## FSA/HRA REIMBURSEMENT CLAIM FORM (Please Print Clearly)

Want your reimbursement faster? File your claim online via the employee portal (<u>www.BRiWeb.com</u>) or via the BRiMobile app, if allowed by your plan.

PART 1	PART 2 Check here if address has changed and provide new information below.						
Employee Name:			Street or PO Box:				
Member ID:			City:				
Employer:			State:	Zip Code:			
PART 3							-
			st Name of Person				
Provider & Service Rendered/Item Purchased	Date(s) of Service	Receiving Service		*Relationship (HRA Only)	*Date of Birth (HRA Only)	Amount	For Office Use Only
Provider & Service Kendered/item Purchased	Date(s) of Service	(H	RA Only)	(HKA Uniy)	(HKA Only)	Amount	For Office Use Only
TOTAL =							
Submit claim by:	Sign Here	Signature Requi					
Fax: (585) 427-9320	olgh here	Employee Certification: By signing the above, I request reimbursement for Medical and/or Dependent Care expenses					
or BRZ		listed above. Enclosed are itemized bills, receipts or EOBs verifying these expenses. Each expense listed is for a service/item provided to me or a qualifying individual, has not been purchased with a Beniversal <sup>®</sup> Prepaid Mastercard <sup>®</sup> ,					
Mail: ATTN: Claims Department Benefit Resource, LLC.	and will not be reimbursed from any other source. Medical expenses were incurred only for an immediate medical purpose. I understand that these expenses must qualify for reimbursement under the Internal Revenue Code and cannot be claimed as deductions on my personal income tax.						
245 Kenneth Drive							
Rochester NY 14623-4277							

\*Effective for plan years that begin on or after January 1, 2017, reimbursement of eligible expenses from your HRA can only be for you, your spouse and/or your eligible dependents who are covered under a group health insurance plan as outlined in your Plan Highlights. For example:

- if your HRA plan year begins January 1, 2017 and your Plan Highlights indicate that expenses must be provided to you, your spouse or eligible dependents who are covered by a group health insurance plan, then you can be reimbursed only for eligible services provided on/after January 1, 2017 for qualifying individuals.
- if your HRA plan year begins June 1, 2017 and your Plan Highlights indicate that expenses must be provided to you, your spouse or eligible dependents who are covered by a group health insurance plan, then you can be reimbursed only for eligible services provided on/after January 1, 2017 for qualifying individuals.

The following information is required:

Relationship: Complete this column using Self, Spouse or Dependent. Qualifying individual's date of birth.

See page 2 for important information on completing and submitting this form.

# FSA/HRA REIMBURSEMENT CLAIM FORM (continued)

#### Page 2

#### INSTRUCTIONS FOR COMPLETING YOUR CLAIM:

- 1. Part 1 of the claim form *must* be completed in full.
- 2. Part 2 of the claim form should only be completed if your address has changed.
- 3. Part 3 of the claim form *must* be completed in full.
- 4. For each item you are claiming in Part 3, you must attach a copy of itemized bills, statements, receipts or insurance company Explanation of Benefits (EOBs). This documentation from your provider *must* include the following information (*please retain originals for your personal records*).
- Name of provider Your out-of-pocket cost for the service Type of service provided Date(s) service was provided Name of person receiving the service Credit or debit card information should not be included.
- 5. IRS regulations require additional documentation for the following:
  - Dual purpose items require a Certification of Medical Necessity form (can be obtained from the Benefit Resource website).
- 6. The claim form *must* be signed and dated after reading the Employee Certification.
- 7. Submit the completed claim form and all related documentation to:

Fax: (585) 427-9320 or ATTN: Claims Department Benefit Resource, LLC. 245 Kenneth Drive Rochester NY 14623-4277

#### **CLAIM SUBMISSION REMINDERS:**

- Credit card statements, cancelled checks and balance forward/prior balance statements are not acceptable.
- The service being claimed must be provided to you or a qualifying individual within the time frame indicated in your Plan Highlights.
- In general, IRS regulations do not require that you pay for a service before requesting reimbursement. A request for reimbursement must be based on the date when the service was provided, not the date when a payment was made. (The IRS allows one exception: orthodontia expenses can be based on date of payment, date of service or payment due date on statements/coupons.)
- Claims must be submitted after a service is provided, but before the end of the run-out period following the end of your plan year.
- Claims must be received by Benefit Resource within the time frames specified in the Plan Highlights.
- An expense paid with the Beniversal Card or that has been reimbursed from any other source cannot be submitted for reimbursement.
- Items on a claim form or supporting documentation should never be highlighted since highlighted items can be hard to read. Credit or debit card information should not be included.

### Some Expenses That Are <u>Not</u> Eligible For Reimbursement From A Medical Reimbursement Account Include:

- Personal care items (e.g. shampoo, soap, electric toothbrush, toothpaste, mouthwash)
- Teeth whitening
- Insurance premiums

# Some Expenses Are <u>Only</u> Eligible For Reimbursement From A Medical Reimbursement Account If Certified By A Licensed Medical Provider As Preventing, Treating, or Mitigating A Specific Physical Defect or Illness:

- Cosmetic services
- Vitamins
- Non-prescription sunglasses
- Exercise and weight loss programs

