

EMPLOYEE CAFETERIA PLAN REIMBURSEMENT VOUCHER

Employer Name	Group No.
Employee Last Name, First	Social Security No.
Street Address, City & State	Zip Code

UNREIMBURSED HEALTH CARE EXPENSES

AMOUNT

Medical, Dental, Vision or other expenses eligible under the Cafeteria Plan and *not* reimbursed by any other health plan. Attach the itemized receipts for these expenses and/or the "Explanation of Benefits Form" you receive from your group plan.

\$ _____

By my signature below, I certify the reimbursements I am requesting are *not* eligible for payment under any other insurance plan.

Signature

Date

DEPENDENT CARE EXPENSE

Dependent's name _____	Relationship _____	DOB _____
Dependent's name _____	Relationship _____	DOB _____
Dependent's name _____	Relationship _____	DOB _____
Dependent's name _____	Relationship _____	DOB _____

AMOUNT

Attach receipts from provider with the name of the day care provider, address, social security no. and/or tax id no., dates of care and amounts.

\$ _____

Note: Should the amount of the requested reimbursement for Dependent Care exceed the amount available in the participating Employee's Dependent Account, only the Dependent Care Account balance will be paid. Any difference will be processed as Dependent Care contributions are received.

Signature

Date

Employer Plan Services will rely upon information provided by the Participating Employee, and shall not be liable for the completeness or truth of any information supplied. Employer Plan Services, Inc. shall have no obligation to any Participating Employee for any act, or failure to act provided Employer Plan Services, Inc. has acted in good faith in exercise of its powers as Claims Administrator of the Plan. The Participating Employee is responsible to maintain appropriate records and receipts for claims made under provisions of the Plan. Participating Employee may be required to supply proof of claims in the form of receipts or canceled checks. The Internal Revenue Service will also require verification in case of individual tax audit.

EMPLOYER PLAN SERVICES, INC.
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