



# FSA Claim Form

Employer Name \_\_\_\_\_ Group Number \_\_\_\_\_

Employee Name \_\_\_\_\_ Last 4 of SSN \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Email \_\_\_\_\_

Check this box if address change

Electronic Deposit Information on file

**Out-of-Pocket Reimbursement Claim** \$ \_\_\_\_\_  
Please be sure all submitted receipts are itemized showing the date(s) of service, services rendered and/or items purchased. Cancelled checks or balance due statements are not acceptable receipts. Questions? Email [claims@paitpa.com](mailto:claims@paitpa.com) or call ext. 12

**Submission of Requested Receipts for Benny™ Prepaid Visa Card**  
Please be sure all submitted receipts are itemized showing the date(s) of service, services rendered and/or items purchased. Cancelled checks or balance due statements are not acceptable receipts. Questions? Email [debitcard@paitpa.com](mailto:debitcard@paitpa.com) or call ext. 16

**Daycare/Dependent Care Expense Reimbursement Claim** \$ \_\_\_\_\_  
Please submit a receipt from your dependent care provider indicating (1) Monthly or Weekly payment, (2) Dependent names and ages, (3) Facility/Provider name, (4) Facility Tax ID, and (5) Dates of service. Cancelled checks or balance due statements are not acceptable receipts. For further information on filing an annual claim, please contact our office. Questions? Email [claims@paitpa.com](mailto:claims@paitpa.com) or call ext. 12

AFFIDAVIT: To the best of my knowledge and belief, statements in this Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses, and for eligible dependents. I authorize the reduction of my Flexible Compensation Account by the amount requested. I certify that these expenses have not been previously reimbursed, will not be reimbursed under this or any other benefit plan, nor will they be used to obtain a Federal or State Income Tax deduction or credit.

RETAIN COPIES OF ALL ORIGINAL RECEIPTS FOR YOUR RECORDS.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

**INCOMPLETE CLAIMS CANNOT BE PROCESSED**

Precision Administrators, Inc.  
3240 W. Britton Road, Suite 202  
Oklahoma City, OK 73120  
[claims@paitpa.com](mailto:claims@paitpa.com)

Phone (405) 507-0800  
Toll Free (800) 615-2797  
Fax (405) 507-0700  
[www.paitpa.com](http://www.paitpa.com)