

# Request for Deductible Reimbursement (HRA) Claim Form

Employer: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Please Check Mark box if the above is a New Mailing Address

## **EMPLOYEE'S CERTIFICATION FOR REIMBURSEMENT**

I CERTIFY THAT: the expenses for reimbursement requested from my account have been incurred by me, my spouse and/or eligible dependents, and were not reimbursed by any other plan that covers health benefits, including but not limited to any individual or group health insurance or any other health care flexible spending account, including coverage under a spouse's or dependents plan. I (or we) will not use the expenses reimbursed through this HRA account as deductions or credits when filing individual income tax returns.

Are you or any of your family members who are covered under your coverage enrolled in any Secondary Insurance private or governmental group or individual health plan or program for any of the Deductible Claims Attached?

YES  NO  If "Yes" please indicate name of Secondary Insurance Carrier/Provider \_\_\_\_\_

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD THE PLAN BY FILING A CLAIM WHICH CONTAINS OR CONCEALS FALSE OR MISLEADING INFORMATION CONCERNING ANY FACT THERETO COMMITS A FRAUDULENT INSURANCE ACT. THIS IS A CRIME AND IS SUBJECT TO CRIMINAL AND CIVIL PENALTIES. EMPLOYEES WILL BE FINANCIALLY RESPONSIBLE TO REPAY ANY HRA FUNDS ISSUED BY THE EMPLOYER'S PLAN IF FOUND TO BE FALSE.

Total Amount "DEDUCTIBLE Claims" submitted for Reimbursement: \$ \_\_\_\_\_  
(Co-Pays are Not Eligible for Reimbursement)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

When filing HRA claims, please attach your: **UPMC Health Plan - Explanation of Benefits (EOB's)**

- 1) The EOB page(s) must contain: **Claim Number, Date of Service and the Provider of Service.**
- 2) Only send Claims Statements/EOB's with "**Deductible Expenses**" There is No need to forward EOB's w/Co-pays
- 3) Include all the pages of the EOB Including the "Your Spending Summary for the Plan Year" pages

To gain access to your EOB's go to <https://www.upmchealthplan.com/members/access/>  
or you can call the number # on the back of your UPMC ID Card

**\* Reimbursements WILL NOT be processed without EOB's from UPMC \***

Please Keep a Copy of your Claim for Your Records - You do not need to forward a hard copy if you Faxed Claims



You may Mail or Fax your HRA Claims to:  
401 Cranberry Street Suite 100 • Erie, PA 16507  
Phone: 814-453-4357 • 800-673-2518 • Fax: 814-459-8600  
Website: [www.chreams.com](http://www.chreams.com)