



# FREE METHODIST CHURCH USA

## HUMAN RESOURCES

THIS SIGNED FORM MUST ACCOMPANY EACH GROUP OF RECEIPTS SUBMITTED

ALL AMOUNTS NEED TO BE IN US DOLLARS

### Missionary Deductible and/or Vision Coverage Reimbursement Request for 2013

| <u>Name</u> | <u>Provider</u> | <u>Amount</u> | <u>Date</u> |
|-------------|-----------------|---------------|-------------|
|             |                 | \$            |             |
|             |                 | \$            |             |
|             |                 | \$            |             |
|             |                 | \$            |             |
|             |                 | \$            |             |
|             |                 | \$            |             |
|             |                 | \$            |             |

\_\_\_\_\_ Requesting payment by direct deposit (payroll bank account).

\_\_\_\_\_ Requesting payment by check:

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please attach all receipts and/or Explanation of Benefits (EOB from MetLife).

Submit to: **Human Resources**  
**770 N. High School Rd.**  
**Indianapolis, IN 46214-3756**

Email: [hrdept@fmcusa.org](mailto:hrdept@fmcusa.org)

Fax: **317.244.1503**