



**Reimbursement Request Form**  
**QMCSO**

# Reimbursement Request Instructions

## For All Account Types (FSA, HRA, RRA, Insurance Premium)

- €# For faster reimbursement processing you may be able to submit your claims online at [www.lifetimebenefitsolutions.com](http://www.lifetimebenefitsolutions.com).
- €# Complete the top section, including Social Security Number or Employee ID.
- €# Submit one expense (either a product or service) per row, even if items are contained on the same receipt.
- €# Label the receipts to correspond to the Claim Ref #.
- €# If you have more items than the form can accept, use additional forms.
- €# Do not "lump" or group items together or write See Attached.
- €# All claims are subject to deadlines, as defined in your Summary Plan Description (SPD).
- €# The expenses you submit must qualify as valid expenses under the terms of the Plan, and the claimant receiving the services must be a qualifying individual as defined in the Plan.
- €# Lifetime Benefit Solutions can only process claims that are properly submitted. Claims that are not properly submitted may be delayed or denied.
- €# Retain a copy of the Reimbursement Request Form and receipts for your own personal records; Lifetime Benefit Solutions is not responsible for retaining copies of your receipts beyond the current Plan year.
- €# Call Lifetime Benefit Solutions Customer Service with questions at (800) 327-7130 during standard week-day business hours.
- €# Mail OR fax (but not both!) completed form with required documentation to:  
**Lifetime Benefit Solutions Claims Dept.**

**Fax # (877) 256-7228**

## Reporting Medical Mileage

- €# Medical mileage rates are set by the IRS and can be applied to transportation primarily for and essential to medical care.
- €# Indicate the total number of miles incurred with each serv