

Calendar Year 2006

Deadline for Submitting Claims
End of February 2007

Flexible Spending Account (FSA)

Request for Health Care Reimbursement



NORTHWESTERN
UNIVERSITY

Instructions: Please type or print the required information. Attach the appropriate Explanation of Benefit statements (EOB), receipts, invoices or other documents indicating provider or full name of product, patient name, amount and date(s) of service. Eligible expenses may have been incurred for you, your spouse, children and any other person who is a qualified dependent under the Internal Revenue Code. You can be reimbursed only for expenses associated with services incurred in calendar year 2006. The date you pay for an item or service is not relevant. Cancelled checks will not be accepted in lieu of an itemized bill or receipt. Statements showing only a previous balance are not acceptable documentation. \$20 minimum. If the patient receiving service is not yourself, please specify the relationship (spouse or dependent child). Sign and return this form to the Department of Human Resources, Benefits Division, 720 University Place, Evanston Campus.

EMPLOYEE'S NAME (Last, First M.I.)		EMPLOYEE ID NUMBER _____	
DEPARTMENT	E-MAIL		CAMPUS PHONE

	Date of Service	Provider of Service or Full Name of Product	Patient Name	Relationship	Total Amount of Expense	Amount Paid By Insurance	Amount to be Reimbursed to You
1					\$	\$	\$
2					\$	\$	\$
3					\$	\$	\$
4					\$	\$	\$
5					\$	\$	\$
6					\$	\$	\$
7					\$	\$	\$
8					\$	\$	\$
9					\$	\$	\$
TOTAL							\$

ATTACH RECEIPTS/INVOICES INCLUDING DATE(S) OF SERVICE

SIGNATURE

I request payment from my FSA Health Care account for the expenses itemized above. I certify that (1) I have not been reimbursed under this Plan or from any other source for these expenses; (2) I have met all of the requirements for eligible health care expenses as described in the FSA Plan materials; and (3) the services claimed above were received during calendar year 2006 and while I was actively making contributions to the Plan. I understand that reimbursed expenses cannot be claimed as deductions on my personal income tax return. I also understand that according to IRS rules, any account balances as of the end of February for prior calendar year participation will be forfeited.

Claims for Calendar Year 2006 must be received by the Benefits Division or the Chicago HR Office by the end of February, 2007. Any Remaining Funds in Your Account as of March 1, 2007 are Forfeited Plan Participants Must Re-Enroll to Continue Plan Participation for the Next Year.

Employee's Signature

Date

For Office Use Only

Approval:	Claim approved: <input type="checkbox"/> Yes <input type="checkbox"/> No	Processing:	<input type="checkbox"/> Claim entered into HRIS <input type="checkbox"/> Maximum reached _____
	Claim not approved - reason: Claim returned to employee on:		
Initials	Date	Claim Number	