

## **Reimbursement Request**

Please submit the reimbursement form for issues with retail purchases only. Include a copy of receipt with this form.

STEP 1 – Fill Out	Your Personal Information				
Member ID (found	d on member ID card)		Date of Birth (MM/DD/YYYY)		
First Name		Last Name			
Street #	Street Name			Apt/Suite#	
City		State		Zip Code	
Phone	Ε	mail			
Purchase Date////		Reimbursement Reque	Reimbursement Request Amount \$		
Product Name		Unit Price	Quantity	Total Price	
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## 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 if 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.