

ICHRA

Expense Claim Form

1025 N. Campbell Road, Royal Oak, MI 48067

800.989.8776 • p: 248.543.2644

f: 248.543.2296

www.HRPro.com



YOU MAY USE THIS FORM **OR** FILE CLAIMS ONLINE AT WWW.HRPRO.COM

This form is to be used for non-debit card claims only (SEE ACCOUNT LOGIN INSTRUCTIONS ON THE BACK OF THIS FORM)

Participant Information

Employer Name:							
Employee Last Name:		First Name:		Last 4 digits of SSN			
Street Address:		City:		State:		Zip:	
Daytime Phone:		Email Address (For claim correspondence only):					

Eligible Medical Care Expense Reimbursement Information

Date of Expense	Name of Service Provider or insurer	Expense Description (including the name of the recipient of service)	Amount of Expense
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
Attach appropriate receipts and submit with this claim form			TOTAL \$

I HEREBY CERTIFY that the expenses shown above have not been and will not be paid or reimbursed by a medical plan, insurance company or any other source.

The ICHRA Plan may limit the types of Eligible Medical Care Expenses that may be reimbursed to you. Please read the ICHRA Plan's Summary Plan Description for a list of Eligible Medical Care Expenses.

I FURTHER CERTIFY that I have qualifying individual insurance coverage for (Select all that apply):	<input type="checkbox"/> myself for the month of
	<input type="checkbox"/> my spouse for the month of
	<input type="checkbox"/> my dependent children for the month of

Employee Signature:	Attach copies of bills or receipts and return to: HRPro 1025 N. Campbell Rd, Royal Oak, MI 48067 Tel: (248) 543-2644 Fax: (248) 543-2296 Email: claims@hrpro.com
Date:	
Plan Administrator Signature:	
I hereby acknowledge that I received this form on (Date).	

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Instructions for Filing a Claim

1. Please type or print all information clearly and submit claim form to HRPro via mail, fax or email. Keep a copy of the claim form and receipts for your records. You may call HRPro at (248) 543-2644 with any questions regarding your claim.
2. Attach copies of itemized bills, EOBs or receipts to the claim form (You keep the originals). Canceled checks are not accepted.
3. You may only submit expenses incurred by you or your eligible dependents (as defined by the Internal Revenue Service).
4. Claims will be accepted and processed according to the schedule set forth by your employer.
5. Remember, disbursements from your spending accounts are made on a pre-tax basis. When filing your annual income tax return, do not declare reimbursements as income and do not take any expenses you have been reimbursed for as a deduction.

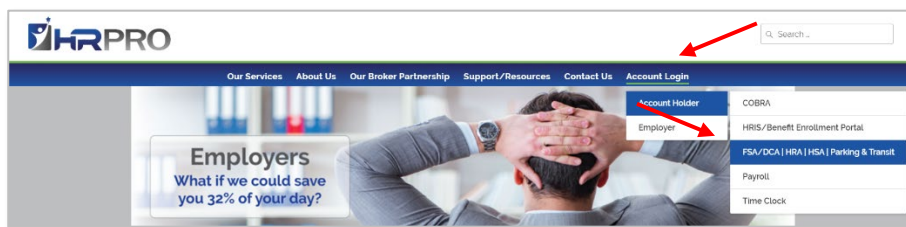
Online Access to Your Account

Allows you to:

- File claims online
- Check account balance and claim history
- Review outstanding receipt requirements
- View plan information
- Download forms

How to Login:

1. Log into www.hrpro.com and click on "Account Login" in the menu bar. Use Drop down to access> account holder login> FSA/HSA/HRA/Commuter or Click Our services > Benefit Administration > HRA to access login from that page.



2. Login using the following:

Username: First initial (cap), full last name (lowercase) and the last 4 digits of your SSN.

Example:

John Smith 123-45-6789 would login as:
[Jsmith6789](#)

If this is your first time logging onto the system, use **Password1** as your password. You will be prompted immediately to create a new, unique password before entering the participant portal.