

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

STEP 3– Mail Completed Form

Send the completed order form to:

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

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

You may also file for reimbursement through the member portal by following these instructions:

- On the home page in the Benefits Pro Portal, Select **'Account'**
- Click **'Supplemental Benefits Flex Card'**
- Click **'Reimbursement Requests'**
- To submit a new request for processing, select **'Create Request'**
- Enter applicable data and upload proof of payment then select **'Submit'**

If you have any questions or need assistance placing your reimbursement form, please call Nations at **877-336-6009 (TTY: 711)**. Member Experience Advisors are available 8 a.m. – 8 p.m. local time, 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 Nations Benefits 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.