

Lifestyle Benefit Reimbursement Request Form

This form allows you to request reimbursement from your Lifestyle Spending Account.

INSTRUCTIONS: INCLUDE RECEIPTS AND DOCUMENTATION WITH THIS REQUEST FORM

Before completing this form, consider securely posting your claim using the **online claim entry** feature available on Igoe's Participant Portal or via **IgoeMobile**. If you are unable to use these secure tools, you can use this form by following the below steps:

1. **Fill** in all requested information and **attach** all supporting documentation if applicable:
 - All itemized bills and/or premium statements.
 - Explanation of Benefits.
 - Statement of service.
 - Receipts for expenses incurred.
2. **If you are unable to attach your form or document to an online or mobile app claim or alert**, you may use one of these secondary options to send your documentation to us. Please note, that Igoe cannot guarantee the security of any documentation provided to use via the below methods while in transit to our organization:
 - Email to flex@goigoe.com.
 - Fax to 800-456-9083.
 - Mail to Igoe Administrative Services, P.O. Box 501480, San Diego, CA 92150-1480.
3. **Questions?** Please contact Participant Services at flex@goigoe.com, 1-800-633-8818, Opt# 1.

Section A: About You ***(All information is REQUIRED. Please print clearly)**

Employer Name

Participant Name	Number of pages	Employee Number (If Applicable)	
Home Address <input type="checkbox"/> Please check if this is a change in address	City	State	Zip
E-mail Address		Phone Number	

Section B: Lifestyle Benefit Expenses Incurred **(for you and your eligible dependents where applicable)**

Service Date (mm/dd/yy)	Service Provider	Description of Expense	Person Incurring Expense Name, Age, Relationship	Net Amount
				\$
				\$
				\$
				\$
Total				\$

Section C: Authorization ***REQUIRED (PLEASE SIGN AND DATE)**

I certify that I am a qualified employee and eligible to receive funds from my employer's post-tax Lifestyle Benefit Program. I understand and agree that each expense above must be a proper expense under the Lifestyle Benefit Program and that reimbursements received are received in the form of taxable wages.

Signature: _____ **Date:** _____

