

Lifestyle Spending Account Manual Claim Form

Colleague Name:

Colleague ID or SSN (last 4):

Date of Birth:

Employer / Plan Name: Alera Group

Email Address:

Phone Number:

Account Type

Lifestyle Spending Account (LSA)- Alera Group

Claim Details

Date of Service	LSA Expense Category	Provider/Merchant	Amount Requested

Total Amount Requested

Expenses must align to the Alera Group Lifestyle Spending Account eligibility list, that can be found on MyChoice Accounts or myaleragroupbenefits.com.

Required Supporting Documentation (Attached to Claim)

Documentation must included:

- Colleague's name
- Provider or merchant name
- Date of payment
- Amount paid

Accepted documentation includes;

- Original itemized receipts
- Contracts or invoices showing amount paid
- Bank or credit card statements (when required to substantiate payment)

I certify that:

- The expenses listed are eligible under the Alera Group Lifestyle Spending Account plan.
- The expenses have not been reimbursed under another plan.
- All supporting documentation is attached.

Colleague's signature:

Date:

Completed forms and documentation may be submitted via:

- Upload: MyChoice Accounts web portal or mobile app
- Email: claims@mychoiceaccounts.com
- Fax: 855-883-8542
- Mail:

MyChoice Accounts
MSC 345474
PO Box 105168
Atlanta, GA 30348-5168