

HEALTH REIMBURSEMENT ARRANGEMENT PLAN CLAIM FORM

EMPLOYER/COMPANY NAME: _____
 EMPLOYEE NAME: _____
 DATE: _____
 EMPLOYEE SOCIAL SECURITY NUMBER: _____

Health Reimbursement Account (HRA)- Medical Expenses

The attached charges are to be considered for reimbursement under the HRA program. I certify that these expenses or services have been incurred during the plan year for which I am filing. These charges have been added and the total entered on the line below: (Please do not say "See Attached"...a list must be made.

Date Incurred	Person Treated	Nature of Expense	Amount Of Expense
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
TOTAL MEDICAL EXPENSES CLAIMED		\$ _____	

Section 125 Flexible Spending Account Medical Reimbursement (FSA) – Medical Expenses

The attached charges are to be considered for reimbursement under Section 125 FSA benefit program. I certify that these expenses or services have been incurred during the plan year for which I am filing. These charges have been added and the total entered on the line below:

Date Incurred	Person Cared For:	Amount Of Expense	Nature of the Expense
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
TOTAL MEDICAL EXPENSES CLAIMED		\$ _____	

EMPLOYEE CERTIFICATION: I certify that either I or my dependents have incurred the expenses claimed above. I, my dependents or the providers of the services claimed have not received, nor will receive reimbursement for any claimed expenses from any insurance carrier or other third party. I understand that neither I, nor my dependents, may deduct these expenses on an individual federal income tax return.

 Employee Signature

NOTE: All expenses must be INCURRED during the plan year, regardless of when billed or paid. Attached receipts or documentation must show dates of service. Copies of checks, statements of payments, credit card receipts, etc. cannot be accepted. Checks will not be issued for less than \$5.00 other than at the end of a plan year.