

To the best of my knowledge and belief, my statements in this reimbursement request are complete and true. I am claiming reimbursement only for eligible expenses incurred during the plan year and for eligible dependents. I certify that these expenses have not been and will not be reimbursed under any other benefit plan and will not be claimed for an income tax credit. I authorize my Flexible Spending Account to reimburse me by the amount requested. I hereby authorize any providers of health care services, suppliers, claim administrators, insurers, reinsurers, and others who have a legitimate need for such information for the purpose of review, investigation, or evaluation of a claim, to supply each other with information about my health status and health care services provided to me. I further agree to reimburse the plan to the extent of any payment which is in excess of the amount payable under this plan.