

BENEFITHELP

FSA Claim Reallocation Form Public Employees' Benefit Board (PEBB)

Solutions

(Please Print)

Employee Benefit Number:
(P followed by 8 digits)

Employee Name:

Home or Mailing Address:

Check here if new

Use this form to request that a 2007 claim previously paid from your 2006 plan year account be reallocated to your 2007 plan year account balance. The Grace Period that allows this reallocation runs from January 1, 2007 to March 15, 2007. **All** claims must be submitted by March 31, 2007.

PLEASE INDICATE THE TYPE OF FLEXIBLE SPENDING ACCOUNT.

DEPENDENT CARE HEALTHCARE

Expenses – Use a separate line for each expense. Attach a separate sheet if needed.

Date of Service		Name of Provider	Name of Dependent/Self	Amount to be Allocated		INTERNAL USE ONLY
From: mm/dd/yy	To: mm/dd/yy			Prior Year	Current Year	
TOTAL:						

I request reallocation of the above listed reimbursement, previously reimbursed to me from my 2006 Flexible Spending Account. I certify these expenses are not covered by or reimbursable from any other source. I understand that I cannot use expenses reimbursed through the FSA account to claim as a tax credit when filing income tax returns. I understand the limitations, qualifications and federal regulations of this program.

Participant's Signature: _____

Date: _____

R11/06

Submit this Claim Form to:
BenefitHelp Solutions, Attn: FSA, PO Box 67230, Portland, OR 97268 or Fax: 503-765-3554 or 1-877-277-7279
www.benefithelpsolutions.com