CHARDSNYDER™
Benefit Solutions

Health Reimbursement Arrangement (HRA) Claim Reimbursement Request Form

COMPANY INFORMATION (PLEASE PRINT)	
Company Name	Division (if applicable)

PARTICIPANT INFORMATION (PLEASE PRINT)			
Last Name		Primary Phone ( ) -	
First Name		Secondary Phone ( ) -	
SSN (or Alternate Employee ID)	Date of Birth (mm/dd/yyyy) / /	Email Address (For Account Notifications)	
Street Address (Check if New Address ☐)			Apt Num
City		State	Zip

If your claim includes expenses incurred by a spouse or eligible dependents, please provide the following information:

NAME	RELATIONSHIP TO EMPLOYEE	DATE OF BIRTH
		/ /
		/ /
		/ /

REIMBURSEMENT REQUEST (PLEASE PRINT)

Please indicate your qualifying expenses below. **DO NOT include expenses reimbursed by any other source**. Attach copies of bills, receipts, Explanation of Benefits (EOBs) or other claim documentation as specified by your plan. Documentation must include dates of service, description of service, provider's name and the expense amount. Cancelled checks and/or credit card statements/receipts are NOT sufficient proof of your claim.

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

DATE RANGE OF SERVICES	From / / through / /	**TOTAL Reimbursement Request**
DESCRIPTION (Please list a brief description below of services – ie: Dr Visit, RX, CoPay, , etc…)		**$**_____ **(REQUIRED)**

CLAIM CERTIFICATION

I certify these expenses for which reimbursement is requested from my Health Reimbursement Arrangement (HRA) have been incurred by me, my spouse or eligible dependent(s) and are not payable by any other benefit plan/program. I will not claim credit for these expenses on my individual income tax return.

Participant Signature (required)	Date / /

SEND THIS FORM WITH A COPY OF YOUR RECEIPTS TO CHARD SNYDER (DO NOT SEND ORGINAL RECEIPTS)

Please submit this form with your required documentation to Chard Snyder by one of the three methods listed to the right…

- ☑ **Fax to:** Local 513.459.9947 | Toll-Free 888.245.8452 ***(Please DO NOT include a Fax Cover Page)***
- ☑ **Mail to:** 3510 Irwin Simpson Rd, Mason, OH 45040
- ☑ **Email to:** askpenny@chard-snyder.com

Health Reimbursement Arrangement (HRA)
Claim Reimbursement Instructions

1. **Complete all company and participant information** on the front page (please print/type). NOTE: Please include your e-mail address if you want to receive an automatic e-mail notification when a claim is processed and when a reimbursement is approved for you to receive payment

2. **Attach supporting documentation**. A copy of the documentation required by your plan must accompany the claim form in order for your request to be considered for reimbursement. *Do not highlight any part of your documentation.* Be sure to keep your original receipts, bills, etc. for your records. All receipts are destroyed daily. All requests must include the following information to be eligible for reimbursement

   - ☑ Original date of service (not the date of payment)
   - ☑ Description of the service performed (refer to list of eligible expenses to identify valid services)
   - ☑ Amount charged to you (do not include amounts reimbursed by another source)

3. **Health Reimbursement Request (HRA):** Complete all requested information *(ie: Total Reimbursement Request Amount)* and attach proof of expense as described above. *Important:* Most plans require a copy of your EOB to process an HRA claim – please see your plan information for details of claim requirements

4. **You MUST sign and date** the *Claim Certification* section on the front of this page.

5. **Fax, Mail or Email** this form and supporting documentation directly to **Chard Snyder**:

   - ☑ **Fax to:** Local 513.459.9947 | Toll-Free 888.245.8452 ***(Please DO NOT include a Fax Cover Page)***
   - ☑ **Mail to:** 3510 Irwin Simpson Rd, Mason, OH 45040
   - ☑ **Email to:** askpenny@chard-snyder.com

6. **If you have questions please contact us**…

   - ☑ Call Customer Service: Local Phone: (513) 459-9997 | Toll-Free Phone: (800) 982-7715
   - ☑ Visit our Website: www.chard-snyder.com
   - ☑ Email your questions to: askpenny@chard-snyder.com

7. **Important Reminders:**

   - ☑ All requests are saved as electronic images. To ensure your claim is processed as quickly as possible, and avoid delays, please review the following recommendations:
     - Do NOT use a Fax Cover Page when faxing
     - Do NOT Highlight any part of your receipts, bills, etc.
     - Only send copies of receipts, bills, etc. (Keep your originals)
   - ☑ Payments are issued after receipt and processing, subject to claim approval
   - ☑ Any items for which you are reimbursed cannot be claimed again as deductions or credits on your individual tax return at the end of the tax year
   - ☑ You may only be reimbursed for eligible expenses incurred during the current plan year *Note*: Orthodontia expenses are reimbursed as designated by the provider
   - ☑ Payment will be made to you. Payments cannot be made to a provider or another person