

MEMORANDUM

To: All Participants in The Flexible Benefits Plan

From: FOX & FOX

Re: HOW TO FILE A CLAIM

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1. Submit a fully-completed, signed & dated Request-For-Reimbursement Form and attach the appropriate document as described in 2 & 3 below. (You may obtain a reimbursement form from your HR Director or our website, FoxnFox.Com)
2. An appropriate document that describes the expense is a statement, an invoice, or a receipt from the Provider of Service (Provider). It must include the Provider's name & address, the date the service was incurred, the name of the person who received the service, and the fee/charge for the service. **A COPY OF A CHECK OR CREDIT CARD RECEIPT IS NOT PROPER DOCUMENTATION OF THE EXPENSE.**
3. For the reimbursement of a Dependent Care Expense, only, the Provider may fully complete the Request for Reimbursement form instead of providing a statement, invoice, or receipt. The provider must indicate the amount of the child care expense and the date when the service was provided; he or she must also sign & date the form and indicate the provider's identification number.
4. We must receive all Request-for-Reimbursement Forms by 5:00 pm on Monday, in order to process your reimbursement for Tuesday. Claims are processed every Tuesday.

Request for Reimbursement forms can either be mailed, e-mailed, or faxed, to FOX & FOX.

The mailing address is:

Flex Benefits
FOX & FOX
P.O Box 27200, Fresno, CA 93729
7082 N. Maple Ave., #104, Fresno, CA 93720

The fax number is: (559) 797-1200.

5. Any questions, please contact Nicole Corson at Fox & Fox, (559) 797-1000 ext.14, or e-mail nicolec@foxnfox.com

Fox&Fox
Benefit Consultants & Administrators