

[Date]

[Participant Name]

[Address Line 1]

[Address Line 2]

[City, State, Zip Code]

Subject: Fulfillment of Request for FSA Itemized Statement

Dear [Participant Name],

As requested, please find enclosed the itemized statement for your Flexible Spending Account (FSA) for the period of [Start Date] to [End Date].

This statement provides a detailed summary of your account activity, including:

- Total contributions made to date
- List of processed claims and dates of service
- Provider names and description of services
- Reimbursement amounts issued
- Current remaining balance

Please review this document carefully. If you identify any discrepancies or have questions regarding specific transactions, contact our benefits department at [Phone Number] or via email at [Email Address].

You may also access your real-time account balance and claim history through our online portal at [Website URL].

Sincerely,

[Sender Name/Signature]

[Title]

[Company/Benefits Administration Name]

Enclosure: [Name of Attachment/Statement]