

DO NOT USE A FAX COVER SHEET

Date: \_\_\_\_\_

# of pages: \_\_\_\_\_

Fax: 888-511-3743

## HRA Request for Reimbursement

Employee Information-Complete all sections			
Name:		Social Security Number:	
Home Address:		Employer:	
City:	State:	Zip:	Daytime phone:
<input type="checkbox"/> Check here if this is a new address		Email Address:	

**HRA Reimbursement Arrangement**-Attach an itemized receipt, an Explanation of Benefits, or other verification (originals or photocopies) of each expense claimed, indicating the service(s) provided, date(s) of service, and corresponding charges. **Credit card receipts, cancelled checks, balance forward statements are not eligible forms of documentation.**

If EBS is to pay the Provider please supply the provider tax ID number. Reimbursement will go to the member if no tax ID number is provided.

☐ Please pay provider                      Provider tax ID number: \_\_\_\_\_

Provider Address:

Person Receiving Care	Relationship	Date of Service	Description of Expense	Care Provider (Name of Doctor, Clinic, Hospital)	Amount Claimed

**Employee Certification:** I certify that the expenses listed above qualify for reimbursement under IRS guidelines and have been incurred by me or eligible members of my family. I understand that I am responsible for the validity of claims submitted to my Pre-tax Accounts, and that these expenses occurred during my coverage period, within the plan year. I certify that these expenses were not for cosmetic or general health purposes, and any products claimed do not constitute toiletries/cosmetics. I certify that these expenses have not been reimbursed under the above mentioned accounts or by any other source, and will not be claimed as deductible expenses when I file my personal tax returns. Furthermore, I understand that I am responsible for retaining copies of valid receipts for a period of 3 tax years per IRS guidelines. I will provide valid receipts of service where required and authorize the appropriate Pre-tax Account to be reduced by the amounts shown above.

Employee Signature: (REQUIRED) \_\_\_\_\_ Date: \_\_\_\_\_

## GUIDELINES FOR ELIGIBLE REIMBURSEMENT

### General Guidelines

Employee Reimbursement Accounts are a part of Section 125 of the Internal Revenue Code that governs the tax status of Flexible Benefit Plans. Eligibility for pre-tax reimbursement is covered in Code Sections 105 /106 (Accident/Health Plans).

- Reimbursement will be made directly to you; you are responsible for paying your provider.
- According to the Internal Revenue Code, if you apply for reimbursement of expenses that the IRS later determines to be ineligible, those reimbursements may be taxed as ordinary income and certain penalties may apply. Similar treatment will be applied if reimbursed expenses are overpaid or reimbursed from some other source.

### Medical Expense Reimbursement

Eligible expenses are qualified medical deductible expenses that are not eligible for reimbursement from any other source.

- Expenses that can be reimbursed under your health insurance plan should not, be included on this form.
- Expenses for services which are not medically necessary (i.e. cosmetic) should not be included on this form.
- You may be reimbursed for expenses for yourself, your spouse, and your dependents, as defined in the Internal Revenue Code.

### Debit Card

The Debit Card provides a cashless transaction by paying the provider directly from your HRA account for eligible expenses. Retain copies of itemized bills for all transactions. You will be notified, if the transaction requires substantiation.

- The Summary Plan Description provides complete details of eligible expenses for your plan.
- By accepting and using the Debit Card, you have agreed to the terms and conditions contained in the Cardholder Agreement, including any amendments thereto, which will govern the use of the Card.
- You agree to use the Debit Card for eligible expenses only.
- Claims Administrator and Plan Administrator have the discretionary authority to decide whether or not a particular expense is eligible.
- Claims Administrator and your Employer have the right to recover payments from you if the Debit Card is used to make payments in excess of the maximum available balance or ineligible expenses are erroneously charged to your Debit Card. This represents an overpayment of your salary or wages that must be repaid to your employer immediately.
- Your employer may deduct any erroneous claims payments or Debit Card charges from your salary or wages.
- If employment is terminated for any reason, the entire amount of any unpaid erroneous charges will be immediately due. Without any other notice, your employer may apply the debt against any amount they owe you.