

# Cafeteria Plan Gluten-Free Reimbursement Claim Form



## EMPLOYEE INFORMATION

Name: \_\_\_\_\_ Last four digits of your Social Security #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

Please check box if address is new

Name of Individual	Date of Service	Name of Food Item	Gluten-Free Price	Price of Item with Gluten	Price Difference
John Doe	01/01/2011	Bread	\$4.00	\$2.00	\$2.00
<b>Total Amount Requested:</b> _____ →					

### Submit receipt for Gluten-free food and doctor's note of necessity

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed were incurred during the current period under the company's Cafeteria Plan. The undersigned fully understands that he or she is alone fully responsible for the sufficiency, accuracy, and veracity of all the information relating to this claim and unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including Federal, State, or City income tax on amounts paid from the Plan which relate to such expense.

\_\_\_\_\_  
 Employee's Signature (must be signed for proper processing)

\_\_\_\_\_  
 Date

**To Submit a Claim:**

- Visit us at: [www.beneflexhr.com](http://www.beneflexhr.com) and submit your claim electronically through the Employee Portal, (click on Employee, Employee Login)
- Submit your medical claim via our new mobile app, **BeneFlexHR Mobile**. (available on iTunes or Google Play), or
- Send your claim form along with all supporting documentation directly to BeneFLEX via email: [info@beneflexhr.com](mailto:info@beneflexhr.com), fax: 314.909.6983 or mail: 10805 Sunset Office Drive., Ste. 401, St. Louis, MO 63127.

*\*Please do not submit a claim for reimbursement if you used your Benny Card.\**

**Claims Processing Deadline:**

- **Tuesday at 3:00 p.m. CST; 1:00 p.m. PST. BeneFLEX issues checks on Thursday.**  
*\*\*Mileage to and from provider to your home. \*\*If rate has changed, amount will be adjusted at processing.*

## PLEASE READ THIS BEFORE SUBMITTING YOUR GLUTEN-FREE CLAIM FORM

### GUIDELINES FOR CLAIMS SUBMISSION::

- Use worksheet to file any claim for gluten-free foods.
- The sheet has a place to list the food item, cost of the gluten-free variety, cost of the gluten-containing variety, and the price difference.
- Make several copies of the worksheet whenever you file a claim.
- The receipts for the food items you are requesting reimbursement for must be included each time with the worksheet.
- With the first claim, provide a copy of a letter from your doctor clearly stating you are diagnosed with celiac disease and you must be on a gluten-free diet.
- **BeneFLEX will keep the copy of the letter on file, so you do not have to send it each time.**

### For Your Reference

- Scheduled processing date(s): Weekly or Daily (company specific)
- To ensure you are reimbursed, all claims must be received by BeneFLEX HR Resources, Inc. no later than 3:00 p.m. (central) 1:00 p.m. (pacific) Tuesday for weekly processing.
- BeneFLEX phone numbers - (314) 909-6979 and (800) 631-3539 (outside St. Louis) or fax number (314) 909-6983.
- If you terminate employment, any expenses incurred after your termination date are not eligible for reimbursement. Medical Expenses can still be claimed if you continue your participation under COBRA.
- If you fax your claim, keep a copy of the confirmation statement in case BeneFLEX does not receive your paperwork.
- Please itemize the expenses on your claim form.
- You can contact BeneFLEX HR Resources, Inc. by e-mail at [info@beneflexhr.com](mailto:info@beneflexhr.com) or visit us online for up-to-date information such as Frequently Asked Questions, download forms, e-mail questions to our team members, articles on changes in the Cafeteria Plan regulations.

### Check Your Account Balance

- Visit us online at [www.beneflexhr.com](http://www.beneflexhr.com), click on "Employee" and then select "Employee Login",
- Download our new mobile app, *BeneFlexHR Mobile*, (available on iTunes or Google Play) or
- Call our Interactive Voice Response System (IVR) at (855) 210-9527

**BeneFLEX HR Resources, Inc.**

10805 Sunset Office Drive, Suite 401 St. Louis, MO 63127 | Email: [info@beneflexhr.com](mailto:info@beneflexhr.com) | Website: [www.beneflexhr.com](http://www.beneflexhr.com)