



**READ CAREFULLY**

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form, were incurred during a period while the undersigned was covered under their employer's cafeteria plan, with respect to such expenses and that such expenses have not been reimbursed, or are not reimbursable, under any other source. 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 unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, 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 which relate to such expense. The undersigned further understands that no tax deduction is permitted for amounts for which reimbursement is made.

\_\_\_\_\_  
Employee's Signature

Date\_\_\_\_\_