



Health Reimbursement Arrangement (HRA) Reimbursement Claim Form

Instructions

Please complete all sections below. Return the completed Reimbursement Claim Form with receipts to the email, fax number or address below. *The documentation must contain date(s) of service, name of the service provider, description of the expense/ service, and amount charged.* **Canceled checks and credit card receipts are not a valid form of documentation.** This form must be signed and dated in order to be processed and approved. **Important: Keep a copy of this form and receipts for your records.**

Participant Information

Employer Name _____

Participant's First Name _____

Participant's Last Name _____

Social Security Number _____

Email Address _____

Phone Number _____

Claim Information

Date of Service

Service Provider/Description of Service

Recipient/Patient Name

Amount Requested

Date of Service	Service Provider/Description of Service	Recipient/Patient Name	Amount Requested
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Reimbursement Requested

Certification

I request payment from my reimbursement account for the expenses itemized above. I certify that I have not previously 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 healthcare expenses as described on the second page of this form. I understand that reimbursement expenses cannot be claimed on my personal income tax return.

Signature _____

Date _____

ADDITIONAL INFORMATION REGARDING REIMBURSEMENTS

HRA ELIGIBLE EXPENSE INFORMATION

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.

Required Supporting Documentation

The following supporting documentation must be attached to this form:

Attach a copy of the Explanation of Benefits statement (EOB) or an itemized statement that clearly shows the required information below:

- Date service was rendered or purchased
- Name of service provider
- Description of service
- Amount charged
- Name of the person receiving the service

NOTE: DIRECT DEPOSIT IS THE QUICKEST WAY TO RECEIVE YOUR REIMBURSEMENT

Reimbursements will be faster if you have signed up for direct deposit. To request direct deposit, simply log into your account at sentinelgroup.com and add your banking information to your profile.

Claims received in good order by 5:00 PM ET on Wednesday will be processed by Friday. (Holidays may impact this schedule).