

BENTLEY, YATES & CO.

SECTION 125 CLAIMS FORM

Copy this form, do not use original

PARTICIPANT NAME _____

SOCIAL SECURITY# _____

EMPLOYER'S NAME _____

Please be sure to list your receipts in the correct category. If in doubt, please call for assistance (972) 680-3394

1. Dependent Care Amount (Use only for Child Care Etc. NOT FOR MEDICAL EXPENSES)	A. \$ _____
	B. \$ _____
Total Dependent Care Receipts	\$ _____

Please list below all claims amounts that were **not** and **will not** be reimbursed by your insurance carrier.
(List each receipt separately, mark each submitted receipt with the letter of the line you used below (A through L) you may use more than one sheet.)

2. Medical Section 125 Eligible Expenses:		
A. \$ _____	E. \$ _____	I. _____
B. \$ _____	F. \$ _____	J. _____
C. \$ _____	G. \$ _____	K. _____
D. \$ _____	H. \$ _____	L. _____
Total unreimbursed medical receipts		\$ _____

3. Privately Purchased Insurance Premium Amount (Use only for Premium. NOT FOR MEDICAL EXPENSES)	A. \$ _____
	B. \$ _____
Total Private Premium Receipts	\$ _____

4. Public Transportation Amount (Use only for Public Transportation. NOT FOR MEDICAL EXPENSES)	A. \$ _____
	B. \$ _____
Total Transportation Receipts	\$ _____

5. Parking Amount (Use only for eligible Parking while at work. NOT FOR MEDICAL EXPENSES)	A. \$ _____
	B. \$ _____
Total Parking Receipts	\$ _____

Total Of All Receipts: Medical, Dependent Care, Private Premium, Transportation & Parking	\$ _____
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Do not use the original, copy this form and mail it with your receipt and or other proof of payment to:

Bentley, Yates & Co. 7920 Beltline Road, Suite 280, Dallas, Texas 75254

or fax to **(972) 470-9392**

Please read the following carefully before signing below:

I certify that all expenses for which reimbursements are requested:

- 1. Were incurred or paid during a period I was eligible for reimbursement;**
- 2. Are ineligible for reimbursement under any other coverage;**
- 3. That I alone am fully responsible for the accuracy of all information provided on this form;**
- 4. That all reimbursement requested are proper and eligible under the plan.**

Signature: _____ **Date:** _____

IMPORTANT!!!! Staple receipts to claims form. Make sure to turn in your receipts, corresponding to the figures listed above. If you turn in a receipt that contains items not eligible, circle the amount that you are claiming. An example of such a receipt could be a grocery receipt where you claim the cost of birth control pills, or other eligible expenses. If the receipt includes amounts you have received or will receive as payment from your insurance carrier make sure you make a notation of your out of pocket portion of the bill. Please circle only the items, which are eligible for your Section 125 Cafeteria Plan (refer to the Menu distributed during the group meeting). ***All receipts must be in our office by noon on the 24th to be reimbursed to you, that same pay period. Failure to follow these steps could result in a delay of your Section 125 Reimbursement Check!***