VANTAGEPOINT

BENEFIT ADMINISTRATORS A Division of J. Peat & Associates

20 Blake Avenue • Lynbrook, NY • 11563-2506
Tel: 516 599-2120 • Fax: 516 599-8310

MEDICAL REIMBURSEMENT CLAIM FORM

- *** Completing a claim online via www.MYrsc.com is most efficient and generates an email confirmation verifying receipt of claim. Please complete claim entry online, print the form and fax along with the appropriate backup (EOB, invoice, Rx receipt) to 516-599-8310.
- If you do not have internet access, you can submit a claim as follows: complete and sign a Medical Claim Form and fax to: 516-599-8310, email to: claims@vantagepointbenefit.com or mail to: VantagePoint Benefit Administrators, Attn: Claims Department, 20 Blake Avenue, Lynbrook, NY 11563.

Employer	
Employee	
Employee SS#	
Email	

Date of Service From	Date of Service To	Provider Name (Physician, Hospital, Dentist, Pharmacy, etc)	Service Type (Office Visit, Rx, Lab etc.)	Person for Whom the Expense was Incurred	VantagePoint Debit Card used for this expense?		Amount Requested
					YES ☐	NO ☐	
					YES ☐	NO ☐	
					YES ☐	NO ☐	
					YES ☐	NO ☐	
					YES ☐	NO ☐	
					YES ☐	NO ☐	
					YES ☐	NO ☐	
					YES ☐	NO ☐	
					YES ☐	NO ☐	
					YES ☐	NO ☐	
					YES ☐	NO ☐	
					YES ☐	NO ☐	
					YES ☐	NO ☐	
					YES ☐	NO ☐	
				Total Amount Requested			

To avoid delays in processing your claim please sign and date this form and provide notice of any name or address change to VantagePoint immediately.

I authorize my account(s) to be reduced by the amount requested. To the best of my knowledge and belief, the statements on this form are complete and true. I am claiming reimbursement for eligible expenses incurred by myself or a tax qualified dependent during the applicable plan year. I certify that these expenses have not been previously reimbursed by this or any other benefit plan will not be reimbursed from any other source and will not be claimed as an income tax deduction.

Employee Signature:________________________________ Date:____________