



Claim Form



You could be getting your reimbursement faster! File your claim online via the employee portal (www.BRIWeb.com) or via the BRIMobile app, if allowed by your plan.



Employee Name

Member ID *(set by your employer. Typically an employee ID or SSN.)*

Employer

Check here if address has changed and provide new information below.

Street or PO Box

City

State

ZIP

What are you requesting a reimbursement for? *(One claim type per form.)*

Health Accounts (FSA, HRA)

Dependent Care (Child care expenses)

Commuter Expenses

Other / Specialty Accounts

Provider & Type of Service
(i.e. RX, Co-pay, Dental, Child care, Parking)

Start and End Dates
(MM/DD/YYYY)

Person Receiving Service
(First and Last Name)

Amount

Office Use

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CERTIFICATION AND AUTHORIZATION: By submitting the claim form, I certify that: (1) The information on this form is accurate and complete. (2) I am requesting reimbursement for eligible expenses provided to myself or qualifying individuals while a participant in the plan. (3) I have already received these products and services and confirm that by requesting reimbursement here that I have not and will not seek reimbursement of this expense from any other plan or party. If I am covered under more than one healthcare account, reimbursement will be made according to the payment order determined by those plans and as stated in my plan documentation. (4) Use of this service indicates my acceptance of the terms and conditions associated with my plan and available through my secure login at www.BenefitResource.com.

What you need to know when submitting your claim

- Be sure to include an itemized receipt or EOB. Credit card receipts are generally not accepted.
- Check your plan documents to confirm what expenses are eligible and the dates claims must be submitted.

Submit claim by:

Fax:
(585) 427-9320

Mail:
Benefit Resource, LLC
PO BOX 642
Willow Grove, PA 19090

Please visit www.BenefitResource.com/ClaimsHelp for further assistance in filling out this form.