

HRA Request for Reimbursement



Company: The Arc of Carroll County, Inc.
 Plan Year: 12.1.08 – 11.30.09

ACC HRA

Employee First Name	Employee Last Name
Employee ID No.	Daytime Phone #
Home Address <input type="checkbox"/> Check here if new address	
E-Mail Address <input type="checkbox"/> Check here if new address	

Health Reimbursement Arrangement (HRA)

APPLIES ONLY TO EMPLOYEE'S DEDUCTIBLE OF THE EMPLOYERS DESIGNATED HEALTH PLAN

- ❖ **Explanation of Benefits (EOB) or duplicate prescription receipt MUST be attached for reimbursement**
 You must submit all covered health expenses to your insurance carrier before you submit a claim for reimbursement. When you receive an Explanation of Benefits from your insurance carrier, you may submit the EOB for reimbursement. EOB's are the only acceptable form of documentation for reimbursement. You may submit the duplicate prescription receipt for prescription expenses.

(please attach a separate sheet if more space is needed)

Date(s) of Service	Physician or Other Provider	Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Total HRA Amount Requested \$ _____ HRA

STATEMENT BY THE PARTICIPANT

I certify that the expenses listed above have been incurred by me and/or my eligible dependents and qualify for reimbursement. I have not and will not be reimbursed through any other health plan coverage.

Participant's Signature _____

Date _____

Please email, fax or mail claim forms to:
claims@hfsbenefits.com
 Claims Department, HFS
 P.O. Box 1550, Hunt Valley, MD 21030-1550
 Phone: 410.771.1331 / Toll Free: 888.460.8005
 Fax: 410.771.5533 / Toll Free 888.510.4218
******PLEASE DO NOT MAIL ORIGINALS******

- To access your account follow these steps:
- Go to www.hfsbenefits.com
 - Click on the **Account Login** button
 - Enter User ID (Social Security Number)
 - Enter PIN Number **2358**
 - Click on **"Enter the FSA Online Inquiry Site"** button