



Email_____HRA Plan (choose one): _____Retirees _____Actives

<input type="checkbox"/> Direct Deposit reimbursement <input type="checkbox"/> Bank info previously submitted (you don't need to complete the banking info again)	
Name on Account	Bank Name
Bank Routing Number	Bank Account Number
Type of Account (circle one) <div style="display: flex; justify-content: space-around;"> Checking Savings </div>	<input type="checkbox"/> I authorize the Plan to use this account for all HRA reimbursements until I advise the Plan otherwise.
Authorized Accountholder Signature	Date

Claim and Reimbursement Procedures

To receive reimbursement for eligible expenses, or to substantiate claims for expenses you paid with your HRA VISA, you may submit this written claim form with the required supporting documentation instead of submitting the claim via the Participant Portal, using the procedures described here. Reimbursement is paid directly to you; you are responsible for paying any providers.

The amount reimbursed for any eligible expenses will not exceed your HRA Account balance at the time reimbursement is requested. However, in the event your available balance is less than \$50, you may submit eligible expenses totaling less than \$50 to close out your HRA Account. You must file a claim for reimbursement with the Plan within 12 months of the date of the expense or your claim may not be accepted and may be denied.

Along with this form, you must provide any of the following, as applicable:

- An itemized bill or receipt from the service provider that includes the name of the person incurring the charges (it must be you), date of service, description of services, name of provider, and amount of charge.
- An original Explanation of Benefits (EOB) from any coverage (including any EOB from this Plan) when requesting reimbursement of the balance of charges for which coverage is available plus original receipts verifying payment.
- Proof of the amount and date paid when requesting reimbursement for other insurance premiums, such as a spouse's group health coverage premiums and verification that the premium was not paid or eligible for payment under an IRC Section 125 Plan. Additional documentation is also required for reimbursement of premiums.
- An original, itemized receipt and proof of purchase or rental for covered items (such as for crutches or wheelchairs).
- Any additional documentation requested by the Plan.



If you submit an EOB, you do not have to submit an itemized receipt.

If you are eligible for other coverage, you must include a copy of the Explanation of Benefits (EOB) from the other coverage. Only eligible expenses that have not already been reimbursed, as shown on the EOB form, will be eligible for reimbursement.

It's a good idea to make a copy of everything you submit for your records, because materials you submit will not be returned to you.