SMART Local 219 Employee Benefit Fund
Health Reimbursement Account (HRA) Claim Form

Participant Information:

Date _____ Phone # (_____) _____

Name: _____ Social Security # ___ ___ ___ - ___ ___ - ___ ___ ___

Address: _____

_____ IS THIS A CHANGE OF ADDRESS **NO / YES**

HRA Expense Information

YOU MUST ENCLOSE A COPY OF THE EXPLANATION OF BENEFITS (EOB) FORM. (INSTRUCTIONS ARE LISTED ON THE REVERSE SIDE.)

By signing this request form, you certify that you have not taken and will not take a tax deduction for items submitted for reimbursement and that there is no other source available for payment. Last, you certify that you have not submitted these expenses on a prior request form.

SIGNATURE_____ DATE _____

Itemized Expenses

Date(s) of Service (provide the date or date range which service(s) were provided)	**Patient Name**	**Service Provider**	**Amount** (Enter the reimbursement amount requested)
			$
			$
			$
			$
			$
			$
			$

IMPORTANT REMINDER

Your Healthcare Reimbursement Account is not a savings account, and you are not vested in the balance. Amounts in the account can be used only for eligible expenses. The Board of Trustees can change the list of covered expenses and any of the Healthcare Reimbursement Account's rules and procedures at any time.

SUBMIT FORM TO: SMART LOCAL 219 ~ 3316 N. PUBLISHERS DRIVE ~ ROCKFORD, IL 61109

INSTRUCTIONS

- For all claims you must enclose a copy of the Explanation of Benefits (EOB) form. For RX/prescription you must submit a copy of the RX/prescription receipt. (Collection notices and bills indicating only a balance due, are NOT acceptable. Cash register receipts from providers are also NOT acceptable.)
- The minimum amount requested should be $50 unless you have accumulated less than $50 in a year.
- You have **12 months** from the **date of service** to submit a request for reimbursement.

EXAMPLES OF COVERED EXPENSES THAT CAN BE REIMBURSED FROM THE HRA

Only expenses incurred after the employee's participation date are eligible to be reimbursed.

- Deductibles and coinsurance from the regular benefit plan
- Wellness exams and immunizations
- Lasik surgery
- Medical/dental/vision expenses in excess of regular plan maximums
- Hearing aids
- Birth control pills
- Self-payments for Employee Benefit Fund coverage
- Fertility enhancement
- Smoking cessation programs

NON-COVERED EXPENSES

- Cosmetic surgery and treatments
- Household help
- Charges incurred by a person not covered by the plan
- Health club memberships/expenses
- Child and dependent/elder care expenses
- Burial expenses
- Teeth whitening
- Over-the-counter drugs
- Long-term care insurance premiums
- Expenses reimbursed by some other source
- Environmental devices such as air conditioners, air purifiers or humidifiers
- Premiums for life insurance, income protection, disability

For a complete list of permissible expenses Under Section 231 (d) of the Internal Revenue Code and for more detailed information see IRS.gov/Pub502.