FBA

First Benefit Administrators

Please attach documentation to the back of this form.

HRA CLAIM FORM

Email Address: _____

Employee _____

Employer Name _____

SSN: _____

COMPLETE FOR CHANGE OF ADDRESS ONLY

New Address:_____

City _____

State, Zip _____

Phone: _____

THIS FORM SHOULD BE COPIED FOR FUTURE USE.

Please attach the EOB in the order you have it listed below and fill in with dates of service, description, and claim total, then sign and date below and mail or fax to FBA. The EOB *must include* the following: Date(s) of Service, Type of Expense (i.e. eye exam), and amount applied to the deductible and the name of the service provider.

NOTE: CANCELLED CHECKS OR CREDIT CARD RECEIPTS/STATEMENTS ARE NOT VALID FORMS OF DOCUMENTATION.

DATE(S) OF SERVICE	DESCRIPTION	DOLLAR AMOUNT
1.		$ _____
2.		$ _____
3.		$ _____
4.		$ _____
5.		$ _____
6.		$ _____
7.		$ _____
	CLAIM TOTAL	$ _____

This is to certify that my statements on this Claim Form are complete and true. I am claiming reimbursement only for eligible expenses incurred during the applicable plan year and my eligible dependents. I certify that these expenses have not been, nor will be reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I authorize my HRA to be reduced by the amount requested.

Signature: _____ Date: _____

REMINDERS

⇒ Provide an EOB for all expenses submitted.
⇒ Sign & Date the Reimbursement Form
⇒ Multiple expenses may be included on one form. If more space is needed, attach additional forms.

NOTE

Minimum Check Amount is $ 5.00

Keep copies of everything submitted to FBA. If you need copies of your files from FBA, a $ 25.00 fee will be charged. IRS guidelines require that FBA keep records of all claims and correspondence for three years.

Mail Completed Forms to:

Or Email:
info@firstbenefitadmin.com

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