

TOLL-FREE FAX: 877-782-8889
E-mail: claims@takecareclaims.com
Or mail to take care by WageWorks, PO Box 14054, Lexington, KY 40512

*To ensure speedy processing:
DO NOT USE A FAX COVER SHEET*

ACCOUNT HOLDER INFORMATION

Last Name												First Name																			
Social Security Number						Employer / Program Sponsor's Name																									
Zip Code				Birth Month/Day (MM/DD)				E-mail Address (complete only if new)																							

CERTIFICATION AND AUTHORIZATION

The undersigned participant in the Plan certifies that all services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's Flexible Benefit Plan with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that 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 _____
Date

UNREIMBURSED MEDICAL EXPENSE CLAIMS

Date Expense incurred (mm/dd/yy)	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Net Amount
Attach appropriate receipt(s) and submit with this claim form			Total Health Care Expense Claim	0.00

To complete an electronic claim form or check your account balance go to takecareWageWorks.com

take care® HEALTH CARE ACCOUNT

Claim Form & Filing Instructions

On the reverse side of this page is a claim form. Please feel free to copy this form.

When filing your claim, you must attach copies of the receipts. *The receipt must show the date and type of service for the expense.* Canceled checks, credit card slips, or statements showing only a balance due on your account are not allowable.

Please be sure to number each attachment page (e.g., Page 2 of 3, Page 3 of 3, etc.).

- **Fax:** For faster service, fax your claim with receipts to 877-782-8889. Your claim form is your fax cover page. After you fax a claim with receipts, please *do not* follow up with a postal mail or e-mail.
- **E-mail:** For even faster service, scan your claim form with receipts into a single PDF. Your claim form should be the first page of your scan. E-mail the PDF to claims@takecareclaims.com. After you e-mail a claim with receipts, please *do not* follow up with a postal mail or fax.
- **Postal Mail:** If you don't use e-mail or fax, postal mail your claim with receipts to take care by WageWorks, PO Box 14054, Lexington, KY 40512.

Remember to keep the original claim form and supporting documents for your records.

To verify your claim has been received, go to the web site described below. When your claim is approved, it will appear within three business days on the web site under "View Account."

You may check your account balance status any time, day or night at the web site. In addition, the web site has a claim form, a list of qualifying expenses, and other administrative tools that will help you conveniently manage your account. The site also has frequently asked questions and instructions on how to contact us.

takecareWageWorks.com

...everything you need to manage
your Flexible Benefit Account...

- Verify your election
- View your account balance
- Complete electronic claim form
- How and where to file claims
- Look up qualified expenses
- Change in status rules
- Eligibility requirements
- Learn about the plan
- How to contact us

take care®
by WageWorks

Copy the front and back of this claim form for future use.