

HRA Account REIMBURSEMENT REQUEST FORM

Health Reimbursement Arrangement Account

Company		Group #	
Last Name	First Name	MI	
Address			
Identification Number		Work Phone	

From HRA Account (Health Reimbursement Arrangement Medical Expenses)						
Services Provided By	Patient Name(s)	Type of Expense *	Date Incurred	Total Expense	Insurance Paid and PPO Discount	Reimbursement Requested
		See Codes	mm/dd/yy	\$	- \$	= \$
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Add the Reimbursement Requested Column to get the Total Reimbursement Requested =						\$

***Type of Expenses Codes**
M = Fees to Doctors, Nurses, & Labs **A = Dental Care** **V = Vision, Eye care**
R = Prescription Drugs **O = Other (Special Equipment, etc.)**

Participant Certification
 I have read and understand the rules for this account. I understand that reimbursements cannot exceed the funded amounts in the account. I certify that the expenses, for which reimbursements are claimed, for my eligible dependents or myself, are legitimate expenses, incurred on the dates noted above and are not payable by insurance coverage or any other plan. I realize that I am responsible for individual income tax impacts and compliance with the Internal Revenue Service. I further declare that I will not deduct these expenses on my federal income tax returns.

Participant's Signature	Date
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How to Complete The Form

Requests for reimbursement must be for services incurred on or after the effective date of the HRA plan, and cannot be reimbursed through any other means.

To receive reimbursement you must provide proof of service from a third party provider, "Explanation of Benefits" (**EOB**). If you do not have any insurance coverage, an itemized bill from the provider is required.

Submit to:

Diversified Administration Corp.
HRA Department
P.O. Box 299
Marlborough, CT 06447

or you may fax your submission to: (860) 295-0340.

If faxed, it is your responsibility to maintain original documentation for use should the IRS requests an audit of your account.

For claim inquiries or assistance in submitting a claim, contact the HRA Department at Diversified Administration Corporation at: **(860) 295-0238**; toll free **1 888 322-2524** or e-mail **eebenereim@diversifiedgb.com**