



ACCOUNT ENROLLMENT APPLICATION
All Heart Homecare Agency, Inc.

I AM REQUESTING REIMBURSEMENT FOR THE COST OF MY MOBILE PHONE SERVICE, AS SHOWN ON THE ACCOMPANYING INVOICE DATED WITHIN PAST 60 DAYS, AND I HEREBY CERTIFY THAT:

- *I am required, for purposes of my job, to have available to me a mobile phone such as the one to which this INVOICE APPLIES.
- *All expenses for which reimbursement is requested under the Plan were incurred by myself.
- *Expenses have been incurred by me and have not been reimbursed by any other third party.
- *I will not use qualifying expenses reimbursed through this plan when filing my Federal, state or local Income Tax return.
- *I am fully responsible for the sufficiency and accuracy of all information relating to this claims which are provided by me; and If reimbursement is made using your Beneflex Benefit Card I agree to all terms of the Debit Card Agreement.

<u>For Employer Use Only</u>
<u>Eff Date:</u> _____

NAME _____

Employee Signature _____ Date _____

Your Cellular Plan cannot be opened without the completion of this form