

Reimbursement Request

Please submit the reimbursement form for issues with retail purchases only. Included copy of receipt with this form.

STEP 1 – Fill Out	Your Personal Information				
Member ID (foun	d on member ID card)		Date of Birth (MM/DD/YYYY)		
First Name		Last Name			
Street #	Street Name				Apt/Suite#
City		State			Zip Code
Phone		Email			
Purchase Date Product Name		Reimburseme	ent Requested Ar Unit Price	nount \$ Quantity	Total Price
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STEP 3 – Reimbursement Method (Check which box you would like your reimbursement provided)

All reimbursements will be in the form of a check sent through the mail.

STEP 4 – Mail Completed Form

Send the completed reimbursement form using the postage paid envelope to:

NationsBenefits CSS - Reimbursement 1700 N. University Drive Plantation, FL 33322

If you have any questions or need assistance placing your reimbursement form, please call Nations at 877-439-2665 (TTY: 771). Member Experience Advisors are available 24 hours per day, 7 days per week, 365 days per year. Language support services are available, if needed.

I understand that the phone numbers and/or emails I provided on this form may be used by NationsBenefits or any if its contracted parties to contact me about my reimbursement, account, my health benefit plan or related programs, or services provided to me.

IMPORTANT: Please attach a copy of your retail store receipt to ensure your reimbursement will be approved.