

Pro-Factors Payroll Service
 318 Park Central East, Suite 306
 Springfield, MO 65806

**Combo Salary Reduction Cafeteria Plan
 Medical Insurance Reimbursement Request Form**

Name: _____ SS#: _____

Address: _____

Employer: _____

Instructions: Complete the information below for medical insurance expenses incurred by you. You must provide bills or other evidence that the expenses were incurred (canceled checks will not be accepted). Be sure to provide all information requested by this form. If the form is incomplete, it will be returned to you. Print or type the information requested. Then date and sign the form.

	Example	Expense #1	Expense #2	Expense #3	Expense #4	Expense #5
Date(s) of Coverage	10/01/04 to 10/31/04	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____
Name of Person On Insurance Plan	Fred Jones <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent	<input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Dependent
Type of Service	Insurance					
Proof of Expense Attached?	Yes					
Reimbursement Requested	\$250	\$	\$	\$	\$	\$

Total Reimbursement \$ _____

To the best of my knowledge and belief, my statements in this Reimbursement Request Form are complete and true. I certify that I have not been reimbursed previously for these expenses under the Medical Insurance Reimbursement Component Plan. I certify that these expenses have not been reimbursed, and are not reimbursable under any other health plan, such as my spouse's plan. I understand that the expenses I am reimbursed may not be used to claim any federal income tax deduction or credit. I authorize a deduction in my Medical Insurance Reimbursement Account in the amount of the reimbursement.

Employee Signature

Date