Health Reimbursement Arrangement (HRA)
CLAIM FORM

EMPLOYER			
NAME:	Last First MI	**SS#:**	
ADDRESS:	Street City State ZIP	**PHONE :**	( )

☐ **Please check if this is a new address**

* Information below must be completed

Health Reimbursement Arrangement Expense Claims

Date Expense Incurred	Person for Whom Expense was Incurred	Relationship	Description of Medical Expense	Pay Provider*	Claim Amount
				☐	$
				☐	$
				☐	$
				☐	$
				☐	$
				☐	$
				☐	$
				☐	$
				☐	$
				☐	$
				☐	$
				☐	$
				☐	$
Attach the appropriate EOB or Rx receipt(s) to this claim form. Credit/Debit Card Receipts and Cancelled Checks are not proper substantiation.			***Total HRA Expenses***		$

***If you are requesting that we issue payment directly to the provider, please make sure the provider's name and billing address is provided on the documentation you submit for reimbursement or complete the section below:**

Provider Name: _____
Street Address: _____
City, State, Zip: _____

Provider Name: _____
Street Address: _____
City, State Zip: _____

EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT

The undersigned Participant certifies that all services for which reimbursement or payments is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's Health Reimbursement Arrangement (HRA) with respect to such expenses and that the medical expenses have not and will not be reimbursed under any other health plan coverage. The undersigned fully understands that he/she alone is fully responsible for the sufficiency, accuracy and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state, or city income tax relating to such expense.

Employee Signature: _____ **Date:** _____ /_____/_____

FAX TO (877) 224-3539

OR MAIL TO: MCGREGOR & ASSOCIATES, INC.
997 GOVERNORS LANE, SUITE 175, LEXINGTON, KY 40513