Jefferson County Commission
2017-2018 PLAN HRA REIMBURSEMENT CLAIM FORM

Millenium Insurance Group, 135 East Main St., New Holland, PA 17557
Toll Free Telephone: (888) 577-7373
Fax Claims to: (717) 354-0459 Email Claims to: smartin@millig.com

Employer Name: **Jefferson County Commission**	
Employee Name:	SSN:
Address:	

HRA Reimbursement Account - Reimbursement Request

All Reimbursement Requests will be adjudicated based on the employers plan specifications.

Claimant Name & Relationship Employee / Spouse / Dependent	Date of Service	Type of Service	Dollar Amount
			$
			$
			$
			$
			$
			$
			$
			$
☐ EOB Copies Submitted via Email		**Total:**	$

To the best of my knowledge and belief, my statements in the requested expenses are complete and true. I am requesting reimbursements only for eligible expenses incurred during the applicable plan year for myself and my eligible dependents. I certify that these expenses have not been and will not be reimbursed under another employer sponsored benefit plan and will not be claimed as an income tax deduction. In addition, I certify that these expenses have not been previously reimbursed under this plan or under any other HRA Plan. I authorize that my plan account may be reduced by the amount of the requested reimbursement.

_____ _____/_____/_____

Employee Signature Date

A COPY OF THE APPLICABLE EOB (EXPLANATION OF BENEFITS) MUST BE ATTACHED OR REIMBURSEMENT WILL NOT BE PAID.

Do not write in the box below.

Date Received by Administrator _____/_____/_____
Notes: