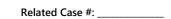
Universal Claim Form





irst Nam	ne	Last Name			Plan Year
mail Ade	dress		Employer Nam	ne	
Claims	Codes:	,			
F Hea	alth Care FSA	ed Purpose FSA	HRA		HRA, then FS
D De	pendent Care FSA AR Apply	to Repayment	S Substant	iation – Debit Card	P Parking
r only one	e Claim Code per detail section				
	Start Date of Service	End Date of Service	e	Provider	
aim ode	Description of Service			Claim Amount	
Pei	rson Receiving Service (Required for HRA)	Tax ID (Dependent	Care FSA only)	Daycare Provider Signat	ure (Dependent Care FSA or
	Start Date of Service	End Date of Service		Provider	
aim ode	Description of Service			Claim Amount	
Per	rson Receiving Service (Required for HRA)	Tax ID (Dependent	t Care FSA only)	Daycare Provider Signate	ure (Dependent Care FSA or
	Date of Service	End Date of Service		Provider	
aim ode	Description of Service			Claim Amount	
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	Start Date of Service	End Date of Service		Provider	
aim ode	Description of Service			Claim Amount	
Pei	rson Receiving Service (Required for HRA)	Tax ID (Dependent Ca	are FSA only)	Daycare Provider Signat	ure (Dependent Care FSA on
he above	e statements and submitted information that I incurred for myself or legal dep	on for reimbursement a	Claim Tota are true. I am on I have not been	nly submitting for reimb	oursement for eligible

How to Complete Claim Form

- Complete the Employee Information section.
 Be sure to include the last 4 digits of your SSN and your email address.
- Review the Claim Codes.
 Enter Claim Code that corresponds with your plan into the box.
 - [F] Health Care FSA Claims
 - [L] Limited Purpose FSA
 - [D] Dependent Care FSA
 - [H]HRA
 - [HF] HRA first, then FSA
 - [S] Substantiation Debit Card
 - [P] Parking
 - [AR] Apply to Repayment
- 3. Complete the Claims Section.
- 4. Sign and date the claim form.

Important Notes for Claim Submission

- Claims will be processed the same day if received by 10:00am EST
- 2. Please allow 3 business days from the day you submit your claim form before viewing the status on your Participant Portal.
- 3. Remember to send appropriate claim documentation in with your form to substantiate the expenses you are submitting for reimbursements. Claim documentation m u s t include the provider name, the dates(s) of service, a description of the expenses incurred and the expense amount. Cancelled checks and non-itemized credit card receipts are not valid forms of documentation.

	ocessing, please complete	entire form	Last 4 Digits of SS	SN (Required)	Phone Number
First Name		Last Name			Plan Year
Email Address		<u></u>	Employer Name		
Claims Codes: Health Care FS Dependent Car Ber only one Claim Code p	re FSA AR Appl	ted Pur 2	H HRA S Substantiat	ion – Debit Car	HRA, then FSA
Start Date of		End Date of Serv	ice	Provider	
Claim Description of Code	f Service		Ties.	Claim Amount	
Person Receiving	Service (Required for HRA)	Tax ID (Depender	t Care FSA only) D	aycare Provider Sig	nature (Dependent Care FSA only)
Start Date of	Service	Tax ID (Depender	t Care FSA only) E		ving Service (Required for HRA)
Start Date of Claim Description o	Service I Service Service (Required for HRA)	End Date of Service		Person Recei	ving Service (Required for HRA)
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Person Receiving 5 Date of Service Date of Service Description of Service	Service Service (Required for HRA) Service (Required for HRA) Service	End Date of Service Tax ID (Depender Tax ID (Depender	At Care FSA only)	Person Recei Claim Amour Daycare Provider Sig Provider Claim Amour Daycare Provider Sig Provider Claim Amour	ing Service (Required for HRA) It Inature (Dependent Care FSA only) It Insture (Dependent Care FSA only)

- 4. Retain original copies of the claim form and expense documentation for your files; Claim Forms, receipts and claims information will not be returned.
- 5. Refer to your company or Summary Plan Description for the length of your run out period, which determines the number of days you have after the plan year ends to submit claims.
- 6. When submitting claims for your HRA Expenses: please claim the full eligible deductible amount shown on your Explanation of Benefits or receipt. We will automatically make any calculations necessary in accordance with your plan design. You must submit an Explanation of Benefits (EOB) and not a bill from your provider for HRA expenses.

Mobile Apps & SMS Text Alerts

Save time and hassles while you make the most of your HSA, HRA, and FSA accounts by checking your balances, submitting a claim, and taking a picture of your receipt on your <u>Android</u> or <u>iOS</u> device. No more losing receipts! Find our mobile app on the Google Play store or on iTunes.

SMS text message alerts are available for all mobile devices on AT&T, Nextel, Sprint, Verizon, and T-Mobile networks! You can opt in/out via the Participant Portal and configure which alerts you prefer to receive.

To submit please send form to: Customer Service Call Center

Monday – Friday 8:30am-7:30pm ET Email: customerservice@hrcts.com

Phone: (603) 647-1147 option 1

Fax: (866) 978-7868 Live Chat: http://hrcts.com