



Service is our Strength
Celebrating 20 Years

PAI FLEX-BENEFITS FORM
Section-125 Flexible Benefits Form

CHECK ALL THAT ARE INCLUDED

- NEW HCR CLAIM** \$ _____ total
HCR claims for medical spending
- NEW DCR CLAIM** \$ _____ total
DCR claims for Dependent Care spending
Please enter **Daycare Provider*** Information below
- RECEIPTS** for SmartFlex Debit-Card
Please send in receipts for debit-card usage
- NEW HRA CLAIM** \$ _____ total
HRA claims for Group-Sponsored medical spending

Account Information **Please make any necessary changes below**

Employer Name: EASTERN OK COUNTY CENTER
 Plan Year: 2007 10/01/2007 - 09/30/2008
 Group Number: 10163

Employee Name: _____
 Social Security Number: _____
 Street Address: _____
 City, State, Zip-Code: _____
 Daytime Phone Number: _____
 Email Address: _____

***Daycare Provider Information**

Name of Provider: _____
 Tax-ID Number: _____
 Dates of Service: _____
 Name of Dependent: _____ Age: _____
 Name of Dependent: _____ Age: _____
 Name of Dependent: _____ Age: _____

Receipts must include date of service; type of service; and all prescriptions must include the Rx number. Cancelled checks or balance-due statements are not acceptable receipts.

AFFIDAVIT: To the best of my knowledge and belief, statements in this Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses, and for eligible Plan participants. I authorize the reduction of my Flexible Compensation Account by the amount requested. I certify that these expenses have not been previously reimbursed, will not be reimbursed under this or any other benefit plan, nor will they be used to obtain a Federal or State Income Tax deduction or credit.

Employee's Signature: _____ **Date:** _____

To be processed, forms must be signed and dated

Make sure to keep a copy of your original receipts for your records

Mail or Fax Completed Forms and Receipts to:

PRECISION ADMINISTRATORS, INC.
 3240 W. Britton Rd.
 Suite 202
 Oklahoma City OK 73120

TELEPHONE: 405-507-0800
 FAX: 405-507-0700
 EMAIL: Claims@PrecisionCompanies.com