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## HRA Reimbursement Request Form Instructions

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### Claim Submission:

To expedite your claim payment, forward completed and signed claim form, along with appropriate documentation, to the email or physical address listed above. You can also fax your claim form and documentation.

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**Fill out the claim form completely and correctly to expedite your claim payment.**

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Your reimbursement can be sent electronically to your banking establishment or mailed to the address of record. If your Company offers electronic transfer (direct deposit), you can sign up by contacting your Human Resource provider.

### **Employee Instructions:**

**Please read these instructions before completing the information requested on the reimbursement claim form.**

1. Complete all areas of Part I, "Employee Information".  
if you wish to change your address permanently, please complete a BeneFlex Change Application.
2. Complete Part II and/or Part III, in its entirety and attached Bills/EOB's/Receipts for all expenses incurred.  
This form is only to be used to request reimbursement for Medical expenses.

### **Who can file a claim form?**

Only employees participating in the Plan can file for reimbursement.  
Employees can file a claim form during the Plan year and for a certain period after the Plan year as described by your Plan.  
Terminated employees can file a claim form for a certain period after the date of termination if allowed by the Plan.

### **What expenses can be claimed?**

Only expenses incurred during the Plan year can be claimed for reimbursement.  
Each year is treated separately and the year of the claim is the year the expense was actually incurred by the participant.  
Send separate claim form for each Plan year.

### **What expenses are eligible?**

#### **Medical Expenses**

Allowable expenses covered, but not fully reimbursed by any other Plan.  
Allowable expenses not covered by any other Plan.

The following supporting documentation must be attached to the reimbursement form:

Explanation of Benefits (EOB). This statement will show the amount of the expense paid by the Plan and the amount you must pay. AND/OR (depending on your Plan rules)  
Receipts showing type of service/product provided, date of expense, name of person who the service was for, provider name & amount of expense. CANCELLED CHECKS ARE NOT ACCEPTABLE.

3. Read Part III, "Employee Certification for Reimbursement", then sign and date the form where indicated.

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**Questions? Call the BeneFlex, Inc. Customer Service Hotline at 1-888-423-6359 or logon to our website at [www.flexaccount.com](http://www.flexaccount.com)**

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