



## EBPA Reimbursement FAX Cover Page

<b>To: EBPA Reimbursement Department</b>		<b>FAX #: 1-603-773-4415</b>
Participant's Name: _____	Employer Name: _____	DATE: _____
Number of pages Including this cover page: _____	Participant's Contact Information: Telephone Number or Email Address _____ <i>RECOMMENDED</i>	

You may obtain copies of this **FAX Cover Sheet** at: <http://www.ebpabenefits.com/members>

### Important Claim/Substantiation Submission Information

*Please check the box that applies*

**New Claim Submission**

To ensure there are no delays in processing your claim(s), you are required to complete, sign and submit an "FSA Reimbursement Claim Form" for all *new* reimbursement claims.

(Found on your FSA webpage at [www.ebpabenefits.com](http://www.ebpabenefits.com) under Member Access)

**Substantiation / Documentation Submission**

Please remember to include a copy of the "Substantiation Letter" or "Denial Letter" when submitting your response and/or documentation. **Please do not submit a new Reimbursement Form.**

**MESSAGE:**

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The material in this FAX is confidential. Please be sure it is received by the intended recipient as soon as possible.