

# HRA CLAIM FOR REIMBURSEMENT FORM

Your Employer's Name: \_\_\_\_\_

Your Full Name: \_\_\_\_\_

Your Social Security Number: \_\_\_\_\_

*PLEASE LIST EACH MEDICAL EXPENSE ON A SEPARATE LINE IN THE TABLE BELOW. SIGN THE FORM AND ATTACH A COPY OF THE EXPLANATION OF BENEFITS FROM YOUR INSURANCE CARRIER. USE MULTIPLE FORMS AS NEEDED TO RECORD ADDITIONAL EXPENSE ITEMS.*

Date Medical Expense Incurred <small>(mm/dd/yyyy)</small>	Medical Expense Description <small>(Please provide the name of the individual the service was provided for, that person's relationship to you, and general nature of the service provided: i.e., emergency room visit, annual physical, etc.)</small>	Net Medical Care Expense Incurred \$	Do not write in this
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
		\$	<input type="checkbox"/>
	<b>TOTAL:</b>	\$	<input type="checkbox"/>

Attach Documentation For Every Expense – Incomplete Forms Will Be Rejected

*I certify that: 1) each of the above medical care expenses are for services provided while I was covered under my Employer's Health Reimbursement Arrangement, 2) all medical expenses listed above have not been reimbursed or are not reimbursable from any other source, and 3) all expenses were incurred for the medical care of me, my spouse or qualified dependent. I acknowledge that I am fully responsible for the accuracy and veracity of all information relating to this claim. If an expense for which I am reimbursed is later disallowed by the Internal Revenue Service, I understand that I will be liable for payment of any related income or payroll taxes relating to such improper expense reimbursement.*

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE MAKE A COPY OF ALL DOCUMENTATION PRIOR TO SENDING TO ADMIN AMERICA

**Please Review The Instructions On The Back Of This Form  
Insufficient Documentation Will Result In A Delay Of Your Claim Reimbursement**



**Mail Claims:**

Admin America  
P.O. Box 1209  
Alpharetta, GA 30009

**Fax Claims:** 770-992-0723

**Office Phone:**

770-992-5959 or 1-800-366-2961

**Internet Account Information:**

[www.adminamerica.com](http://www.adminamerica.com)

*(click on myRSC login button)*

## IMPORTANT INFORMATION ABOUT FILING HRA CLAIMS

### **ELIGIBLE MEDICAL EXPENSES**

In order for a medical expense to be eligible for reimbursement from your Employer's HRA, it must meet each of the following conditions:

- a) The expense must be a covered expense under your Employer's Group Health Insurance Plan but unreimbursed by that Plan solely because it is subject to your calendar year deductible imposed by the Plan. The determination regarding whether an expense is covered under the Group Health Insurance Plan is made solely by the Insurance Company and its decisions shall be binding on both you and your Employer for the purposes of this Plan.
- b) Your Employer's HRA Plan must not otherwise exclude the expense from reimbursement. Excluded expenses, if any, are listed in your Summary Plan Description.
- c) The expense must be for an eligible person. For the purposes of your Employer's HRA Plan, an eligible person is an Employee covered by the Employer's Group Health Insurance as well as that Employee's spouse and dependents that are also covered under the Employer's Group Health Insurance.
- d) The expense must have been incurred while the Employee was a Participant in the Plan. Remember that the date an expense is incurred is based on when the medical service is provided, not when it is paid for.

### **CLAIM DOCUMENTATION**

The IRS requires that all expenses be substantiated. That is, you must provide documentation that proves you or one of your dependents incurred the expense during the respective plan year. If you do not attach acceptable documentation, your claim will be returned to you unpaid. **In order to properly document expenses you are claiming for reimbursement, you should submit a copy of the Explanation of Benefits you received regarding the expense from your health insurance carrier.**

### **CLAIM RETURN POLICY**

If you submit a claim for an ineligible expense, for a time when you were not enrolled in the plan, with insufficient documentation, etc., Admin America will return the claim to you by mail. We will include an explanation of what corrective measures (if any) you must take before your claim can be processed. If we have indicated something you need to do to make the claim reimbursable then make the correction and return the claim to Admin America. When we receive your corrected claim it will be reimbursed on the Plan's next scheduled reimbursement processing date. Your re-submitted claim will not be processed separately in advance of the next scheduled reimbursement processing date for the Plan.

### **END OF THE YEAR REIMBURSEMENT AND GRACE PERIOD**

The timing of your expenses is very important and determines the plan year period from which your expense is reimbursable. For medical expenses to be reimbursable from your current year's account, you must incur the expense within the defined plan year period.

Your HRA Plan Year ends on xxDecember 31 each year. You are allowed to submit claims and documentation for a Plan Year up until the following xxMarch 31. After that time, claims will no longer be considered for reimbursements.

**Admin America is here to help you get the most out of your HRA by helping you understand how the plan works. Please feel free to contact Admin America with any questions you may have regarding IRS regulations or how your plan operates.**