

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 / Email Claims to: smartin@millig.com / Fax Claims to: (717) 354-0459

| | |
|---|------|
| 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 |
|--|-----------------|-----------------|---------------|
| <input type="checkbox"/> Check this Box if EOB Copies are being Submitted via Email (if emailed no need to complete this section to list each claim by member) | | | |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| | | | \$ |
| Total: | | | \$ |
| ** (Required) Do you and/or your Enrolled Dependent(s) have any Medical Benefits Insurance Coverage (Primary or Secondary) other than the Jefferson County Commission Group Medical/Rx Plan & the HRA Benefit? <input type="checkbox"/> YES <input type="checkbox"/> No | | | |

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 Confirmation 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: |