



Reimbursement Claim Form

Employer Name _____

Employee Name _____

Email _____

Phone _____

Date of Service	For the Benefit of: (Name & Relationship)	Type of Expense (FSA/HRA/DCA/HSA)	Healthcare Expense	Daycare Expense (Child/Elder)
			\$	\$
			\$	\$
			\$	\$
			\$	\$
		TOTAL Reimbursement Requested	\$	\$

***Certification:** I certify the accuracy of the information contained in this claim form and that these claims are for persons covered under this Plan, and that I am not entitled to reimbursement from any other source. **Employee Signature**
Signature: _____ Date _____

Instructions:

1. Complete all fields above, sign, date and attach copies of receipts, insurance claim information, etc. to this form.
2. Make a photocopy of your records and include supporting documents with your claim form. Email or fax this form and documents to FlexPlan. Supporting documents need to include the service date.
3. Reimbursement funds will be **direct deposited** to Participants bank account generally within 3 business days details will need to be provided. Bank name, account number, routing number and type of account: checking or savings. Bank details can also be added online using participant portal. Test deposits will need to be validated.

Bank Name _____ Routing # _____

Account Number _____ Type of Account _____

Send claim to:

Precision Administrators, Inc

3240 W Britton Rd, Oklahoma City, OK 73120

Attn: Claims Department Direct: (800) 615-2797 Email: [\(Claims@paibenefits.com\)](mailto:Claims@paibenefits.com)
(alternate email - cservice@paibenefits.com)



405-507-0800



3240 W. Britton Rd, Ste 202
Oklahoma City, OK 73120



Claims@paibenefits.com