



# R H Administrators, Inc.

5502 58th Street, Ste 700

Lubbock, TX 79414-2087

<http://www.rhadministrators.com>

(806) 794-0844 Voice, (800) 680-0892 Toll Free, (806) 784-3555 Fax

## ALTERNATE PLAN ANNUAL REIMBURSEMENT BENEFIT FORM

NAME OF EMPLOYEE		SOCIAL SECURITY NUMBER	
NAME OF PATIENT		RELATIONSHIP	
STREET ADDRESS	CITY	STATE	ZIP CODE

*I authorize the attached to be reimbursed through my Annual Reimbursement Benefit Account. I certify that these expenses are not reimbursable under any other plan. Below is a list of the attached expenses.*

Description of Eligible Expenses	Incurred Dates	Total Amount of Bill	Amount to be Reimbursed
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Total</b>		\$	\$

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

Request for Reimbursement must be filed within 90 days after the Plan Year ends.  
The Plan Year ends on December 31st of each year.

Submit itemized bill or receipts to:

R.H. Administrators, Inc.  
5502 58th Street, Ste 700  
Lubbock, TX 79414-2087

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