

## Florida Prepaid College Plan Account Owner Reimbursement Form

### Customer Information:

\_\_\_\_\_  
Name of Account Owner or Authorized Representative  
of Business/Organization/Trust

(\_\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Plan Number

\_\_\_\_\_  
Name of Beneficiary (Student)

An account owner reimbursement requires the account owner's signature, proof of payment for covered expenses, and a class schedule reflecting the number of credit hours taken. For information on what is covered by your plan(s), please refer to the Master Contract at [www.myfloridaprepaid.com](http://www.myfloridaprepaid.com). *Please note: the Florida Prepaid College Plan does not reimburse for books or course materials.* **Refunds are made payable only to the account owner.** Please allow four weeks for processing.

### ACCOUNT OWNER REIMBURSEMENT FORM

- The *account owner* of the prepaid plan(s) must sign and date this form below.
- Attach a copy of the student's class schedule for the semester for which you are requesting reimbursement. The class schedule must be from the school and must reflect the school's name, the student's name, the term, and the total number of credit hours for the semester.
- If you have a prepaid dormitory plan and are requesting reimbursement for housing, you must attach proof of dormitory residence for the semester.
- Attach proof of payment reflecting covered expenses charged for the term listed on the class schedule and the method of payment. Acceptable documentation includes proof of payment made by a student loan (*not* a grant), cash, check, or debit/credit card. Payments from outside sources are acceptable as long as the payment was made to the school and not as a scholarship to the student. If the method of payment came from a scholarship, grant, appointment, fee waiver, or other financial aid, please refer to the Scholarship Refund Form (which has slightly different requirements) at [www.myfloridaprepaid.com/forms](http://www.myfloridaprepaid.com/forms).
- Return the completed form and the required documentation to: Florida Prepaid College Board, PO Box 6567, Tallahassee, FL 32314-6567 or FAX to 850-309-1766.

**RESTRICTED REIMBURSEMENT** – If you select this option, you will be reimbursed for the total number of credit hours at the average rate payable per credit hour at Florida's public colleges or universities.

\_\_\_\_ I request a Restricted Reimbursement. I understand that my Reimbursement will be processed at the per-credit-hour rate of a Florida public college or university.

**UNRESTRICTED REIMBURSEMENT** – If you select this option, you will be reimbursed for the total dollar amount paid for covered expenses, up to the total plan value.

\_\_\_\_ I request an Unrestricted Reimbursement. I understand that my plan may be depleted faster if I select this option.

**Failure to sign/date the form or to submit any of the required documentation may result in the delay or denial of your reimbursement request.**

**I authorize the Florida Prepaid College Board to process the reimbursement for the above-referenced plan(s).**

\_\_\_\_\_  
ACCOUNT OWNER SIGNATURE – REQUIRED

\_\_\_\_\_  
DATE