



**Conner Strong & Bucklew  
Limited Flexible Spending Account  
Claim Form**

**Benefit Analysis, Inc.**

P.O. Box 527  
Nutley, NJ 07110-0527

**1. Participant Information and Signature**

By submitting this claim form, I (participant named below) certify that I and/or my dependents incurred the below expenses, and that I have paid the expense(s) incurred by me and/or my eligible dependents. This reimbursement is not payable under any other plan. I further declare that I have not and will not deduct these expenses on my Federal and State income tax returns.

Participant Name (please print): \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Participant Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

☐ CHECK IF ABOVE IS A CHANGE OF HOME ADDRESS

How may we contact you during the day? Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**2. Dependent DAY Care FSA - attach all documentation \*\*The child must be under the age of 13\*\***

Benefit Card? Y/N	Dependent Name	Age	Provider Name	Tax ID Number	Date(s) Of Service mm/dd/yyyy		Requested Amount
					From:	To:	
					From:	To:	
					From:	To:	
					From:	To:	
					From:	To:	
					From:	To:	
					From:	To:	
					From:	To:	

**3. Health Care FSA - attach all documentation**

**Total Amount Requested \$**

Benefit Card? Y/N	Patient Name	Provider Name	Description of Service	Date of Service	Requested Amount

**4. Process**

**Total Amount Requested \$**

**For more efficient processing, submit the claim via BAI website portal at [www.benefitanalysis.com](http://www.benefitanalysis.com)**

To submit by mail send to:

Benefit Analysis, Inc.

P.O. Box 527, Nutley, NJ 07110-0527

To submit by fax send to:

973-661-2888

To submit by email send to:

[Info@benefitanalysis.com](mailto:Info@benefitanalysis.com)

**ONLY ONE METHOD OF SUBMISSION IS NECESSARY**

**SUBMISSION DEADLINE FOR ACTIVE EMPLOYEES**

Employees have 90 days after the plan year end to submit claims for both Health (HCR) and Dependent Day Care (DCR).

**SUBMISSION DEADLINE FOR TERMED EMPLOYEES**

Termed employees have 90 days from the plan year end for HCR. The services provided must have been incurred while still an active employee. For DCR contact BAI.