

OCCIDENTAL COLLEGE

REQUEST FOR AUTOMATIC REIMBURSEMENTS  
FROM EMPLOYEE FLEXIBLE SPENDING ACCOUNT

**HEALTH PREMIUM FSA – 2020  
INDIVIDUAL POLICIES ONLY**

NAME \_\_\_\_\_ SSN \_\_\_\_\_

I request that automatic reimbursements be issued for my recurring health premium expenses.

The provider of these services is \_\_\_\_\_  
\_\_\_\_\_.

The provider's Policy Number is \_\_\_\_\_.

The name of my dependent(s) receiving this service is \_\_\_\_\_  
\_\_\_\_\_.

**Attached is third party documentation of my expense showing the type of health insurance, the amount charged on an ongoing basis for these services, the provider of the services, and the name of the member of my family receiving the services which also states the expected effective dates of this recurring expense (beginning and ending dates).**

I am requesting reimbursement of \$\_\_\_\_\_ per pay period for these expenses. I certify that these are eligible, **employment related** health premium expenses incurred on an ongoing basis and they have not been and will not be reimbursed from any other source, nor will they be claimed as deductions on my personal tax return. I acknowledge that it is my responsibility to notify Cetera Retirement Plan Services if there is any change in my health premium expenses, or if I am no longer entitled to receive these automatic reimbursements. I further acknowledge that if I fail to notify Cetera Retirement Plan Services of any change in my health premium expenses, or if I have falsified any information, I am personally liable for any penalties that may be assessed by the Internal Revenue Service or any other source. I understand that this request applies only to the current Plan Year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date