

**HEALTH CARE SPENDING ACCOUNT CLAIM FORM**

**KECHNIE BENEFITS**

First Name	Last Name	Date of Birth (M/D/Y)
Address		
Employer Name		

Your health care spending account is available to you for submitting expenses that are not eligible under your group benefit plan or for unpaid balances due to co-insurance or deductibles. In essence a HCSA is a top up to your core extended health care plan(s). **All claim submissions must be submitted with the explanation of benefits from your core extended health care plan(s) and copies of your receipts.**

Claimant's Name	Relationship To Employee	Date of Birth	Health Expenses	Dental Expenses	Date of Expenses	Amount
<b>Total:</b>						

Please be sure to include the following information with your claims submission:

- Explanation of benefits from your core extended health care plan(s)
- Copies of receipts

Please mail the completed form (signed and dated) to Kechnie Benefits.

Signature of Employee	Date