

SAMPLE REVOCABLE EXPENDITURE NOTICE

<u>Date of Notice:</u>		i	
<u>Employer Name:</u>		Company LLC	
<u>Employee Name:</u>		Rosie Smith	
<u>Employee Address:</u>		123 Four Way, Five, OH, 55555	
Account Summaryⁱⁱ:			
Date of Contribution	Expiration Date of Funds ⁱⁱⁱ	Amount	Calendar Quarter
10/30/15	10/30/17	\$670.36	Quarter 3, July – September 2015
1/31/16	1/31/18	\$248.00	Quarter 4, October – December 2015
		\$670.36	Current Balance
Use of Funds^{iv}:			
This revocable account reimburses employee and their dependents for vision and dental costs.			
Your reimbursement account is being administered by^v:			
<u>Name:</u>		Company LLC	
<u>Address:</u>		1098 Seventh Street, Old Towne, MI 33333	
<u>Phone:</u>		(800) 777-8888	
		Betty Locker, HR Administrator	

ⁱ Covered Employee must receive revocable expenditure notice within 15 calendar days of the date of the expenditure.

ⁱⁱ The notice must include date and amount of the expenditure. The notice must report on restrictions, if any, on the use of this benefit, including maximum dollar value of benefits or account balances.

ⁱⁱⁱ The notice must include the date on which any portion of this benefit will be revoked.

^{iv} The notice must include a summary of how the benefit may be used, including types of health care services available.

^v The notice must include the name, address, email address, and telephone number of any third party to whom the expenditure was made.