



# Reimbursement Request Form

## Completion Guide

Please be advised that missing information may result in the denial or delay of your request. Do not highlight documentation, as highlighted sections become unreadable in our imaging software.

### Step 1: Participant Information

**E-mail address:** To ensure you receive important communications regarding your account, please make sure you have a current email address on file. You can add or update your profile information at [participant.pncbenefitplus.com](https://participant.pncbenefitplus.com)

### Step 2a: Reimbursement Information

**Plan Type:** Enter the three/four letter code (located below the claim table) to identify the account from which you are requesting reimbursement.

**Did You File Online:** If a claim was filed online at <https://participant.pncbenefitplus.com>, mark "Y" for yes; if not, mark "N" for no.

**Date(s) Expense(s) Incurred:** Provide the date or range of dates the expenses were incurred.

**Merchant/Provider Name:** Provide the name of the merchant or facility where the expense was incurred.

**Name of Person Receiving Product/Service:** Provide your name or the name of the tax dependent for which the service was provided or the product was purchased.

**Claim Amount:** Provide the total amount

### Step 2b: Dependent Care Provider Signature and Certification

Should the daycare provider be unable to provide a receipt, a signature is required in order for your Dependent Care Account (DCA) claim(s) to be paid.

### Step 3: Participant Certification

Sign and date the form after reading the Participant Certification.

### Submit the completed form with the supporting documentation to PNC BeneFit Plus:

PNC BeneFit Plus Consumer Services, P.O. Box 2865, Fargo, ND 58108-2865

Fax: (855) 628-5950

Questions? Please call Consumer Services at (844) 356-9993 (M-F, 8 a.m.-8 p.m. ET).

## Documentation Requirements

**Documentation for medical expenses required by the IRS includes a third-party receipt containing the following information:**

Date service was received or purchase made

Description of service or item purchased

Dollar amount (after insurance, if applicable)

**Documentation for dependent care expenses required by the IRS includes a third-party receipt containing the following information (Please be advised: if a receipt is unavailable, a signature from the provider is sufficient):**

Incurred dates of service

Dollar amount

Name of day care provider

For Adult Care Services, a letter from the doctor or a Medical Necessity Form is required to identify that the dependent is physically or mentally disabled and unable to self-care.

**Unacceptable forms of documentation include the following:**

Provider statements that only indicate the amount paid, balance forward or previous balance

Credit card receipts that only reflect a payment

Bills for prepaid dependent care/medical expenses where services have not yet occurred

When submitting a receipt for a co-payment amount, please be su



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## Step 1: Participant Information

\*Required Fields

\*Participant Name (First, MI, Last)

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\*Employer Name