# HRA Claim Form

Today's Date: ___/___/_____ # of pages: _____ Plan Year: 20 _____ ❑ New Claim ❑ Response to Claim Denial

| Employee Name | | Employer Name/Division Name | |
|---|---|---|---|
| | | | |
| Mailing Address | City | State | Zip |
| | | | |
| Social Security Number or Member ID Number | | Work Phone | Home Phone |
| | | ( ) | ( ) |

| Account Type | Reimbursement Amount |
|---|---|
| ❑ Health Reimbursement Arrangement (HRA) | Total Amount Requested _____ |

You must enclose an Explanation of Benefits (EOB) from your insurance carrier showing date of service, services rendered, provider of service and amount paid. Prescription claims do not require an EOB.

| Date of Service | Employee, Spouse or Dependent | Amount Requested | Type of Service (Rx, co-pay, dental) | Service Provider Number/ Rx Number |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

*Minimum check reimbursement is $25; minimum reimbursement for direct deposit is 50¢.*

**Participant Signature Required**

To the best of my knowledge and belief, my statements in this reimbursement voucher are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and for eligible plan participants. I certify that these expenses have not been previously reimbursed on this or any other benefit plan and I will not seek reimbursement for this through any other benefit plan. This expense will not be claimed as an income tax deduction.

Employee's Signature: _____ Date: ___/___/_____

**Claim Submission Guidelines**

- Please number each receipt according to its order of appearance on this form.
- IRS guidelines do not consider cancelled checks as valid documentation.
- Previous balances are not acceptable.
- All reimbursements will be made payable to the employee.

**Claim Submission**

- Fax: Toll-free (877) 855-7105 or (716) 855-7105
- Mail: Att: Flex Department, 6400 Main Street, Suite 210 Williamsville, NY 14221

**P&A Group Customer Service**

- Hours: Monday – Friday, 8:30 a.m. – 10:00 p.m. ET
- Website: www.padmin.com
- Phone: (716) 852-2611