

**Brevard Public Schools  
FSA REPETITIVE CLAIM EXPENSE FORM**

**INSTRUCTIONS**

1. Complete this form to apply for automatic approval of an eligible expense that repeats at the same merchant in the same amount.
2. Attach a receipt from the provider or pharmacy containing the repetitive amount and
  - a. A description of the item or service, and
  - b. The frequency of purchases (monthly, quarterly, etc.)
  - c. Please fax completed form and documentation to Cornerstone Customer Care at 1-866-878-2800 or mail it to Cornerstone, FSA Claims Processing, 1350 Division Road, Suite 301, West Warwick, RI 02893.
3. Transactions that exactly match a single co-payment are already set-up for automatic approval and this form is not needed for those.
4. A new Repetitive Transaction Expense Form is needed each new Plan Year when you reenroll.

**EMPLOYEE INFORMATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
STREET ADDRESS	CITY	STATE	ZIP
DATE OF BIRTH	WORK PHONE	HOME PHONE	

**CLAIM INFORMATION**

Description of Service, Item OTC or Prescription Rx	Provider/Merchant Name	Repetitive Amount	Claim Frequency (Monthly, Quarterly, Etc.)
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	

**EMPLOYEE SIGNATURE**

SIGNATURE	DATE
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**SPECIAL NOTES:**

**This is not a guarantee of waiver for substantiation requests on the purchase; this is a review of such purchase to establish claim eligibility. Changing vendors' locations will require you to send an additional form to Cornerstone.**

**A repetitive transaction must be swiped at the same provider for the same amount.**