

FILING NOTICE

Health Reimbursement Arrangement Claim Form

Please do not use this form for
Flexible Savings Account
or Transportation Plan
claim reimbursement

Davevic Administrative Services

Health Reimbursement Arrangement (HRA)

Claim Form

Employer:

Employee: Social Security #:

Phone: E-mail:

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Deductible/Co-Insurance Medical Expense Claims

Date Expense Incurred (mm/dd/yy)	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Net Amount
<input type="checkbox"/> Attach E xplanation O f B enefits and submit with this claim form			Total Medical Expense Claim	\$

Read Carefully: The undersigned participant in the Plan certifies that all services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's HRA Plan with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable under any other health plan coverage. The undersigned fully understands that he or 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 on amounts paid from the Plan which relate to such expense.

Employee Signature

Date

***Note: Form must be signed in order to process the claim.**

HRA Claim Filing Procedures...

How To File A Claim

- Complete all information on the claim form for each amount claimed for reimbursement.
- Make sure the claim does not include items for more than one plan year. Use different claim forms for different years.
- You must sign and date the claim form.
- Attach a copy of your **Explanation Of Benefits (EOB)** which supports each reimbursement request. *Please include all pages (front and back) of the EOB.*
- Attach copy of a bill, invoice or other written statement from a third party which supports each reimbursement request and shows the date the service was incurred.

Claim Form

If you **mail** your claim with EOB's or receipts, remember to keep a copy of the claim form and supporting documents for your records.

If you **fax** your claim with EOB's or receipts, please remember to keep the original claim form and supporting documents for your records.

Where To Send A Claim

Mailing Address: Davevic Benefit Consultants, Inc.
902 South Center Street
P. O. Box 976
Grove City, PA 16127

Fax: 724-458-4464