

DATE:

TO:

COMPANY:

FROM: THE CAFETERIA COMPENSATION ADMINISTRATOR

DENIAL OF ALL OR PART OF SUBMITTED CLAIM

You will not be reimbursed for the amount requested. The reason for the claim denial is:

- \_\_\_\_\_ 1. The expense or a portion of the expense was incurred before the plan year began.
- \_\_\_\_\_ 2. The expense or a portion of the expense does not meet IRS regulations of a reimbursable medical expense.
- \_\_\_\_\_ 3. The submitted documentation does not meet the IRS requirements for expense documentation.
- \_\_\_\_\_ 4. The amount requested exceeds the annual declaration
- \_\_\_\_\_ 5. The total amount of the receipts received is less than the amount requested.
- \_\_\_\_\_ 6. The service has not yet been incurred.
- \_\_\_\_\_ 7. Day Care Reimbursement can not exceed the YTD Deduction; the balance of the claim will be honored as additional payroll deductions are taken.

Submitted claim                    \$

Portion of claim denied            \$

Portion of claim reimbursed    \$

Please call Pat Zappa at (800) 659-0527 if there are any questions.

**X—(INFORMATION ABOUT THE DENIAL TO FACILITATE SUBSEQUENT REIMBURSEMENT IS PRINTED AT THE BOTTOM OF THE DENIAL)**