How to Submit Your 2013 FSA Claims

To submit a claim, please use the reimbursement request form:

- Health Care and Day Care expense reimbursement form
  2013 FSA Claim Form

Submit your completed forms and receipts either by:
Mail: Flex-Plan Services, Inc. PO Box 53250, Bellevue, WA 98015-3250
Fax: (425) 451-7002 (Fax early to avoid a busy signal.)
Email: claims@flex-plan.com
Upload scanned documents through the Flex-Plan Services Website: flex-plan.com

To verify that you met the deadline, be sure to obtain “proof of mailing” from the post office, keep a fax transmission receipt, or print out a copy of your email for your records.

Questions? Contact the FSA administrator, Flex-Plan Services, at (425) 452-3500 or (800) 669-FLEX. Email claims@flex-plan.com.