



FSA RETURN FORM

If you have used your Flexible Spending Account (FSA) dollars for an expense that was later reimbursed from your Health Reimbursement Arrangement (HRA), you will need to return the money back to your FSA account. Please complete the form below and include a check made payable to Interactive Medical Systems, Corp.

Employer Name _____

Employee First Name _____

Employee Last Name _____

ID Number (found on your Benefits Card) _____

Amount of Refund \$ _____

Date of Service _____

☐ My check is enclosed.

I certify that the statement and information on this refund form is accurate and true.

Employee Signature

Date

Phone: 919-877-9933

Fax: 919-562-0021 Attention flex department

Mail: PO Box 1349, Wake Forest, NC 27588 Attention flex department

Email: flexdept@ims-tpa.com