

AdvantageTM

ADMINISTRATORS

Percentage of Use Form – Please complete for medical equipment that may be used by others within the household as a non-medical expense. Return with your claim form, letter of medical necessity form and verification for request of reimbursement.

I, _____, hereby certify that:

- 1) I am seeking reimbursement from the _____
(Employer name) Cafeteria Plan for certain _____
(Medical equipment), and
- 2) Of the time that the exercise equipment is in use, _____ % will be used by me, or members covered under the certification, and _____ % will be used by family members or others.

Signed

Dated

Return to:
Advantage Administrators
P O Box 118 Waverly, IA 50677
1-800-383-1623
www.AdvantageAdmin.com