

Claim Form

(Instructions on next page)

Employee Information

Last Name, First Name	SSN / Employee ID #
Home Address (Street, City, State, Zip Code) ...Please update my address on file	Phone Number
Employer Name	Email Address

Did you know you can submit paperless claim s

Claim Form Instructions

1. Complete employee information section. Be sure to write legibly to ensure proper processing.
2. Itemize your expenses in the table provided and attach copies of your documentation.

Documentation must clearly show the date of service, type of service, and final cost of service. Examples of acceptable documentation include itemized bills/invoices, or the Explanation of Benefits (EOB) from your insurance carrier.

™ If your employer offers an HRA and you are enrolled in a plan that only offers reimbursement for deductible, coinsurance, and/or copays an EOB is required for claim submission.

™ If the expense is a copay amount (multiple of \$5 up to \$500), a payment receipt is acceptable documentation.

Proof of payment is not required in order to reimburse medical/dental/vision services.

Prescriptions

Examples of acceptable documentation include the Rx label, payment receipt, or mail order statement showing the date filled, Rx name or Rx #, and cost. You may also submit an itemized printout from your pharmacy.