



Health Reimbursement Arrangement (HRA) Request Form Deductible & Coinsurance

Email: HRAclaims1@alliedbenefit.com

Request for Reimbursement Form			
Section A - Employee Information			
Employer Name	Group Number	Employer Location (if applicable)	
Employee Name	Employee UID or SSN	Daytime Phone	Email Address
Address	City	State	Zip
Section B - Reimbursement Request			
To complete this section, please refer to your Summary Plan Description and Explanation of Benefits (EOB) document issued by your Group Health Plan Administrator. Please note that a copy of the EOB is required for reimbursement of a medical, dental or vision claim, where applicable. An itemized bill is required where no other Dental or Vision coverage exists.			
Medical Expense Reimbursement Amount:			
Dental Expense Reimbursement Amount:	\$		
Vision Reimbursement Amount:	\$		
Total Reimbursement Amount Requested:	\$		
Note: If your claim is for a dependent, you must provide:			
Dependent's Name:			
Dependent Relationship to You:			
Section C - Employee Certification			
I certify that the above information is true and that the amount requested has not been reimbursed by any other plan or entity. Expenses listed above, qualify for reimbursement by me or by eligible members of my family. I understand that reimbursement will be made in accordance of the provisions of the Plan.			
Employee Signature			Date

Instructions for Filing an HRA Request Form

TO THE EMPLOYEE:

- 1) Complete all items in the Health Reimbursement Plan Reimbursement Form above in full.
- 2) Sign and date the employee certification.
- 3) Attach an explanation of benefits (EOB) from your group insurance plan administrator. The EOB must include*:
 - o patient's name and information
 - o claims number
 - o date(s) of service(s)
 - o deductible amount
 - o coinsurance amount
- 4) Make a copy of your EOB for you to keep.
- 5) Submit the completed reimbursement form together with the EOB(s) via email to:
HRAclaims1@alliedbenefit.com
- 6) **Remember to keep a copy for your records.**

NOTE:

- Incomplete reimbursement forms will be returned to you for missing information. This will delay the processing of the reimbursement.
- All HRA reimbursement forms must be submitted within the time frame specified in your summary plan description. Failure to do so will result in the denial of reimbursement.
- Additional information or documents may be requested in order to process a reimbursement. Failure to submit requested information in a timely manner may result in the denial of reimbursement.
- For Dental and Vision, if no other coverage exists, please include an itemized bill.