



CLAIM REPAYMENT FORM

The Claim Repayment Form is for the repayment of ineligible charges only. Please read and complete each section as it applies to your repayment request.

PARTICIPANT INFORMATION *(to be completed by participant)*

Participant Name:	
Employer Name:	
Employee Number/ID:	

COMPLETE THIS SECTION FOR INELIGIBLE CLAIM(S) REQUIRING REPAYMENT. (ATTACH CLAIM REPAYMENT NOTIFICATION)

Date of Card Charge	Provider/Merchant of Ineligible Service	Total Card Charge	Repayment Amount Due

I hereby certify that the treatment plan(s) listed above is/are medically necessary to treat the ailment or medical condition listed above. This treatment plan is neither for cosmetic reasons nor for general health and well-being.

CHOOSE REPAYMENT OPTION

- ☐ **Electronic Funds Transfer (EFT):** Withdrawal from your TASC Direct Deposit account. If you do not have direct deposit set-up, log in to your online account.
- ☐ **Check/Money Order:** Mail repayment to the address listed on this form made payable to "TASC Claims Repayments".
- ☐ **Replacement Receipts:** To submit out-of-pocket expenses to apply toward repayment amount due, complete below section.

Date of Service	Description of Service	Provider	Total Charge Amount

AUTHORIZATION

I certify that the expenses for reimbursement requested from my accounts were incurred by me (and/or my spouse and/or eligible dependents), were not reimbursed by any other plan, and to the best of my knowledge and belief, are eligible for reimbursement under my reimbursement plans. I or (we) will not use the expense reimbursed through this account as deductions or credits when filing my (our) individual income tax return. Any person, who knowingly and with intent to injure, defraud or deceive any insurance company, administrator, or plan service provider, files a statement of claim containing false, incomplete or misleading information may be guilty of a criminal act punishable under law.

Signature of Plan Participant

Date

TASC complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-608-316-2408.

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-533-5020 (TTY: 1-800-947-3529).

Please fax or mail completed forms to:

Total Administrative Services Corp (TASC) • PO Box 7511 • Madison, WI 53707-7511

Phone: 844-786-3947 • Fax: 877-231-1287

SW-5532-101016