

SECTION 105 HRA REIMBURSEMENT CLAIM FORM

INSTRUCTIONS: FAILURE TO COMPLETE ALL SECTIONS OF THE FORM WILL DELAY PROCESSING OF YOUR CLAIM. Complete all personal information. Indicate the incurred date(s) or paid date(s) of the expense, Provider name/Dependent information, and the dollar amount eligible for processing. Attach copies of documentation (Explanation of Benefits (EOB), billing statement, co-pay receipt, cash register receipts, etc.) that will prove the eligible incurred date/service date/paid date and service type that is eligible. Please sign the claim form below, attach copies of appropriate documentation, and forward by fax OR mail (not both) for processing.

Employer Name _____

Employee Name _____ Social Security Number *(last 4 digits required)* _____
Last First Middle Initial

Employee Address _____ Daytime Phone (____) _____

Check if new address

<u>Date Incurred/Date Paid</u>	<u>Dependent Name/Provider</u>	<u>\$ Amount Eligible</u>	<u>105 \$ to be paid</u>	<u>Office Use</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

I certify that the above information is correct and that the expenses claimed were incurred by me, my spouse, or by my eligible dependents after my effective date of coverage in my employer's benefit plan. The submitted expenses are valid Qualified Medical Expenses as defined in the Plan Document. I further certify that none of the expenses filed in the Section 105 plan have been or will be reimbursed by any other source and that I have not and will not claim these expenses on my personal income tax return. I acknowledge that if my coverage under the Section 105 Plan does not constitute permitted non-HDHP coverage I am not eligible for Health Savings Account (HSA) contributions while covered under the Section 105 plan.

EMPLOYEE SIGNATURE _____ DATE _____

BENEFITS DESIGN GROUP, INC. PO BOX 370 Onalaska, WI 54650 1-800-342-8235 or (608) 781-2159 FAX (608) 781-4576
SCAN and EMAIL to: bdggeneral@bdgflex.com