The BESTflex℠ Plan
Section 125 Administration

Medical Mileage Expense Form

Fax to: **608 831 4790**
Mail to: **Employee Benefits Corporation**, PO Box 44347, Madison WI 53744-4347
Phone support: **800 346 2126**, 608 831 8445, M - F 8:00 - 5:00 Central
E-mail support: **participantservices@ebcflex.com**

Account Holder Information

Last 4 Digits of Social Security or Identification Number (Required)

Last Name

First Name

E-mail Address (we do not share your e-mail address)

Employer

Mileage Information

Date of Service (mm-dd-yyyy)

Service Provider *

Service Type *

Beginning Odometer Reading

Ending Odometer Reading

Total Medical Miles X Amount per Mile = $ Requested Amount

Important: You can be reimbursed from your Health Care FSA for amounts you pay for transportation that is primarily for and essential to obtaining medical care.

Transportation to receive care in a hospital is primarily for medical care and the amounts you pay for such transportation are eligible for reimbursement. Amounts that you incur for non-medical transportation are not eligible. For example, if you travel to Big Box Super Store and purchase groceries, a new shirt and a prescription, the mileage is not primarily for and essential to medical care. Therefore, the mileage is not eligible for reimbursement.

***Remember to claim this expense on your Employee Benefits Corporation claim form and attach this form along with supporting documentation (such as a receipt, Explanation of Benefits or other statement from the provider).**

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Employer

Mileage Information

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