Mail to:
CBA Blue
P.O. Box 2365
South Burlington, VT 05407-2365
Fax to: (802) 864-8115

Health Reimbursement Account (HRA) Plan– Expense Claim Form

How to file a claim:

1. Complete all sections of the claim form
2. Make sure the claim form does not include items for more than one Plan Year. Please use separate forms for items incurred in different Plan Years.
3. Support documentation is required. Examples of supporting documentation are Explanations of Benefits, Itemized statements from providers, pharmacy receipts, etc. Do not submit cancelled checks or credit card receipts alone – these are **not** adequate.

Employee Information		
Last Name:	First Name:	Mid:
Street Address:		Apt./Unit #
Birth Date: / / month day year	Marital Status:	☐ Married ☐ Single
City:	State:	Zip:
Home Phone: ( )	Alternate Phone: ( )	
Email Address:		
Group Name:		
Group Number:		
Member ID/Social Security Number:		

Health Care Expenses (itemize each expense type using a separate line. Use additional forms as necessary)

Patient's Name	Type of Service Please check one box for each expense type: MD=Medical; RX=Prescription; OTC=Over-The-Counter; VS=Vision; DN=Dental HR=Hearing PR = Insurance Premiums	Date of Service/Premium Month mm/dd/yyyy		Request Amount
	MD ☐ RX ☐ OTC ☐ VS ☐ DN ☐ HR ☐ PR ☐	From:	To:	$
	MD ☐ RX ☐ OTC ☐ VS ☐ DN ☐ HR ☐ PR ☐	From:	To:	$
	MD ☐ RX ☐ OTC ☐ VS ☐ DN ☐ HR ☐ PR ☐	From:	To:	$
	MD ☐ RX ☐ OTC ☐ VS ☐ DN ☐ HR ☐ PR ☐	From:	To:	$
	MD ☐ RX ☐ OTC ☐ VS ☐ DN ☐ HR ☐ PR ☐	From:	To:	$
			Total Expenses	$

I certify that any expenses for which I am requesting reimbursement from my HRA, as itemized above, were incurred by me (and/or my spouse and/or eligible dependents) for care as permitted by the HRA, and have not been reimbursed and I will not seek reimbursement under any other plan. I understand that expenses reimbursed through the HRA program cannot be used to claim any federal income tax deduction or credit. To the best of my knowledge and belief, my statements are complete and true.

Employee's Signature _____ **Date** _____

CBA Blue is an Independent Licensee of the Blue Cross and Blue Shield Association.
® Registered Marks of the Blue Cross and Blue Shield Association.
© 2011 CBA Blue