

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

Claims Department

[Company Name]
[Company Address]
[City, State, Zip Code]

Subject: HFSA Claim Submission

Dear Claims Department,

I am writing to submit a claim for reimbursement under my Health Flexible Spending Account (HFSA). Below are the details of my claim:

1. ****Employee Information****

- Name: [Your Full Name]
- Employee ID: [Your Employee ID]
- Plan Number: [Your HFSA Plan Number]

2. ****Claim Details****

- Date of Service: [Date of Service]
- Provider Name: [Provider's Name]
- Type of Service: [Description of Service]
- Amount Charged: [\$ Amount]

3. ****Attached Documentation****

- Itemized receipt
- Explanation of Benefits (if applicable)
- Any other relevant documentation

I certify that the expenses submitted for reimbursement are eligible under the HFSA guidelines. Please let me know if you require any further information or documentation to process my claim.

Thank you for your prompt attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]