

Flexible Spending Account  
REIMBURSEMENT REQUEST



**Submit your claims on-line!**

You can file secure, paperless claims on-line via the Participant Portal at [www.gdynamic.com](http://www.gdynamic.com)

This form should not be used for debit card substantiation or HRA claims.

**EMPLOYEE INFORMATION**

Employee Name

## CLAIM SUBMISSION REQUIREMENTS

1. **Be sure your form is complete, legible and signed.** Incomplete Reimbursement Request Forms or those lacking proper documentation will not be processed. You will receive a letter of explanation.
2. **Limit one receipt per line.** Do not include more than 2 receipts per Day Care or 5 receipts per Medical Care submissions. If additional space is needed, please use another Reimbursement Request Form.
3. **Include proper documentation to support your request.** Be sure to include an itemized receipt or statement which includes the provider's name, credentials, address, dates of service, description of service and the expense incurred. Cancel.4(a).12 TwT.6(c1(el.43(o)7..1(erip)k04.4(b)-0.7.8(m)7,)2.43(o)7..1(e248.4(i)2.8(z)5

