STERLING ADMINISTRATION HEALTH

475 14th Street, #650
Oakland, CA 94612
P.O. Box 71107

1.800.617.4729
1.888.410.7361
www.SterlingHSA.com

NATIONAL SOLUTIONS DELIVERED LOCALLY

FLEXIBLE SPENDING ACCOUNT DISBURSEMENT FORM

(DO NOT USE FOR HSA OR HRA DISBURSEMENTS)

EMPLOYEE INFORMATION *(PLEASE PRINT)*

HANUMAN LAVANYA LATHA KARANAM	374-37-3150	lkaranam@etouch.net	626-497-3298	eTouch Systems Corp
Name	SSN #	Email	Phone	Employer

260 N Mathilda Ave, Apt #P8	Sunnyvale	CA	94086
Employee Address	City	State	Zip

Please change the address on my account to the above: ☐ For this disbursement only ☐ Permanently on my account

☑ Please reimburse me ☐ Please pay my provider (attach provider invoice)

IMPORTANT: For all claims listed, you must attach supporting documentation (such as receipts) that include: Provider's Name, Provider's Address, Amount Billed, Service Provided, and Actual Dates of Service. (Note that dates of payment are not sufficient.)

MEDICAL EXPENSES

PERSONS FOR WHOM EXPENSE WAS INCURRED	DATE(S) OF SERVICE	NAME & ADDRESS OF SERVICE PROVIDER	DESCRIPTION OF EXPENSE	AMOUNT
			TOTAL MEDICAL EXPENSES	

DEPENDENT CARE / DAYCARE EXPENSES

(Attach supporting documentation)

DEPENDENT INFORMATION (NAME, AGE, RELATIONSHIP)	DATE(S) OF SERVICE	NAME & ADDRESS OF SERVICE PROVIDER	PROVIDER'S TAX ID OR SSN & DESCRIPTION OF EXPENSE	AMOUNT
SAISATVIK TURAGA, 1.7 years, Son	7-1-2014 to 11-30-2014	Manohari Susarla Day Care, 330 N Mathilda Ave, Apt 1001, CA - 94085	EIN# 27-2204725 , Day Care Service	5500
			TOTAL DEPENDENT CARE/DAYCARE EXPENSES	5500

READ CAREFULLY

I certify that I am a participant in the Flexible Spending Account (FSA) Plan and confirm that these expenses, for which reimbursement is requested, have been incurred during the Plan Year while I was covered under the FSA Plan. These expenses have not been reimbursed by any other benefit plan. I understand that I am responsible for the validity of this request and all information pertaining to it. I further understand that I am liable for all related Federal, State or City taxes for any invalid request submitted by me and I will not claim credit for reimbursed expenses on my individual tax return.

	12/8/2014
Participant Signature	Date

Mail To: Sterling HSA, P.O. Box 71107, Oakland, CA 94612
Email To: customer.service@sterlinghsa.com | **Fax To:** 888-410-7361