LAKE COUNTY BOARD OF COUNTY COMMISSIONERS
IRS SECTION 125 FLEXIBLE SPENDING ACCOUNT PLAN
(CAFETERIA PLAN)

HEROES EARNINGS ASSISTANCE AND RELIEF TAX (HEART) ACT OF 2008
QUALIFIED RESERVIST DISTRIBUTION (QRD) CLAIM FORM

Participant's Name: _____
Last First Middle

To: _____
(Plan Administrator)

The undersigned participant in the Plan requests reimbursement of $_____.

NOTE: Federal law requires that you submit a copy of your orders or documentation of the call to duty. The order or call must be for a period of 180 days or more or an indefinite period, except in some circumstances. You may only receive the amount you have actually contributed minus any reimbursements you have already received (or that are being processed for reimbursement.

Please see the Plan Administrator for more information.

The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy and veracity of all information relating to this claim which is provided by the undersigned, and that the undersigned may be liable for the payment of all related taxes including federal, state or city income tax on amounts paid from the Plan.

_____ Date _____
Employee's signature

For Plan Administrator use only

Payment Authorized _____

Amount $ _____

For Employer use only

Check No. _____

Date _____