



HRA Reimbursement Form

Completed forms and proofs can be sent as follows:

Scan and Email to: contributions@journeyrps.com

Fax, Attn: HRA Claim to: 616-333-7644

Mail to: Journey Retirement Plan Services

Attn: HRA Claim

6231 W. River Dr.

Suite F - Belmont MI 49306

For Reimbursement: Please complete the HRA Reimbursement Form and attach documentation for each claim.

The following documentation is approved as qualified evidence for claim: A receipt or invoice showing claims of care, provider name, address, name of person receiving care and amount owed/paid.

Employee Name: _____ Social Security Number: _____

Contact Information

Phone Number: _____ Email Address: _____

Mailing Address: _____

Employer Name: _____

HRA Claim Details:

Patient Name, Relationship and Description of Expense	Service Date	Amount Requested
Patient Name, Relationship and Description of Expense	Service Date	Amount Requested
Patient Name, Relationship and Description of Expense	Service Date	Amount Requested
Patient Name, Relationship and Description of Expense	Service Date	Amount Requested
Patient Name, Relationship and Description of Expense	Service Date	Amount Requested
Patient Name, Relationship and Description of Expense	Service Date	Amount Requested
Patient Name, Relationship and Description of Expense	Service Date	Amount Requested
Total Amount Requested		\$

Authorization: I certify the information contained within this claim for reimbursement is correct and this claim is not eligible for reimbursement by any other insurance. I certify the listed expenses on this form have been incurred by me and/or my dependents during the plan year and qualify for reimbursement. I also understand these expenses no longer qualify as tax deductions or credits. The itemized statements, EOB's or other evidence of these expenses are attached. I understand that any physician, hospital, or other organization or person having any records, data, or information concerning health history or other insurance for me or my dependents, may furnish such reports, data or information as may be requested by Journey RPS, LLC.

Signature _____ Date _____