



Group Benefit Services, Inc.
P.O. Box 4368
Lutherville, MD 21094
Toll Free: 800.337.4973
Fax: 410.321.8053
fsa@gsbio.net

GBS PREMIUM REIMBURSEMENT FORM

Employee Name:	Social Security #:
Home Address:	
Employer Name:	Phone #:

PLEASE READ CAREFULLY:

Please attach a copy of your premium statement from the insurance carrier showing your out of pocket expenses to this GBS Premium Reimbursement Form and submit to Group Benefit Services by using the mailing address, fax number or e-mail address shown above.

Upon receipt, Group Benefit Services will determine your eligible reimbursement benefit and return an Explanation of Benefit and reimbursement check to you.

If you have any questions, please feel free to contact our Customer Service Representative at the phone number listed above.

Employee Signature: _____

Date: _____