HealthPlans, Inc.

Claim Form — Health Reimbursement Arrangement (HRA)

Use this form to submit for reimbursement of eligible expenses.

Employer/Company Name	*Department/Division*		*Health Plans Member ID#*
Employee Last Name	*First Name (Subscriber)*	*MI*	*Date of Birth*

Mailing Address	*City*	*ST*	*ZIP Code*

Email Address	*Primary Phone#*	*Alternate Phone#*

Instructions

Please attach copies of insurance plan Explanation of Payment (EOP) or itemized bill/invoice/receipt, which must include the following:

- the date(s) of service
- the name and address of the service/product provider
- the member who received the service/product
- a description of the expense *(i.e., the nature of the service/ product; include the product name, quantity/size, if applicable*)
- the amount of the expense

Date of Service *(MM/DD/YYYY)*	Name & Address of Service/Product Provider	Describe Expense	Member Name	Net Amount

CLAIM TOTAL

Please Read Carefully

The undersigned Plan Participant (Subscriber) certifies that all expenses claimed herein were incurred during a period of active coverage. The undersigned understands that he or she is fully responsible for the sufficiency, accuracy and veracity of all information contained herein, and that if an expense claimed herein is not an eligible expense under the plan, the undersigned may be liable for the payment of all related taxes (including federal, state or city income tax) on amounts paid by the plan which relate to said expense.

I certify that all items claimed herein comply with the Health Reimbursement Arrangement program, and said items have not and will not be covered by any other plan or program of any employer, or other party, and will not be reimbursed through a rebate program.

Signature: _____ _____

Signature of Employee *Date Signed*

Print and submit this form to:

Health Plans, Inc.
Attn: Flexible Spending/HRA Dept.
PO Box 5199
Westborough, MA 01581

or fax to: 508-329-4815

Please retain a copy of this form and all related documentation for your records.

*Questions? Please call **877-734-7004**, or submit your question online at **HealthPlansInc.com**; just click on **Contact**.*