

# Qualified Disaster Relief - QDR

PLEASE PRINT CLEARLY. USE ALL CAPITAL LETTERS.

DO NOT USE STAPLES

FORM 77

## ACCOUNT HOLDER GENERAL INFORMATION

Group:	<input type="text" value="University of Richmond"/>		Plan ID:	<input type="text" value="1001220296"/>
Partic. ID#	<input type="text"/>	If this is a new address check here: <input type="checkbox"/>		
Name:	Last <input type="text"/>	First <input type="text"/>		
Address:	<input type="text"/>			
City:	<input type="text"/>	State:	<input type="text"/>	Zip: <input type="text"/>
Phone:	<input type="text"/>	<input type="text"/>	<input type="text"/>	E-Mail: <input type="text"/>

University of Richmond will provide QDR funds up to \$1200 towards the cost of services listed below for claims incurred between January 4th-May 10th, 2021  
When both parents are employed by UR the family receives a total of \$1,200.

**Eligible Expenses include but are not limited to:**

In-home care, day-care center tuition, distance learning plans,  
educational resources: books, videos, learning materials,  
Private School Tuition.

Total Attached Pages:

### 1) INCUR ELIGIBLE EXPENSE:

**You must incur the expense during your enrollment period. The benefit end date is 5/10/21.**

### 2) INCLUDE DOCUMENTATION:

**Any itemized bill or statement detailing:**

- Date of Service
- Description of Service
- Out-of-Pocket Cost
- Provider Name
- Employee Name

### 3) SUBMIT CLAIM BY:

**UPLOAD:** [www.flores247.com](http://www.flores247.com)  
**SMARTPHONE APP:** Flores Mobile  
**FAX:** 704-335-0818 or 800-726-9982  
**MAIL:** PO Box 31397, Charlotte, NC 28231

If we have your e-mail address on file, you will be sent an e-mail notification when we receive your claim and when your reimbursement is sent to you.

## REIMBURSEMENT AUTHORIZATION

I certify that I have not previously requested reimbursement for the above expenses under this or any other plan and I am not able to receive additional insurance benefits or reimbursements from any other source for these expenses. I certify that these expenses are COVID related and are eligible for reimbursement in accordance with the University's plan.

Participant Signature (Void if not signed)

Date

