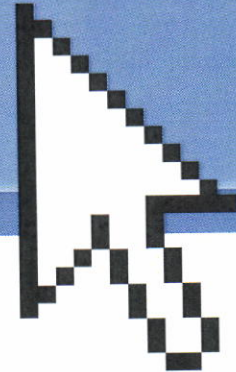


***Save time,
file online!***



Before you print a paper claim form and mail or fax it, read more!

Health Flexible Spending Account (Unreimbursed Medical) and Health Reimbursement Arrangement participants may now file claims electronically with a secured online account.




Two Ways To File Online!

1. **Online Service Center**, our secured website built to help you manage your account - on your own time!
2. **AFA Mobile™** - Our mobile app for easy account access while on the go!

Learn more about both at www.americanfidelity.com/mymoneyfaster.

How to File:

You may also use our new mobile app, AFA Mobile™, to access their secured online account on the go. Three easy steps for filing your claim online or with AFA Mobile™:

-  1. [Log in](#) to your secured online service center account. If you don't have one, you can sign up at the login screen.
-  2. Submit a new claim, sign up for direct deposit, and review claim history and account balance.
-  3. Check your claim status.

Still prefer to file a paper claim? Scroll down to the claim form below.



Our Family, Dedicated To Yours.®

2000 N. Classen Boulevard • Oklahoma City, Oklahoma 73106 • 800-654-8489
americanfidelity.com

**EXPENSE REIMBURSEMENT VOUCHER FOR
HEALTH FLEXIBLE SPENDING ACCOUNT (HEALTH FSA) OR
HEALTH REIMBURSEMENT ARRANGEMENT (HRA)**

| | | |
|---|--|-------------------|
| Name of Employee (Last, First, MI) | | Social Security # |
| Mailing Address | | E-mail address |
| <input type="checkbox"/> Check here if this is a new address; if so, do you have other AF products? | | |
| Name of Employer | | Daytime Phone # |

| Date of Expense | Name of Person for Whom the Expense Was Incurred | For an HRA expense, if this person is or has ever been enrolled in Medicare, you must provide this persons Medicare Claim Number (HICN)* | Amount of Medical Expense |
|---|--|--|---------------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| *Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) (P.L. 110-173) requires American Fidelity to report certain HRA data to the Centers for Medicare & Medicaid Services. | | | Expense Total: (must be completed) |

EXPENSE GUIDELINES: All documentation attached must have a detailed explanation of the date, type, and amount of each service rendered. Some Employer's HRA Plans require an EXPLANATION OF BENEFITS (EOB) to be submitted with each reimbursement request. Check with your Employer for details on your plan.

Acceptable Documentation to accompany the reimbursement voucher:

- √ Professional bill or receipt that includes:
 - Provider of service
 - Charges for the service
 - Type of service rendered
 - Original date of service
- NOTE:** the date of service, not the date of payment must fall within the dates of the plan year for which you are enrolled
- √ Insurance Company Explanation of Benefits
- √ Pharmacy Statement that includes Rx number and name of prescription
- √ **Over-the-counter drugs and medicine - medical practitioner's prescription and receipt required.**

Unacceptable Documentation includes:

- √ Cancelled checks or credit card receipts
- √ Bill or receipt that only shows a balance forward/previous balance or payment due

I authorize the above expenses to be reimbursed from my account balance. To the best of my knowledge my statements on this form are true and complete. I certify that either I, my spouse, my tax dependent or my adult child who will be under the age of 27 as of the end of the calendar year has received the services described above on the dates indicated and that the expenses qualify as valid "medical care expenses" as defined by Internal Revenue Code Section 213(d). I certify that these expenses have not been reimbursed under this or any other health plan and I will not seek reimbursement under any other health plan. I understand that the expenses for which I am reimbursed may not be used to claim any federal income tax deduction or credit. I further understand that I may be asked to provide further documentation or further detail relating to an expense.

Signature of Employee

Date Signed

Mailing Address: American Fidelity Assurance Company, AWD/Flex Account Administration, PO Box 268887, Oklahoma City, OK 73126-8887 **PHONE NUMBER:** 1-800-437-1011 **FAX NUMBER:** 1-888-243-2638

American Fidelity will not be responsible for faxes not received. Average processing time is 5 to 7 working days from receipt of a completed voucher. Additional Forms and Account Information are available on our website at: americanfidelity.com— under Claim & Flex Forms

INCOMPLETE VOUCHERS MAY DELAY PROCESSING OR RESULT IN A DENIED CLAIM