## MEDICAL EXPENSE REIMBURSEMENT ACCOUNT CLAIM FORM



Use this form for eligible expenses incurred by you or your eligible dependents.

| ✓ if new email address ☐ ✓ if new   | address  |  |   | Number of pages   |  |
|---|--|--|---|---|--|
| Section   | on A – Account Holde   | r Information (F   | Please Print)   | nga na sangga sa angga sa   |  |
| COUNT HOLDER'S NAME LAST MURU GAN   | SENTHIL  |  | MIDDLE S A  | SPENDING ACCOUNT ID#  |  |
| EET ADDRESS 110 GRALWAY CIR   |  |  | S   | OCIAL SECURITY # (if SA# not known)   |  |
| CHALFONT  | STATE PA   | 10011.   |   | 08887 371 9   |  |
| ount Holder Email address Sinthul Kmurugan @  | yahoo.com  | EMPLOYER NAME  MERCH   | n   |   |  |
| fields in this section must be completed cumentation must be attached. See the  | Section B - Claim D<br>. If information is missing, the<br>reverse side of this form for more                                      | processing of your o   | laim may be delayed   | or denied. Supporting   |  |
| Date(s) of<br>Service   | Name of Person<br>Receiving Service  | Name of Provider of Service  | Type of Service/<br>Supply Provided                                       | Reimbursement<br>Requested  |  |
| 12 -11 -20 100  | Rya Senthil  | Lorbett  | Courseling  | \$ 17-94  |  |
| 2 18 -20 12   | Riya Seathil   | Loopet   | Councelly   | \$ 17-94  |  |
| 2 04 20 to  | Kida Seuthil   | Loset  | Courselind  | \$ 17-94  |  |
| 11.2920 to  | Ritger Seathil   | LCoxbett   | Coursella   | \$ 17.94  |  |
| 10 29 20 to   | Kolya Senthal  | LCorpet  | Councility  | \$ 17.94  |  |
| 11 06 20 to   | Ligh Senthi  | L Cookett  | tountelig   | \$ 17.94  |  |
|   |  |  | TOTAL   | . \$  |  |
| eras numero e una francia de evindressina   | Section C - Account  | Holder Signati   | ire was on the  | nor all print feetacles   |  |
| certify that the expenses listed above he coording to my Summary Plan Description lan or any other health plan, such as an inderstand that the expense for which I amount I may be asked to provide further detay specific medical condition or a more defined. | in. These expenses have not be<br>individual policy or my spouse<br>n reimbursed may not be used<br>ails about some expenses (e.g. | een reimbursed and<br>e's or dependent's h<br>to claim any Federal | will not seek reimbur<br>ealth plan or a flexible<br>income tax deduction | sement under my medic<br>e spending account plan<br>or credit. I also understar |  |
| COUNT HOLDER SIGNATURE/   | DATE   |  |   |   |  |
| Kunn  |  |  |   | May/10/2021   |  |

Questions? Call Member Services at 1-(888) 215-0025.

**Send via secured email only:**HorizonMyWay.Documents@Hellofurther.com

Fax to: 866-231-0214

Mail to: P.O. Box 64193

St. Paul, MN 55164-0193

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| COUNT HOLDER'S NAME LAST MURUGAN  | SENTHI   | Т  | MIDDLE S A   | SPENDING ACCOUNT ID#  |  |
| REET ADDRESS  |  |  | so   | CIAL SECURITY # (if SA# not known)  |  |
| CHALFONT  | STATE  | 10011  |  | 908 887 3719  |  |
| count Holder Email Address<br>SCMthill muzugern &   | yahao.com  | MCCC K   |  |   |  |
| fields in this section must be completed. scumentation must be attached. See the re   | Section B - Claim I<br>If information is missing, the  | processing of your of  | laim may be delayed o  | or denied. Supporting   |  |
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| 09-25-20%   | Rija Southil   | Llosbett   | Councelie  | \$ 17-94  |  |
| 07-18-20\$  | Ruga Sentul  | L Gorbett  | Councella  | \$ 17.94  |  |
| 08-23-20-4  | Rule South   | 1 Coopet   | Coveralia  | \$ 17.94  |  |
| to  | A CONTRACTOR OF THE CONTRACTOR | terant.  |  | \$  |  |
| to  |  |  |  | \$  |  |
| to  |  |  |  | \$  |  |
|   |  |  | TOTAL  | \$  |  |
| Prince has talk to the State of the Companyon   | Section C - Account  | Holder Signati   | ıre  | ray ork sauch harris ag   |  |
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