

## HRA & SRA

# Travel Expense Attestation Form

EMPLOYEE NAME:

DATE OF SERVICE:

WHAT PLAN ARE YOU REQUESTING A REIMBURSEMENT FROM? (ONE CLAIM TYPE PER FORM)

- ☐ Health Reimbursement Account (HRA)    ☐ Specialty Reimbursement Account (SRA)

### PLEASE ATTEST THE FOLLOWING:

☐ I understand that I must submit a completed copy of this attestation form and a detailed receipt (required for SRA) or

Explanation of Benefits/EOB (required for HRA) along with a claim form.

☐ The services indicated on my claim form are for myself, my spouse and/or my dependents. They are travel expenses for medically related services covered under the medical plan.

### ELIGIBLE EXPENSES (SELECT ALL THAT APPLY):

- ☐ Rental car    ☐ Lodging (up to IRS limits for HRA)    ☐ Airfare    ☐ Parking    ☐ Mileage (up to IRS limits for HRA)

☐ Other:

BY SUBMITTING THIS ATTESTATION FORM, I CERTIFY THAT THE INFORMATION ON THIS FORM IS ACCURATE AND COMPLETE.

EMPLOYEE SIGNATURE

DATE (MM/DD/YYYY)

## HAVE QUESTIONS?

Contact Benefit Resource Participant Services.

- **Phone:** (800) 473-9595, Monday – Friday, 8am – 8pm (Eastern Time)
- **Email:** ParticipantServices@BenefitResource.com
- **Online Live Chat:** Monday – Friday (available with participant login access)