

PSSU LOCAL UNIT HEALTH AND WELFARE FUND

Health Reimbursement Arrangement (HRA) Claim Form

Employer: _____

Employee Name: _____ Participant ID Number: _____
 (Employee ID or Social Security number)

Phone: _____ E-mail: _____

Please complete this claim form. Incomplete forms will be returned to you. To expedite your claim, please provide all appropriate information and review the Total Health Care Expense amount.

Date Expense Incurred	Name of Service Provider	Expense Description (Rx, co-pay, deductible, etc.)	Person for Whom Expense Incurred	Net Amount
<i>Please include copies of your receipt(s) with this claim form.</i>			Total Health Care Expense Claim(s)	\$

Read Carefully: By signing below, I certify the following: 1) The expense(s) for which reimbursement is requested were provided while I was covered under the Plan. 2) The health care expenses have not been reimbursed from any other source, nor will reimbursement be sought from any other source. 3) All information provided above is complete and accurate. 4) Unless an expense is a qualifying expense under the Plan, I will be required to repay an amount equal to such erroneous reimbursements. 5) Failure to provide complete and accurate information regarding qualifying expenses only may result in adverse tax consequences.

Please Note: Your Health Reimbursement Arrangement (HRA) Plan may limit the types of healthcare expenses that may be reimbursed to you. Please read the Summary Plan Description for your HRA Plan, for a list of eligible expenses.

Employee Signature

Date

Mail the claim form and copies of your receipts to:

**PSSU Local Unit Health and Welfare Fund
 2589 Interstate Drive
 Harrisburg, PA 17109**

PSSU LOCAL UNIT HEALTH AND WELFARE FUND

Health Reimbursement Arrangement (HRA) Claim Form

Who is eligible

Only an employee who is enrolled in the Plan can submit expenses for reimbursement. However, you, your spouse and any dependents - as defined in Internal Revenue Code Section 105(b) - may incur the expenses.

If there is a question as to the eligibility of a particular expense or the dependency status of a particular individual, you will be contacted for more information.

What expenses may qualify

1. Health Reimbursement Arrangements can be used to pay for any item that qualifies as a medical expense under the Internal Revenue Code, with the exception of long-term care. However, your employer determines which expenses are covered under your plan. Depending on your benefits, you may be eligible to submit copies of receipts for co-pays, deductibles, dental, vision or hearing expenses, prescriptions.
2. Expenses must be incurred on or after your effective date for the plan year and before the end of the plan year. In accordance with IRS rules, expenses are not eligible for reimbursement until after the service has been provided.

Important note: The above eligibility and expense guidelines are intended for informational purposes only. For a description of how your plan works, please refer to the Summary Plan Description (SPD). The information contained in the SPD takes precedent over the guidelines in this form.

Examples of Receipts

- Receipts for office co-payments
- Invoices for your medical and/or dental expenses, which your insurance company does not cover
- Receipts for prescriptions
- Explanation of Benefit (EOB) statements from your insurance company, which show the amount or percentage of a medical or dental charge your insurance company paid and how much you must pay

Some items may require further documentation from your physician or healthcare provider. We will contact you if further documentation is required.

How to file a claim

- Complete the top portion of the claim form by filling in the employee's name and participant ID number (employee ID or Social Security number).
- In the claims section, complete all information for each amount requested for reimbursement.
- Sign and date the claim form.
- Attach a copy of your receipts, itemized bills and any Explanation of Benefits (EOB) forms from the insurance company. Keep the original receipts for your records.
- Cancelled checks, credit card slips or statements showing only a balance due are **not** accepted as valid receipts.

Mail the claim form and copies of your receipts to:

**PSSU Local Unit Health and Welfare Fund
2589 Interstate Drive
Harrisburg, PA 17109**