

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

STEP 3— Mail Completed Form

Send the completed order form using the postage paid envelope to:

NationsBenefits
 CSS-Reimbursement
 1700 N University Drive
 Plantation, FL 33322

All reimbursements will be in the form of a check sent through the mail.

If you have any questions or need assistance placing your reimbursement form, please call Nations at **877-439-2665 (TTY: 771)**. Member Experience Advisors are available 8 a.m. to 8 p.m. local time. Language support services are available, if needed.

I understand that the phone numbers and/or emails I provided on this form may be used by Nations Benefits or any of its contracted parties to contact me about my reimbursement, account, my health benefit plan or related programs, or services provided to me.

IMPORTANT: Please attach a copy of your utility bill to ensure your payment request will be approved.