

HRA Reimbursement Form

Take advantage of email updates on the status of your claims and reimbursements. It's easy!
Just login to **flexiblebenefit.com** and update your profile to select e-communications.

Date: _____
Fax- # of Pages: _____

Please follow the steps below to thoroughly and accurately complete this form.

Step 1: Personal Information

Company Name: _____
Employee Name: _____ SSN: _____ Date of Birth: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Email Address: _____

Step 2: Health Care Claims

Date of Service (mm/dd/yy)	Patient Name	Relationship	Name of Provider	Description of Service	Claim Amount
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	_____	\$ _____

Premium Reimbursement Claims: (If Applicable)

Month of coverage (mm/dd/yy)	Name of Carriers	Type of Coverage (medical, dental, vision)	Claim Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total:			\$ _____

Step 3: Acknowledgement and Signature

I acknowledge that my statements in this request for reimbursement form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the application plan year and for eligible plan participants. I certify that these expenses have not been previously reimbursed under this or other benefit plans and will not be claimed as an income tax deduction. I authorize my Health Reimbursement Account to be reduced by the amount(s) requested.

Employee Signature: _____ Date: _____

Claim Submission Instructions:

Submit a Reimbursement Request in four easy steps using this form.

- Provide acceptable proof of paid expenses. We request that you send copies of your proof of expenses, since they will not be returned to you. For tax purposes, you should retain the original proof of expense. Neglecting to submit required documentation may delay claim processing.
 - For deductible expense claims, please send us a copy of the Explanation of Benefits (EOB) from your insurance carrier referencing the portion applied to the health plan deductible.
 - For premium reimbursement claims, simply provide proof of premium due and payment for that period of coverage.
 - Cancelled checks or credit card receipts are not acceptable documentation.
- Write the total amount for reimbursement in the claim amount column.
- Attach all documentation pertaining to your claim to this form and submit via fax to 847-636-9295 or email claims@flexiblebenefit.com.

Note: To update your email address and other contact information, please login to **flexiblebenefit.com**



GO PAPERLESS!

You can login to your account at flexiblebenefit.com and submit your claims online without needing to complete any paper forms. Get started today!

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