

INSTRUCTIONS

1. Complete the information below. Please print.
2. Enter your expenses below.
3. Sign and date form.
4. Attach receipts to this form and mail or fax to: Sentinel Benefits & Financial Group
100 Quannapowitt Parkway, Suite 300, Wakefield, MA 01880
Fax: 781-213-7304 More information can be found at www.sentinelgroup.com.

EMPLOYER NAME

EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	MIDDLE INITIAL	SOCIAL SECURITY NUMBER
STREET ADDRESS	CITY	STATE	ZIP
DATE OF BIRTH	WORK PHONE	HOME PHONE	

CHECK IF ADDRESS CHANGE

CLAIM INFORMATION

	Date(s) of Service	Provider of Service	Receiver of Benefit	Amount Claim
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Reimbursements are dependent on your HRA plan design, but it is important that you list all medical expenses incurred. Total Claims Requested

CERTIFICATION

I request payment from my reimbursement account for the expenses itemized above. I certify that I have not requested reimbursement under this plan or from any other source for these expenses. I further certify that I have met all of the requirements for eligible expenses. I understand that reimbursement expenses can not be claimed on my personal income tax return.

SIGNATURE _____ DATE _____

Important Information Regarding Reimbursements

ELIGIBLE EXPENSES:

Eligible HRA expenses are specific to each plan. Please refer to your Summary Plan Description (SPD) or consult your employer and/or Sentinel Benefits to determine which items/services you can claim through your HRA account.

If you have any questions that are specific to your account, please contact us by calling 888.762.6088 between the hours of 8:00 AM ET - 6:00 PM ET, Monday through Friday (excluding certain holidays). Additionally, you may access your account online by visiting www.sentinelgroup.com and logging in with your User ID and Password.

NOTE REGARDING SUPPORTING DOCUMENTATION: The following supporting documentation must be attached to this form:

- Date(s) of service
- Expense(s) incurred
- Amount charged
- Name of service provider
- Explanation of benefits or claim summary from insurance carrier