



125 Cafeteria Plan Claim Form

This and other important forms are available at:
www.jemtpa.com

Complete, Sign and Send form, receipts and EOBs to:

JEM Resource Partners Fax: 888-989-9247
 4201 Bee Caves Rd. Suite C-101
 Austin, TX 78746

Participant Name: _____ Employer Name: _____

Social Security #: _____ Work Phone #: _____ Home Phone #: _____

Home Address: _____

Out of Pocket Medical or Dental Expenses (Not covered by a Group Medical or Dental Plan):

Please attach copies of paid receipts that show the type of medical or dental expenses; for expenses covered by a Group Medical Plan, attach an Explanation of Benefits (EOB) and paid receipts.

Expenses for:	Date of Birth	Relationship to Participant	Services Provided by	Date of Services	Total Expense	Payment by Insurance	Out of Pocket Expense

Are any of these expenses covered by Medicare or another Group Medical or Dental Plan (this does not include your Employer's Group Plan)? No

Yes - Name of Group Medical/Dental Plan Company _____

Name of Insured under the Plan listed above _____

Dependent Care Reimbursement (Please attach receipts from Provider)

Expenses Incurred for (Dependent's Name)	Date of Birth	Relationship to Participant	Services Provided by	Date Service Began	Date Service Ended	Out of Pocket Expense

Provider Name: _____ Federal ID or SS#: _____ Phone: _____

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I certify that the expenses listed above have been incurred by me during this Plan Year and qualify for reimbursement under this Plan. (see page 2 or your Employer's 125 Plan booklet for a description of eligible expenses). I also understand these expenses no longer qualify as tax deductions or credits. The paid bills, receipts or other proof of these expenses are attached. I hereby authorize any physician, hospital, or other organization or person having any records, data, or information concerning health history or other insurance for my minor dependents, or me, to furnish such records, data, or information as may be requested by my Employer and/or JEM Resource Partners, Inc.

Signature

Date