

Employee Information (Please Print)

Employee Last Name	First Name	Middle Initial	BCBST Subscriber ID Number
Employee Home Address			Group Number
Employer's Name			Daytime Phone Number
Employee Email Address			
<i>-- For Address Changes, Please Contact Your Employer's HR/Benefits Department --</i>			

Health Reimbursement Arrangement

---- Please Print---- Use one line for each receipt --- Do not combine two or more receipts on one line --- Use additional forms if necessary ---

Date of Service	Name of Person Receiving Service	Name of Provider of Service	Description of Service/Supply	Requested Reimbursement Amount
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
Total Reimbursement Requested				\$

Employee Certification

I certify that:

- All eligible expenses listed above for which I am seeking reimbursement were received by me or an eligible dependent.
- All the expenses listed above for which I am seeking reimbursement from the HRA have been incurred.
- These expenses were incurred within my period of coverage during the plan year.
- These expenses have not previously been reimbursed and will not be presented for reimbursement through any other health plan.
- I understand that I alone am fully responsible for the accuracy of all information I have provided by submission of this claim form.
- I agree to submit and retain sufficient documentation for any expenses for which I seek reimbursement as may be required by the IRS.

Please check the box below and type your first and last name and the date in the space provided:

I acknowledge that, by typing my name and the date below, I am signing this claim form electronically. I consent to conducting this transaction electronically, and I acknowledge that my electronic signature is the legal equivalent of my handwritten signature.

Employee Signature	Date
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<p>If you don't want to submit this claim form electronically, please print, sign and return this form and supporting documentation by:</p>	<p>Fax To: 1-888-666-1221</p> <p>Email To: HDHP_Claims@bcbst.com</p>	<p>Or Mail To: BCBST Claims Service Center 1 Cameron Hill Circle STE 0022 Chattanooga, TN 37402-0022</p>	<p>Questions: Member Service 1-800-565-9140 www.bcbst.com</p>
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Health Reimbursement Arrangement (HRA) Claim Reimbursement Instructions

HRA EXPENSES:

- **HRA Expenses Include:**
 - Amounts covered by your BlueCross health plan, as described in your HRA Summary Plan Description, are eligible expenses.
- *Expenses solely for cosmetic reasons or for general health and well-being usually are not eligible expenses for medical care.*

SUPPORTING DOCUMENTATION: *Supporting third-party documentation for health care expenses must include at least one of the following:*

- **Explanation of Benefits (EOB)**
 - The statement you receive each time a claim is submitted to your health, dental or vision plan.
- **Itemized Statement or Receipt Containing:**
 - Type of service or product provided (*include prescription name, if applicable*)
 - Date the expense was incurred
 - Name of the employee/dependent for whom the service/product was provided
 - Person/organization providing the service/product
 - Amount of the expense after insurance benefits were provided (*if applicable*)

INELIGIBLE EXPENSES AND DOCUMENTATION : *The following are not allowable under Code Section 125 of the IRS:*

- **Unacceptable Documentation:**
 - Credit card receipts or cancelled checks as documentation
 - Billing statements showing “Previous Balance,” “Balance Forward” or “Received on Account”
- **Ineligible Expenses:**
 - Amount paid by insurance
 - Services for weight loss, home improvements, plastic surgery, and diet counseling are not eligible expenses unless they are covered as part of your medical plan, as described in your HRA Summary Plan Description

BEFORE YOU SUBMIT YOUR HRA REIMBURSEMENT CLAIM FORM, PLEASE BE SURE TO:

- Complete the claim form in full
- Sign and date the claim form
- Include the appropriate documentation, including the EOB whenever possible, to substantiate your expenses
- If multiple items are listed on a receipt, **CIRCLE** the items filed for reimbursement
DO NOT highlight the items
- Make sure supporting documentation equals the total amount you are claiming for reimbursement
- Keep a copy of your claim form and any original receipts for your records