Flexible Spending Account Claim Form

Employer Name: **The Jewish Theological Seminary of America**

Employee Name _____ SS # _____

_____

Address City State Zip Code

☐ Check if above is a Change of Home Address

Email Address _____

Phone Number _____

Please indicate below the type and amount of expenses for reimbursement and attach all necessary documentation.

Dependent (Day) Care FSA

Dependent Name	Age	Provider Name	Date of Service	Tax ID	Amount
				TOTAL	

Health Care FSA

Name	Provider Name	Service Provided	Date of Service	Amount
			TOTAL	

I hereby certify that this claim does not include any amounts that have been reimbursed or are reimbursable under any other health plan. I further understand that I cannot claim a reimbursement for any expenses for which I am claiming as a deduction on my Federal and State income tax returns. I also certify that all expenses under this claim were paid, and the claim complies with all the provisions of the flexible spending account's summary plan description and plan document.

Signature _____ **Date** _____

For website processing, submit the claim to:
www.benefitanalysis.com or
To submit by mail send to:
Benefit Analysis, Inc.
P.O. Box 527, Nutley, NJ 07110-0527
(ONLY ONE METHOD OF SUBMISSION IS NECESSARY)
Phone: 1-800-224-5110 or 973-661-2424