



THE CITY OF ALPHARETTA RETIREE HEALTH PLAN
HRA CLAIM FOR REIMBURSEMENT FORM

Your Full Name: _____

Your Social Security Number: _____

PLEASE LIST EACH MEDICAL EXPENSE ON A SEPARATE LINE IN THE TABLE BELOW. SIGN THE FORM AND ATTACH A COPY OF A BILL OR ITEMIZED RECEIPT FROM A PROVIDER. USE MULTIPLE FORMS AS NEEDED TO RECORD ADDITIONAL EXPENSE ITEMS.

| Date Medical Expense Incurred <i>(mm/dd/yyyy)</i> | Medical Expense Description <small>(Please provide the name of the individual the service was provided for, that person's relationship to you, and general nature of the service provided: i.e., emergency room visit, annual physical, etc.)</small> | Net Medical Care Expense Incurred \$ |
|--|--|---|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |

Attach Documentation For Every Expense – See Back Of Form For Additional Instructions

I certify that: 1) each of the above medical care expenses are for services provided while I was covered under my Retiree Health Reimbursement Arrangement, 2) all medical expenses listed above have not been reimbursed or are not reimbursable from any other source, and 3) all expenses were incurred for the medical 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.

Participant's Signature

Date

Submit claims to the
HRA Plan Administrator:

Mail Claims to:

HRA Plan Administrator
Admin America, Inc.
1720 Windward Concourse, Suite 290
Alpharetta, GA 30005

Admin America, Inc.
Claims Upload Link:
<http://bit.ly/2kHZoCC>



IMPORTANT INFORMATION ABOUT FILING HRA CLAIMS

ELIGIBLE MEDICAL EXPENSES

In order for a medical expense to be eligible for reimbursement from your HRA, it must meet the following conditions:

- a)** The expense must be a covered expense under Section 213(d) of the Code, as allowed by law.
- b)** The expense must be for an eligible person. Eligible person(s) are listed in your Summary Plan Description. A copy of the Summary Plan Description is available from Sharon Griffiths or online at <https://adminamerica.com/city-of-alpharetta/>.
- c)** The expense must have been incurred while you are considered a Participant in the Plan. Remember that the date an expense is incurred is based on when the medical service is provided, not when it is paid for.

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 unpaid. In order to properly document expenses you are claiming for reimbursement, copies of bills or receipts from the provider(s) should be submitted along with the claim form.

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 claim will be returned. We will include an explanation of what corrective measures (if any) you must take before your claim can be processed. If we have indicated something you need to do to make the claim reimbursable then make the correction and return the claim to the Plan Administrator. When we receive your corrected claim, it will be reimbursed on the Plan's next scheduled date for Plan reimbursements.

END OF THE YEAR REIMBURSEMENT AND GRACE PERIOD

The timing of your expenses is very important and determines the plan year period from which your expense is reimbursable. For medical expenses to be reimbursable from your current year's account, you must incur the expense within the defined plan year period.

Your HRA Plan Year ends on December 31 each year. You can submit claims and documentation for a Plan Year up until the following March 31. After that time, claims will no longer be considered for reimbursements.

We want you to get the most out of this benefit. Please feel free to contact the HRA Plan Administrator with any questions you may have regarding how the plan operates.