



Health Reimbursement Arrangement Expense Claim Form

YOU MAY USE THIS FORM OR FILE CLAIMS ONLINE AT <u>WWW.HRPRO.COM</u>
This form is to be used for non-benefits-debit card claims only (SEE ACCOUNT LOGIN INSTRUCTIONS ON PAGE 2 OF THIS FORM)

Subscriber Information:

Employer Name:						
Employee Last Name:	First Name:			Last 4 digits of SSN		
Street Address:	City:		State:		Zip:	
Daytime Phone:	Email Address (For claim correspondence only):					

HRA Claim Information:

Name of Person Expense Covers	Date of Expense	Service Provider Name/Description of Service	Net Claim Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
		Total Claims:	\$

Instructions:

Return this form along with a copy of the Explanation of Benefits (EOB) from your health care provider by fax or mail to:

HR PRO
1025 N Campbell Road
Royal Oak, MI 48067

Tel: (248) 543-2644 Fax: (248) 543-2296 Email: claims@hrpro.com

Please Read Carefully

The above is a true and accurate statement of unreimbursed medical care expenses incurred by me or my eligible dependents on the date(s) indicated. I certify that these expenses were incurred while I was covered under my employer's group medical plan. Copies of the Explanation of Benefits (EOB) form from my health care provider for all expenses are attached to this voucher. I understand that I cannot claim any reimbursed expenses on my income tax return, and that I may be liable for payment of all related taxes including Federal, State, or City income tax paid for any expense improperly claimed under the Plan.

Signature:		Date:	
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HRA Claim Filing Instructions:

- 1. You cannot submit a claim for a service period that begins in one plan year and ends in the next plan year. You will need to submit two reimbursement claim forms; one for each plan year covering the period during that plan year.
- 2. Complete ALL information on the claim form for each amount claimed for reimbursement.
- 3. Attach a copy of the Explanation of Benefits (EOB) from your health insurance provider to your completed claim form.
- 4. Sign and date the claim form.
- 5. Keep a copy of the claim form and EOB for your records.
- 6. Submit your claim form with attached EOB by fax or mail to the following address:

1025 N Campbell Road Royal Oak, MI 48067

Tel: (248) 543-2644 Fax: (248) 543-2296 Email: <u>claims@hrpro.com</u>

Online Access to Your Account

Allows you to:

- > File claims online
- Check account balance and claim history
- > Review outstanding receipt requirements
- View plan information
- Download forms

How to Login:

 Log into www.hrpro.com and click on "Account Login" in the menu bar. Use Drop down to access> account holder login> FSA/HSA/HRA/Commuter or Click Our services > Benefit Administration > HRA to access login from that page.



2. Login using the following:

Username: First initial (cap), full last name (lowercase) and the last 4 digits of your SSN.

Example:

John Smith 123-45-6789 would login as: Jsmith6789

If this is your first time logging onto the system, use **Password1** as your password. You will be prompted immediately to create a new, unique password before entering the participant portal.

