HRA Card Claim Form

Participant Information

To Update your information, log on to your account at https://hrbenefitsdirect.com/basic

Employer: _____

Name: _____ Social Security #:_____

HRA Expense Information

HRA Plans may cover a wide variety of expenses. Please consult your HRA SBC or Summary Plan Description to determine what your HRA Plan will reimburse. Your Plan may not cover the items described below.

Deductible/Co-Insurance Expenses (if eligible):

- Submit the *entire* Explanation of Benefits (EOB) from your insurance carrier. Summary pages cannot be processed because they don't show the individual date(s) of service.

Prescription Expenses (if eligible):

- Submit a copy of the prescription tag or a copy of the cash register receipt showing RX

Dental/Vision Expenses (if eligible):

- Itemized statement from provider must show:
  - Date of service
  - Description of service/items provided/purchased
  - Amount of Charge
  - Provider's name and address

How to Submit for Reimbursement

Employee Portal: https://hrbenefitsdirect.com/BASIC

Fax: 269-488-6255

Mail: BASIC
9246 Portage Industrial Dr.
Portage, MI 49024
Attn: HRA Department

Itemized Expenses

Benefit Card used for this expense [please check yes or no]	**Date(s) of Service** [provide the date or date range which service(s) were provided]	**Service Provider** [The name of the provider or pharmacy who provided the service]	**Amount** [Enter the reimbursement amount requested]
☐ Yes ☐ No			$
☐ Yes ☐ No			$
☐ Yes ☐ No			$
☐ Yes ☐ No			$
☐ Yes ☐ No			$
☐ Yes ☐ No			$
☐ Yes ☐ No			$

I certify that I have not already been paid for these expenses from my HRA Plan or any other source. I have submitted the above information in good faith and it is correct to the best of my knowledge. I understand that reimbursement is not a guarantee. The service for which I am requesting reimbursement must be incurred during my period of participation. Services incurred after participation ends are not eligible for reimbursement even if there was a balance remaining in my account.

Signature: _____ Date: _____