

**THORNAPPLE KELLOGG SCHOOLS  
FLEXIBLE BENEFITS PLAN**

**APPLICATION FOR REIMBURSEMENT OF MEDICAL EXPENSES**

*THIS APPLICATION MUST BE FILLED OUT COMPLETELY*

In order to be eligible for reimbursement, an expense must meet the following requirements:

- (a) It must be a "qualifying medical care expense" under the Plan; and
- (b) It must have been incurred by you, your spouse or a person who is your dependent pursuant to the requirements of the Internal Revenue Code.

You should carefully review your Summary Plan Description to be certain that these requirements are met.

1.

Patient's Name(s)	Age	Relationship to You	Date Expense Was Incurred
Describe Expense			

2. Amount of expense: \$ \_\_\_\_\_

3. If this expense was the purchase of a non-prescription drug, I certify that the non-prescription drug was purchased for use by me or my spouse or dependent to alleviate or treat an illness or injury and was not purchased for the purpose of maintaining overall good health.

4. Has this expense been submitted under any other plan or insurance policy?

- Yes (Amount paid: \$ \_\_\_\_\_)
- No (Reason not submitted: \_\_\_\_\_)

5. Could this expense be reimbursed by any other source?

- Yes                       No

If yes, answer the following questions:

Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

6. Name and address of person or business to whom expense was paid:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. If this expense relates to a dependent child, does the dependent child live with you or do you provide more than one-half of the child's support?

- Yes                       No

8. Is the person who incurred the expense covered by a "health savings account" and a "high deductible health plan" sponsored by an employer other than your employer?

- Yes                       No

9. I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION, KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Employee's Printed Name

Attach all bills, invoices and receipts relating to the medical expense and return with this Application for Reimbursement of Medical Expenses to:

Thornapple Kellogg Schools  
Director of Finance & Operations  
10051 Green Lake Rd.  
Middleville, MI 49333