



FSA Claims Extension Amendment Language Order Form

This is to request that Core Documents email me the Amendment Language necessary to amend my Section 125 Cafeteria Plan Document to extend claims reimbursement an additional 2 1/2 months as defined by IRS Notice 2005-42.

☐ FSA 2 1/2 Month Claims Extension Amendment Language \$19.95

Company Name: _____

Contact: _____

Phone: _____ Fax: _____

FSA Plans Offered: ☐ Healthcare FSA ☐ Dependent Care FSA ☐ Both

Amendment Language in MS Word Document format will be emailed to:

Email Address: _____

If paying by credit card, please complete the following information

Card Type: ☐ VISA ☐ MasterCard ☐ Discover ☐ American Express

Card Number: _____ Expiration Date: ____/____

Name as it appears on card: _____

Card billing address for verification purposes:

Address: _____

City _____ State _____ Zip _____

X _____ Date: _____
Signature

Please sign and fax completed form to (941)795-4802. If paying by check, fax a copy of your check with this order form. We can process your check with a copy of the original via E-Commerce. FAX: (941)795-4802

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Bradenton, FL 34280-4538
Voice: 941-755-3373 or 888-755-3373
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