

This document should only be used if you submitted your request for reimbursement using our Online Claim Submission tool and didn't upload your documentation while processing your claim.

This is not a claim form.

SUBSTANTIATION COVER SHEET

To: Planned Benefit Systems, Inc.	From:	
Fax: 303-221-2785	Employer Code:	
Email: ocsclaims@pbs.us.com	Email:	
Address: P.O. Box 4594	Phone:	
Greenwood Village, CO 80155-4594	Amt:	Track#:
	Date:	Pgs/Docs:

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2. Include multiple pages if necessary, note the total number of pages above and put your name on all subsequent pages.
3. Include your phone number in the space provided above.
1. Forward using our contact information above.