



"The Professional Approach to Insurance"

Health Reimbursement Arrangement (HRA) Request For Reimbursement

PICK UP CHECK **(Non-Direct Deposit Only)**

List below if Person *other than self* is to pick up check

_____ (ID Required)

Unless the PICK UP CHECK box is marked all checks are **MAILED.**

ADDRESS CHANGE

(If you have had a change of address and do not notify us, and it is necessary to put stop payment on a check that is not received, you will be charged \$15.00)

Employer _____ Daytime Phone # _____

Employee Name _____ Last 4 of SS # XXX-XX- _____

Mailing Address _____

City _____ State _____ Zip Code _____

Documentation submitted with this form must comply with specifications set by your Employer and IRS Regulations. If you have questions regarding this, please contact our office at (541) 779-5881. **Please retain copies of the information submitted for your personal tax records. Originals and/or copies of submitted claims will not be returned to you after processing.**

Expense Amounts	Service Date(s)	Brief Description of Services
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

Total Reimbursement Requested \$ _____

EMPLOYEE AUTHORIZATION

To the best of my knowledge and belief, my statements in this Request For Reimbursement are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable Plan Year and for eligible participants. I certify that these expenses have not been and are not expected to be reimbursed under any other benefit plan and will not be claimed as an income tax deduction. I authorize my HRA Account to be reduced by the amount requested.

Employee Signature _____ Date _____



Request for Reimbursement Instructions for Health Reimbursement Arrangements

How to File a Request for Reimbursement

The "HRA Request for Reimbursement" form must be completed and signed for all reimbursements submitted. The completed form, along with proper documentation, needs to be faxed, mailed, emailed or dropped off to our office for processing. You can download the "HRA Request for Reimbursement" form from our website: www.hp-benefits.com.
(See address & fax number below)

Please retain copies of the information submitted for your personal tax records. Originals and/or copies of submitted claims will not be returned to you after processing.

Required Documentation for HRAs

We must have the following in order to process a request:

- Supporting documentation set forth by your employer (**See HRA Q&A for specifics**), which may include, insurance Explanation of Benefits (EOB) or itemized bills/account statements for services you have received.

Documentation must show the following:

- **Date of Service(s) (NOT the date paid)**
- **Provider's Name**
- **Description of Service Provided**
- **Patient's Name**
- **Amount responsible by the patient (Funds cannot be reimbursed for expenses that insurance may cover)**

Supporting documents must come from a third party:

Copies of cancelled checks and credit card statements or receipts are not acceptable, per IRS Guidelines.

Processing & Payment of Your Request

Humphrey & Pace Benefit Planning, Inc. will process your "HRA Request for Reimbursement" and determine expense, eligibility and fund availability based on your account balances. All eligible expenses must be incurred (i.e. service dates) in your plan year. If you are unsure what your plan year is, see your employer's Summary Plan Description.

After reviewing the request, Humphrey & Pace Benefit Planning, Inc. will issue a reimbursement to the member. Your request will be processed, approved or denied, and the reimbursement issued based on the contract set between your employer and our office.

Delays may occur if proper documentation is not provided. If we cannot process your request as submitted, your claim will be sent back to you with an explanation of what is needed in order to process the reimbursement, without exception.

If you have a question or need any assistance, please call our office at (541) 779-5881 or (800) 866-9493