



Please Staple Receipts Here

HRA / FSA REIMBURSEMENT REQUEST FORM

\$50.00 minimum reimbursement for paper check. Any claims received under \$50.00 will be returned except for last check of the year. Does not apply to direct deposit.

Your Name _____

Are you still employed at _____? Yes No If no, what date did you terminate employment? _____

Is this your first claim this year? Yes No Have you moved since your last claim or since you enrolled?
If so, tell us where:
Street Address: _____
City: _____
State: _____ Zip _____

HRA ELIGIBLE EXPENSES:

Provider Name	Service Rendered/Item Purchased	Service was for (Name/Relation)	Date	Amount

TOTAL:\$ _____

READ CAREFULLY

I request reimbursement for my HRA eligible expenses as itemized above. Attached are receipts/ Explanation of Benefits from Insurer (EOB) which provide: date of service, provider name, type of service, for whom the service was provided, and fee charged. These expenses are not eligible for reimbursement from any other source. I understand that these expenses must qualify for reimbursement under the Internal Revenue Code and that they cannot be claimed as credits or expenses on my personal income tax return.

FSA ELIGIBLE EXPENSES:

NON-REIMBURSED MEDICAL CARE: Complete only if you elected this on your initial enrollment form.

Provider Name	Service Rendered/Item Purchased	Service was for (Name/Relation)	Date of Service	Amount

*MUST BE DATE THE SERVICE WAS RECEIVED, NOT WHEN BILL PAID

TOTAL:\$ _____

READ CAREFULLY

I request reimbursement for my non-reimbursed medical care as itemized above. Attached are receipts which provide: date of service, provider name, type of service, for whom the service was provided, and fee charged. These expenses are not eligible for reimbursement from any other source. I understand that these expenses must qualify for reimbursement under the Internal Revenue Code and that they cannot be claimed as credits or expenses on my personal income tax return.

I have retained copies of the receipts and documentation attached with this request. I understand that materials submitted will not be returned to me. Concepts In Benefits, Inc. does not retain materials after a request is processed.

YOUR SIGNATURE: _____ DATE: _____

Mail this form with receipts attached to: Concepts In Benefits, Inc., 43 Constitution Drive, Bedford, NH 03110