

# PAYMENT DETAIL REPORT

## ABC Company

### All Plan Years

Payment Dates: 01/01/2012 - 12/31/2012

| Benefit | Date Paid | P.Y.E. | Claim # | Line # | Amount | Payment # | Type |
|---------|-----------|--------|---------|--------|--------|-----------|------|
|---------|-----------|--------|---------|--------|--------|-----------|------|

### Reimbursement Benefits

|                       |            |                    |   |   |               |   |       |
|-----------------------|------------|--------------------|---|---|---------------|---|-------|
| <b>Smith, John S.</b> |            | <b>###-##-2222</b> |   |   | <b>500.00</b> |   |       |
| FSA                   | 05/10/2012 | 12/31/2012         | 1 | 1 | 500.00        | 0 | Check |

### Total Reimbursement Payments:

| Benefit       | P.Y.E.     | Amount        |
|---------------|------------|---------------|
| FSA Flex      | 12/31/2012 | 500.00        |
| <b>Total:</b> |            | <b>500.00</b> |

| Plan Year Ending | Amount |
|------------------|--------|
| 12/31/2012       | 500.00 |