Health Care Reimbursement Account (HCRA) Request for Reimbursement Form

Please mail completed form to:
HealthSmart Benefit Solutions ■ P.O. Box 3262 ■ Charleston, WV 25332 ■ Toll Free 800.432.8315

Employee's Information

Employee's Name (First, Initial, Last)		Employee's Social Security Number
Employee's Mailing Address	**City**	**State** / **ZIP**
Daytime Telephone Number	**Company Name**	**Group Number**

Description Of Health Care Expenses (See reverse side for a list of eligible expenses)

	Amount
A. Medical or Dental Deductibles and Copayments	$ (A)

B. Other Expenses (Attach paid bills, receipts, or other evidence of expenses)

Service Date	Payment Made To	
		$
		$
		$
		$
	Total Other Expenses	$ (B)
	Total Reimbursable Expenses (Total A + B)	$

Services Provided For

Name	Date of Birth	Relationship

Authorized Signature

I certify that the expenses listed above have been incurred by me or my dependents, during this plan year, paid by me, and qualify for reimbursement (see back of form for a description of eligible expenses). I certify that these expenses are not reimbursable through any other plan of another employer. I also understand these expenses no longer qualify as tax credits. The paid bills and itemized receipts are attached.

Employee's Signature	Date

Instructions For Filing A Claim

1. Before requesting payment from your reimbursement account, you must submit these expenses to your health insurance company.
2. Explanation of Medical Benefits (EOB) provided by your insurance company must be submitted as proof of claim. If this statement is provided, it is not necessary to provide the individual bills or receipts.
3. Your Plan may have a check minimum before your payment will be released. Please call HealthSmart Benefit Solutions at 800.432.8315 for verification.
4. Please retain a copy of your claim, statements, and receipts for your records.

Eligible Expenses

Eligible health care expenses are for you, your spouse, or your dependents, that have not been and will not be reimbursed by any other medical or dental insurance. Health care includes the prevention, diagnosis, treatment, and care of an illness, injury, disease or physical or mental defect. Examples of eligible expenses are listed below:

- Amounts not paid by medical and dental plans, with the exception of elective cosmetic surgery expenses. For example: deductibles, copayments, and amounts in excess of plan limits.
- The cost of eye and hearing examinations, eyeglasses, contact lenses, and/or hearing aids.

For more information about eligible health care expenses, please refer to IRS Publication 502.

HealthSmart Benefit Solutions
P.O. Box 3262
Charleston, WV 25332
Toll Free: 800.432.8315
Fax: 855.671.0865