ON THIS FORM IF YOU WILL BE FAXING*******

COVERAGE PERIOD	INSURANCE PROVIDER/CARRIER	PREMIUM AMOUNT
TOTAL EXPENSES		

REIMBURSEMENT INFORMATION

WageWorks will process your reimbursement according to the banking method we currently have on file, either check or direct deposit*. If you would like to make a change, you must submit a completed Reimbursement Authorization Agreement, which can be found on the forms page of our website at www.pbs.us.com. Your reimbursement method will remain in effect until an updated authorization form has been received and processed. To ensure your claim is paid using the method of your choice, it is advisable to submit changes well before submitting a request for reimbursement.

Direct deposits normally take 2 business days from the date of initiation. Bank holidays/weekends may affect when the deposit is credited to your account. Please contact your bank to verify all deposits are received. If you provide us with your email address, we will inform you each time a Direct Deposit is initiated. Direct Deposits cannot be posted to debit or credit cards. Any direct deposit remitted by WageWorks and not rejected by your bank is deemed a valid reimbursement and will not be adjusted. There may be a \$25 fee to reissue lost/stolen checks.

*Direct deposit is not offered as an option under all plans. If your plan does not offer direct deposit, a check will always be issued for your reimbursements.

EMPLOYEE AUTHORIZATION

To the best of my knowledge and belief, the expenses listed above are accurate, complete and are eligible for reimbursement under the plan. By submitting this claim form, I certify that these expenses will not be claimed again when filing IRS form 1040 and that they were incurred for me or my eligible dependents. I further certify that these expenses have not already been reimbursed under this plan or any other plan and are not reimbursable under any other coverage or employer plans.

SIGNATURE: _____ DATE: _____

HOW TO FILE YOUR REIMBURSEMENT REQUEST

COMPLETE AND SIGN YOUR CLAIM FORM AND REMIT ALONG WITH DOCUMENTATION IN ONE OF THE FOLLOWING WAYS:

FAX: 303-221-2785

MAIL: WageWorks
P.O. BOX 4594
GREENWOOD VILLAGE, CO 80155-4594

EMAIL: pbsclaims@pbs.us.com

ONLINE: Visit www.pbs.us.com to submit claims and upload receipts.
When submitting claims online, it is NOT necessary to also complete and submit this form.

PLEASE KEEP A COPY OF THIS FORM AND YOUR ORIGINAL DOCUMENTATION FOR YOUR RECORDS.

TIPS FOR FILING YOUR REIMBURSEMENT REQUEST

Submit Insurance Provider/Carrier receipt(s) that includes the following information:

- ✓ Name of Insurance Provider/Carrier
- ✓ Address of Insurance Provider/Carrier
- ✓ Date of Coverage
- ✓ Premium Amount
- ✓ Plan Description

Cancelled checks, credit card receipts or statements that only show a "Balance Due" are not acceptable forms of substantiation.

THINGS TO REMEMBER ABOUT REIMBURSEMENTS

- The only expenses eligible for reimbursement under this plan are non-employer sponsored health insurance premiums for you and your eligible dependents.
- Services must be rendered during the plan year while you are an active participant.
- If you have entered the plan mid-year or terminated participation, only expenses incurred while you were an active participant are eligible for reimbursement.

¹ **Email:** By providing your email address, you agree to receive Employee Benefit Plan correspondence electronically. WageWorks does not share, sell or divulge individual private information to any third party. All individual private information, including your email address, is used solely to administer your benefit account(s). Please add our email address, help@pbs.us.com, to your approved senders list to ensure delivery of all correspondence and notifications. You can change/delete your e-mail address by contacting the WageWorks Customer Service Department or by visiting our website at www.pbs.us.com. WageWorks reserves the right to utilize an email address that may be provided to us by your employer.

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