

Account Rules and Claim Filing Instructions for HRA



Claim Reimbursement Rules

1. You cannot submit a claim unless you are participating in the HRA Plan.
2. You can be reimbursed only for eligible expenses occurring during the coverage period in which your contributions are made.
3. You can submit a claim at any time during the plan year and for a specified period after the plan year as described in the Summary Plan Description.
4. If you terminate employment, you can submit a claim for expenses incurred before the date of termination.
5. You cannot receive reimbursement from any other source if seeking reimbursement from the HRA account.
6. Claims reimbursed under the HRA may not be filed for income tax purposes.
7. Complete ALL the information on the reimbursement form for each amount claimed for reimbursement.
8. Attach Explanation of Benefit statement from the insurance carrier.
9. Sign and date the claim.
10. Make a photocopy of the claim for your records (send photocopy, keep original).
11. Submit the Reimbursement Form with all claims to **Flexible Benefit Service Corporation** according to the procedures provided. Additional Reimbursement Forms are available online at www.myFlexInfo.com or at the employer location.
12. To be reimbursed, participants must include (on Reimbursement Form) the patient's name, date expenditure incurred, name of Service Provider, description of the expense, and the amount of the claim less any amounts that have been or will be paid by insurance or other sources.



Please send all completed forms and documentation to:

Flexible Benefit Service Corporation - DC Department
10275 W. Higgins Rd., Suite 500, Rosemont, IL 60018
866-472-0882 – Fax (847) 440-9100
Email: claims@flexiblebenefit.com