

_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____

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 of 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.