



# HRA Reimbursement Documentation Form

**USE THIS HRA FORM TO:** Document an HRA Expense based on your HRA plan. Most HRAs require submission of an Explanation of Benefits (EOB) produced by your Health Insurance Company for each expense claimed. Please see your Summary Plan Description for further details. This may be requested from your Human Resources Department.

**Want an Email when your claim is entered?**  
List your email below. We do not share your email with outside sources!

Email: \_\_\_\_\_

<b>Employer Name</b>	<b>Patient/Dependent Full Name</b> <span style="color: red; font-size: small;">?</span>
<b>Employee Full Name</b> <span style="color: red; font-size: small;">?</span>	<b>Employee Social Security Number</b>

PLEASE LIST EACH EXPENSE ON A SEPARATE LINE IN THE TABLE BELOW. SIGN THE FORM AND ATTACH APPROPRIATE RECEIPT DOCUMENTATION. USE MULTIPLE FORMS AS NEEDED TO RECORD ADDITIONAL EXPENSE ITEMS.

Automatically File Unreimbursed Claim Amount toward FSA	Date Incurred**	Provider's Name	Patient Responsibility
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (I don't have an FSA)			\$
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (I don't have an FSA)			\$
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (I don't have an FSA)			\$

*I certify that: 1) each of the above expenses are for services provided while I was covered under the Flexible Spending Account, 2) all expenses listed above have not been reimbursed or are not reimbursable from any other source, and 3) all expenses were incurred for the care of me, my spouse or qualified dependent. I acknowledge that I am fully responsible for the accuracy and veracity of all information relating to this claim. If an expense for which I am reimbursed is later disallowed by the Internal Revenue Service, I understand that I will be liable for payment of any related income or payroll taxes relating to such improper expense reimbursement.*

\_\_\_\_\_ **Employee's Signature** \_\_\_\_\_ **Date**

\_\_\_\_\_ **Employee Representative** \_\_\_\_\_ **Date**

**YOU SHOULD KEEP A COPY OF ALL DOCUMENTATION SENT TO ADMIN AMERICA**

**NOTE:** Claims often take several days to be processed. Therefore, claims must be received at least two business days before your scheduled processing date. You may contact Admin America or your HR staff to get your processing date.

**Use the link below to send your Reimbursement Form and documentation through Admin**

America's secure ShareFile Upload Portal: <http://bit.ly/2kHZoCC>

For mailing address and email see page 2

**Phone Number: 770-992-5959 or 1-800-366-2961**

# IMPORTANT INFORMATION ABOUT FILING CLAIMS

## ELIGIBLE EXPENSES

The types of eligible expenses allowed under an HRA varies. **Please refer to your plan's Summary Plan Description (SPD) for specific rules regarding eligible and ineligible expenses. If you need a copy of your SPD, please contact your Human Resources Department.**

## CLAIM DOCUMENTATION

The IRS requires that all expenses be substantiated. That is, you must provide documentation that proves you or one of your dependents incurred the expense during the respective plan year. If you do not attach acceptable documentation, your claim will be returned to you. Below are some of the ways to document your expenses according to IRS rules.

- **Acceptable documentation of expenses must describe the service, the date the expense was incurred** (i.e., goods or services were received), **and the amount of the out-of-pocket expense. Most HRAs require the submission of an Explanation of Benefits (EOB) produced by your Health Insurance Company for each expense claimed.**
- **Unacceptable forms of documentation for medical expenses include copies of checks, credit card receipts** (unless also accompanied by additional documentation) **and billing statements showing only a prior balance. Most HRAs cannot use itemized receipts or bills for substantiation.**

## CLAIM RETURN POLICY

If you submit a claim for an ineligible expense, for a time when you were not enrolled in the plan, with insufficient documentation, etc., the Admin America system will send you a denial by email. We will include an explanation of what modifications (if any) you must make before your claim can be accepted. If we indicate that an adjustment is necessary to make the claim acceptable then make the modification and upload the claim to the ShareFile link on pg. 1. When we receive your corrected claim, we will include it with the next scheduled processing (if applicable). Reimbursements (if applicable) for corrected claims cannot be processed separately from the regular processing date for your company.

## FILING DEADLINE

Each Plan has a specific deadline for documenting expenses incurred during a Plan Year. Claims submitted after your Plan's deadline will be rejected. Consult your Plan's SPD for the deadline applicable to your Plan.

**Please feel free to contact Admin America with any questions you may have regarding IRS regulations or how your plan operates.**

### PORTAL & APP LOGIN DIRECTIONS

Open your browser and go to  
<https://adminamerica.lh1ondemand.com>

OR



- 1 Open your Smart Phone
- 2 Go to the iPhone or Android App Store
- 3 Search for Benefits by Admin America

**Username**  
First Initial, Last Name, Last 4 Digits of SSN

**Password**  
benefitDDMMYY

**Example**

<b>Joe Smith</b> SSN 123456789 Birth date: 03/29/1954	<b>Username: JSmith6789</b> <b>Password: benefit290354</b>
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### Pending Reimbursements are listed in the **Message Center**

#### Message Center 3

**1 repayment(s) totaling \$30.00 due** for paid claims that were later denied 1  
Next projected payment: **\$1,500.00** on 3/9/2017 [View More](#)  
To **get your money faster**, set up a bank account for direct deposit

### Claim Details can be viewed in the **Accounts Tab**

Home	Dashboard	Accounts	Tools & Support	Statements & Notifications	Profile
<b>Accounts / Claims</b>					
Date of Service	Account	Merchant/Provider	Claim Status	Amount	
02/15/2017	Health Reimbursement Arrangement	-	Pending Reimbursement	\$2,000.00	
<b>Claim Details</b>					
Claim Number: JSL170308C0000101		Date(s) of Service: 02/15/2017			
Recipient: Addison Albert		Pending: \$1,500.00			
Payee: Addison Albert		Applied To Deductible: \$500.00			
Source: Administrator					
Receipt Status: Received					
<a href="#">View Confirmation</a>					

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