

BDG Benefits Design Group, Inc.

Health Savings Account (HSA) Claim Form

FAX TO: BDG Benefits Design Group 972-596-9266

MAIL TO: BDG Benefits Design Group
19009 Preston Road
Suite 215-236
Dallas, Texas 75252

Phone #: 972-665-0783

Employer _____

Employee Name _____

Employee Address _____
Street

City State Zip Code

Social Security Number Telephone Number

Medical Expenses \$ _____

RX Expenses \$ _____

Dental Expenses \$ _____

Vision Expenses \$ _____

TOTAL HSA Expenses \$ _____

As the employee plan member, I certify that the above information is correct. I further certify that the above listed expenses with the attached certified receipts constitute valid expenses incurred by me or my eligible dependents and none of these expenses have been reimbursed to me by an employer sponsored benefit plan.

Signed _____ Date _____

Please attach supporting receipts or benefit statements.