



Spending Account
Service Center
2300 Renaissance Boulevard
King of Prussia, PA 19406

Health Reimbursement Account Claim Form

Employee Information

Employer Name

Name	Date of Birth	Last 4 Digits of Social Security Number
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Street Address <input type="checkbox"/> New address	City	State	Zip Code
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Home Phone Number(including area code)	Work Phone Number (Including area code)
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List of Reimbursable Expenses

Attach corresponding insurance carrier's explanation of benefits

Family Member	Description of Expense	Date of Service	Provider of Service	Amount of Expense	Suffix (office use)

Total Expenses:

Authorization

I certify either that I and /or my eligible dependents have incurred the expenses for which reimbursement is claimed from the Health Reimbursement Account. I further declare that I have not been reimbursed for these expenses and will not deduct them on my Federal Income Tax Return. I understand that this benefit will not be paid directly to the provider of service.

Employee Signature: _____ Date: _____

See Reverse Side For Instructions

How to File a Health Reimbursement Account Claim

- **Step One**

- **Complete the Employee Information Section** of the claim form

- **Step Two**

- **Complete the section titled List of Reimbursable Expenses**
 - Attach Explanation of Benefits indicating deductible, co-insurance, and ineligible amounts not covered by any health plan under which you and/or your eligible dependents are covered.

- **Step Three**

- **Sign and date** the section titled Authorization

- **Step Four**

- **Retain copies** of the entire claim form and supporting documentation for your records. Those submitted will not be returned to you.

- **Step Five**

- **Fax the fully completed Health Reimbursement Account Claim Form and supporting documentation to 800-595-4642.** If you do not have access to a fax machine you can mail your completed claim form and supporting documentation to the address below:

**Spending Account Service Center
FSA Claims Processing
2300 Renaissance Boulevard
King of Prussia, PA 19406**

**Please file your claim promptly, in the plan year in which charges were incurred if possible. It is not necessary to accumulate your claims and submit only at year-end. That way, if additional information is needed, it can be requested as soon as possible.*

**For questions regarding Health Reimbursement Accounts, please call the
Spending Account Service Center at 800-580-6854.**