Reimbursement processed by

Principal Life Insurance Company
Des Moines, Iowa

FSA

Flexible Spending Account Request for Reimbursement

Please mail completed form to:
Principal Life Insurance Company
PO Box 39710
Colorado Springs, CO 80949-3910
Toll free Nationwide 1-877-FSA-4730
FAX 719-548-4003

Directions for Completing Request Form

1. Complete **STATEMENT OF EMPLOYEE** below.
2. Complete the **ELIGIBLE EXPENSES SECTION** on Page 2. Indicate the total amount submitted for reimbursement on the bottom line.
3. If you want reimbursement of all or part of a deductible **OR** copayment on a charge which has been received for payment under any medical, dental or vision plan, attach a copy of the explanation of benefits form and indicate in the REIMBURSEMENT REQUESTED column on Page 2 of this form how much you want considered for payment. For all other expenses, attach proof of expense(s) which includes provider's name, date and type of services provided. ***To guarantee payment, your claims must be received in the Service Center no later than 2 business days prior to the pay date.***
4. Please refer to your Summary Plan Description (SPD) for the day of the month your reimbursement will be made and for the minimum amount. All eligible expenses for active employees for current year must be received within 90 days after the end of the plan year. Terminated employees must file by the deadline in the SPD.
5. Access your FSA through the personal login section of the Principal Financial Group internet site, www.principal.com. This is a secure site, so call 1-800-986-EDGE to obtain your personal identification number (pin).

NOTE: ALWAYS RETAIN COPIES OF YOUR PROOF OF EXPENSE.

Statement of Employee

Employee's name *(please print)* _____

Social security number _____

Employee's address _____
Street City State ZIP code

Employee's employer _____

Plan number _____

I, the undersigned, request reimbursement for the eligible expenses listed on Page 2 for myself and any eligible dependents. I certify these expenses are eligible for reimbursement under the Flexible Spending Account sponsored by my employer. I have not been and will not be reimbursed for these expenses from this or any other benefit plan and have/will not include them as itemized deductions or as a tax credit on my personal income tax returns.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

These statements are true and complete to the best of my knowledge ► Signature of employee _____ Date _____

Please furnish a daytime telephone number in case we need to reach you. Area code ( )

ELIGIBLE EXPENSES SECTION ON PAGE 2

Eligible Expenses Section

Eligible Expenses	**Patient and Relationship to Employee**	**Provider of Service and Date of Expense**	**Reimbursement Requested**
HEALTH CARE			
1. Medical			
2. Dental/Vision			

DEPENDENT CARE
(Child, Spouse, Parent)

Dependent's Name and Relationship to Employee

Provider's and/or Facility's Name

Date of Service Provided _____ Cost of Service _____

Date of Service Provided _____ Cost of Service _____

Date of Service Provided _____ Cost of Service _____

Date of Service Provided _____ Cost of Service _____

Total Dependent Care Amount Submitted for Reimbursement $ _____

_____
Dependent Care Provider's Signature

TOTAL AMOUNT SUBMITTED FOR REIMBURSEMENT _____

Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

California: For your protection California law requires the following to appear on this form: Any person who knowingly presents a false or fraudulent claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

District of Columbia: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Kentucky: Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

New Jersey: Any person who knowingly files a statement of claim containing any false or misleading information is subject to criminal and civil penalties.

New Mexico: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purposes of defrauding the company. Penalties include imprisonment, fines and denial of coverage.

Virginia: Any person who, with the intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.