

# VANTAGEPOINT

BENEFIT ADMINISTRATORS

## REIMBURSEMENT CLAIM FORM – Summit

**Fax:** Send a completed claim form with the form and all supporting documents via fax to 501-801-3897

**Email:** Send a completed claim form with the form and all supporting documents in one pdf file to [claims@vantagepointbenefit.com](mailto:claims@vantagepointbenefit.com)

<b>Group Name</b>	
<b>Employee</b>	
<b>Employee SSN</b>	
<b>Email</b>	

Date of Service From To	Merchant Name	Service Type (Office Visit, Rx, Transit etc.)	Person for Whom the Expense was Incurred	VantagePoint Debit Card used for this expense?		Amount Requested
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
<b>Total Amount Requested</b>						

**To avoid delays in processing your claim please sign and date this form and provide notice of any name or address change to VantagePoint immediately.**

I authorize my account(s) to be reduced by the amount requested. To the best of my knowledge and belief, the statements on this form are complete and true. I am claiming reimbursement for eligible expenses incurred by myself or a tax qualified dependent during the applicable plan year. I certify that these expenses have not been previously reimbursed by this or any other benefit plan will not be reimbursed from any other source and will not be claimed as an income tax deduction.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_