

# Quarterly Continual Reimbursement Form

Note: Debit Card cannot be used with Continual Reimbursement



## 1 Personal Information

Company Name

Employee Email Address

Employee Name

Employee Social Security Number (Required)

Employee Street Address, City, State, Zip Code

## Instructions

- Determine your per pay period election for expenses
  - Enter the Total Annual Expense
  - Determine your yearly number of pay periods = weekly/52, bi-weekly/26, semi-monthly/24, monthly/12
  - Divide the Total Annual Expense by the number of pay periods to calculate your Pay Period Deduction
- For continual reimbursement please complete the Continual Reimbursement and Service Provider sections
- Please send the completed form to National Benefit Services, LLC
- At the end of each quarter resubmit this form with prior quarter receipts to continue reimbursement**

## 2 Pay Period Election

\$ \_\_\_\_\_ ÷ \_\_\_\_\_ = \$ \_\_\_\_\_  
Total Annual Expense                      Number of Pay Periods                      Pay Period Deduction

## 3 Continual Reimbursement

Expenses may not be reimbursed under the plan prior to the time that the services are rendered. However, you may be reimbursed under the plan after the services are rendered and prior to the time that the payment is due if those expenses are part of a continual reimbursement request.

You may use this form to apply for continual reimbursement. No reimbursement may be paid under the continual reimbursement program for any month in which services are not rendered. It is your responsibility to advise the plan administrator of the cessation or interruption of such services. Your reimbursement will be paid each payroll period. Receipts must be received by NBS on a quarterly basis.

**YES! Please sign me up for continual reimbursement**

Your reimbursement will automatically be sent to you after each payroll period.

## 4 Employee Signature

I have reviewed the information on this request form and verify that the information listed above and attached is true and correct. I understand that if any changes regarding the continual payment occur, NBS must be notified immediately. Failure to do so could result in additional taxes being applicable for which I would be responsible. **I also understand that copies of receipts for payment of expenses must be forwarded to NBS quarterly or continual reimbursement will cease.**

Employee Signature

Date

## 5 Service Provider

Provider Name

From: \_\_\_\_\_ To: \_\_\_\_\_  
Date range of service (Maximum 1 Year)

Service Provider Street Address, City, State, Zip Code

## 6 Quarterly Receipt and Continual Reimbursement Extension

Quarterly Receipts       1<sup>st</sup> Quarter       2<sup>nd</sup> Quarter       3<sup>rd</sup> Quarter       4<sup>th</sup> Quarter

Each quarter resubmit this form with the prior quarter's receipts for continued reimbursement

Service Provided

\$ \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Total Receipts                      Please continue my continual reimbursement