



EBPA Reimbursement FAX Cover Page

To: EBPA Reimbursement Department		FAX #: 1-603-773-4415
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. Visit www.ebpabenefits.com/members/forms
- 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:

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