

ELECTRICAL WORKERS BENEFIT TRUST FUND HEALTH REIMBURSEMENT ACCOUNT CLAIM FORM

Please submit the completed HRA claim form, along with receipts to:

**Electrical Workers Benefit Trust Fund
1828 North Meridian Street, Suite #103
Indianapolis, IN 46202**

To file a Health Reimbursement Account (HRA) claim we need 3 items:

First: A timely filing, six months from the date of service.

Second: An itemized bill with proof of payment showing ALL charges for the date of service for which you wish to be reimbursed. Another option is to submit the Explanation of Benefits (EOB) you received from the Benefit Office along with proof of payment. Hand written receipts will not be accepted.

Third: Complete the entire HRA claim form. A separate claim form **MUST** be completed for each patient.

Failure to follow the steps will delay payment, and may result in your claims getting mailed back to you.

NOTE: Reimbursement claims **MUST be processed through primary insurance before you can be reimbursed.**

Employee Name: _____ SSN# _____

Address: _____ Phone # _____

Patient: _____ Relationship to Employee: _____

Date of Service/Purchase	Description	Amount

Please allow 10-15 business days for reimbursement.

Total

I understand the above claims will be deducted from my Health Reimbursement Account (HRA). If the total amount is not available, I authorize a partial reimbursement and understand I **cannot** resubmit these claims at any time for any unpaid balance. If the account has a zero balance I will not be reimbursed.

Employee's signature

Date

For questions, please contact the Fund Office at (317) 923-4577.

For more details regarding eligible expenses, please refer to IRS Publication 502 which is available on the Internet at:
<http://www.irs.gov/pub/irs-pdf/p502.pdf>