



Professional Benefit Administrators, Inc.

Send all Claims to:
Professional Benefit Administrators, Inc.
P.O. Box 4687
Oak Brook, IL 60522
Phone: (800) 435-5694

HEALTH REIMBURSEMENT ACCOUNT
REIMBURSEMENT REQUEST

Fax: 630-286-4660

Email: fsa@pbaclaims.com

Check this box if your address has changed

Name (Last & First Name) ID#
Address City State Zip Code Telephone No.
Name of Employer Division/Location

Health Care Expenses

**Always send a copy of the Explanation of Benefits (EOB) for expenses covered under any health plan. For expenses where there is no coverage, always send a copy of the itemized bills. We cannot accept credit card receipts, register receipts or balance due statements.

Table with 6 columns: Name of Provider, Name of Claimant, Date of Service, Covered Under Health Plan Y/N, Total Expense Amount, Total Claimant Responsibility

TOTAL

Premium Expenses

*** Premium cannot be for spouses Group Health Plan if pre-taxed or for Long-Term care coverage.

Table with 4 columns: Description of Premium, Covered Period From To, Provider of Service ***, Reimbursement Request Amount

TOTAL

EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT

I certify that the expenses for reimbursement requested from my HRA were incurred by me (and/or my spouse and/or dependents), were not or cannot be reimbursed by any other plan, and, to the best of my knowledge and belief, are eligible for reimbursement under my HRA. I (or we) will not use the expenses reimbursed through the HRA program as deductions or credits when filing my (our) individual income tax return.

Any person who knowingly and with intent to injure, defraud, or deceive, files a statement of claim containing false, incomplete, or misleading information may be guilty of a criminal act punishable under law.

Employee Signature _____ Date _____



HEALTH REIMBURSEMENT ACCOUNT REIMBURSEMENT REQUEST

Employee Instructions

1. Always complete all areas of "Employee Information". Complete "Health Care Expenses" and/or "Premium Expenses".
2. If you have coverage under one or more benefit plans, mark "Y" in the "Covered Under Health Plan" section and attach copies of each Plan's Explanation of Benefits (EOB) in support of your request for reimbursement of out-of-pocket expenses (deductibles, coinsurance, non-covered items, etc.). Your insurance Plan and any other Plan (e.g. your spouse's or an individual Plan) must pay before you request an HRA reimbursement.
3. For Premium Expense Reimbursement, attach a copy of the itemized bill, statement, or payroll stub to this form and complete the "Premium Expenses" section.
4. Read the "Certification for Reimbursement" statement, then sign and date the bottom of the form. Your reimbursement request will be returned to you if this section is not completed.
5. **It is your responsibility to provide supporting documentation for this claim in the event of an IRS AUDIT.**
6. Mail the Reimbursement Request Form to the address below:

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Oak Brook, IL 60522
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Supporting Documentation

The following supporting documentation must be attached to the appropriate claim form:

Medical Expenses

- Expenses covered by your Group Insurance Plan(s) **MUST BE SUBMITTED** under that Plan first. Attach a photocopy of the Explanation of Benefits (EOB) statement to claim the amounts not paid by your Group Plan(s).
- If you and your spouse are both covered by Group Health Plan(s), the **EXPENSES MUST BE SUBMITTED** to both Plans first. Attach a photocopy of both EOBs to claim any amount not paid by the Plans.

All Other Health Care Expenses

For all other expenses, **attach a photocopy of the bill(s)** that clearly states:

- Name of the person receiving the service
- Nature of service or supplies
- Name and address of the provider of service
- Amount charged
- Date that the service was rendered

Premium Reimbursement Expenses

- Premiums that are pre-taxed through your spouse's employer are NOT eligible for reimbursement. Premiums for long term care are NOT eligible for reimbursement under the Plan. For all eligible Health Insurance premiums you must submit a paid receipt showing the amount and dates of service or a photocopy of you check.

Who can file a Reimbursement Request

- Only employees participating in the HRA Plan can file a Reimbursement Request Form.
- Employees can file a claim form during the Plan year and for a certain period after the Plan year as described in the Summary Plan Description.
- Terminated employees can file a claim form for the same period after the Plan year as described in the Summary Plan Description.

What Health Care Expenses Can Be Claimed

- Only Expenses incurred during the Plan year can be claimed for reimbursement. Each year is treated separately and the year of claim is the year the expense was actually incurred by the participant.
- Terminated employees can claim expenses incurred prior to the date of termination and for the same period of time allowed in the Summary Plan Description, unless you continue the Flex Plan under COBRA for the balance of the year.
- Allowable expenses are the same as those allowed for income tax deduction purposes as outlines by the IRS.