

Reimbursement Request Form

This form is for reimbursement of any out-of-pocket expenses. Documentation to substantiate purchases made with your Discovery Benefits debit card must be submitted with a copy of a Receipt Reminder or a Receipt and Substantiation Form.

* =Required Fields

* Participant Name (First, MI, Last)

* Employee ID

* Employer Name (Do not abbreviate)

<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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* Social Security Number
