

# Jefferson County Commission

## 2018 - 2019 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](mailto:smartin@millig.com)

Employer Name: <b>Jefferson County Commission</b>	
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
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<input type="checkbox"/> EOB Copies Submitted via Email			<b>Total:</b> \$

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: