

**CITY OF DETROIT POST-2014 NON-SAFETY EMPLOYEE  
RETIREE HEALTHCARE TRUST**

P.O. BOX 1497  
TROY, MICHIGAN 48099-1497  
(248) 641-4989

**Health Reimbursement Account (HRA)  
HAP Authorization Claim Form**

<b>Retiree's Name:</b>	<b>Retiree's SS# or Alternate ID:</b>
<b>Address:</b>	<b>City:</b>
<b>State:</b>	<b>Zip Code:</b>
<b>Phone Number (home):</b>	<b>Phone Number (cellular):</b>
<b>Email address:</b>	

<u>Type of Service</u>	<u>Providers Name</u>	<u>Date of Service</u>	<u>Amount of Claim</u>
<b>Medical Premium</b>	<b>HAP</b>	<b>2026</b>	<b>\$150.00</b>

**For questions regarding this form and the HAP Medical Premiums, please contact TMR & Associates at (313) 963-1135.**

By completing and submitting this form I authorize BeneSys to deduct my HAP monthly premium, which is \$150, from my HRA account.

By signing this form, I understand that benefits shall be paid in accordance with the City of Detroit Post-2014 Non-Safety Employee Retiree Healthcare Trust.

Retiree's Signature: \_\_\_\_\_ Date: \_\_\_\_\_