

CITY OF FORT WAYNE  
FLEXIBLE SPENDING ACCOUNT  
CLAIM FORM



PHP TPA Services  
PO Box 9648, Fort Wayne, IN 46899  
PH: 800-551-7334 | FAX: 260-436-7235  
proclaimplus.com

**EMPLOYEE INFORMATION**

NAME:		SOCIAL SECURITY #:	
<input type="checkbox"/> CHECK HERE IF NEW ADDRESS		DAY TIME PHONE #:	
ADDRESS:		EMAIL ADDRESS:	
CITY:	STATE:	ZIP:	EMPLOYER:

**REIMBURSABLE EXPENSES (Attach documentation.)**

DATE INCURRED	PROVIDER OF SERVICE	PERSON FOR WHOM SERVICE PROVIDED	EXPENSE TYPE **	REIMBURSEMENT AMOUNT REQUESTED
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
			<b>TOTAL</b>	\$

\*\* EXPENSE TYPE CODE: M = MEDICAL; D = DEPENDENT DAY CARE

**CERTIFICATION**

I certify the following is true:

1. The expenses listed above were incurred by me and/or my eligible dependents and qualify for reimbursement.
2. The expenses listed above are not eligible for reimbursement by any health care plan.
3. I have not and will not deduct the above listed expenses on my Federal Income Tax returns.
4. The appropriate bills, receipts, Explanation of Benefit statements are attached or verified by provider signature below.

Associate Signature:	Date:
Signature (provider of dependent care certifying dates and amounts listed above are correct for services rendered)	Date:

*Any person who knowingly and with intent to defraud or deceive any health care plan, files a statement of claim containing any materially false, incomplete or misleading information is guilty of a crime.*

**Claim Submission**

E-Mail: [mford@phpni.com](mailto:mford@phpni.com)

Fax: 260-436-7235

**Mailing Address:**

PHP TPA Services  
ATTN: Monique Ford  
PO Box 9648  
Fort Wayne, IN 46899

**For Questions Please Contact Our  
Customer Service Team**

**(800) 551-7334**



PHP TPA Services  
PO Box 9648, Fort Wayne, IN 46899  
PH: 800-551-7334 | FAX: 260-436-7235  
proclaimplus.com

## FSA Direct Deposit Authorization

### EMPLOYEE INFORMATION

SSN	Name (Last, First, M.I.)	Company Name
Email Address (for EOBs via email)		Direct Deposit Program (check only one) <input type="checkbox"/> Enroll <input type="checkbox"/> Change <input type="checkbox"/> Cancel

### ACCOUNT INFORMATION

Financial Institution Name	Bank Account #	Bank Routing #	Account Type <input type="checkbox"/> Checking
----------------------------	----------------	----------------	---

### EMPLOYEE AUTHORIZATION

*I hereby authorize PHP TPA Services to initiate deposits to my account shown above. This authorization will remain in effect until revoked in writing from me or until my participation in the Flexible Spending Account has terminated.*

Employee's Signature	Date
----------------------	------

***Please complete and return this form accompanied by a voided check from your account***