



Donley Benefits Consulting, Inc.
4735 Statesmen Drive, Suite A
Indianapolis, IN 46250

REQUEST FOR REIMBURSEMENT FROM HEALTH REIMBURSEMENT ARRANGEMENT ACCOUNT

Please complete applicable spaces on this form, attach appropriate bills and receipts and forward to DBC.

Employer _____ Date _____

Employee Name _____ Social Security No. _____
Last First Middle

Home Address _____
Number/Street City State Zip

To the best of my knowledge and belief, my statements in this Request for Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. I certify that these expenses have not been, nor will be, reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I authorize my Health Reimbursement Arrangement Account to be reduced by the amount requested.

Employee's Signature _____ Date _____