



Mail claims to:

Bentegrity Solutions
P.O. Box 211575
Eagan, MN 55121
Support: (806) 568-2600

Date: _____

Group: _____ Group No.: _____

Employee's Name: _____ Member ID No: _____

Dependent Name: _____

Attached claim information & receipts (please list the provider's name and date of service for each claim):

Provider Name: _____ Date of Service: _____ Request Amount: \$ _____

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Provider Name: _____ Date of Service: _____ Request Amount: \$ _____

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To the best of my knowledge and belief, my statements in this Request for Reimbursement are complete and true. I am requesting reimbursement for eligible expenses incurred during the applicable Plan Year and for eligible Plan Participants.

Employee Signature (required): _____ Date: _____

REIMBURSEMENT TIPS: - To ensure prompt and accurate reimbursements

- Submit itemized Request for Reimbursement Form and itemized paid Receipt to address listed above.
- Include required claim substantiation (itemized bill or receipt) along with your Request for Reimbursement Form.
- Incomplete Requests for Reimbursement will delay processing.
- Dates of Service always represents the date your services are incurred or rendered, not always the date they were paid.
- Enter the amount requested for each request in the Request Amount Box. One form can be used for multiple expenses.
- Your Signature is required on each Request for Reimbursement form.