1025 N. Campbell Road, Royal Oak, MI 48067
800.989.8776 • *p:* 248.543.2644 • *f:*248.543.2296
www.HRPro.com

Health Reimbursement Arrangement Expense Claim Form

YOU MAY USE THIS FORM OR FILE CLAIMS ONLINE AT WWW.HRPRO.COM
This form is to be used for non-benefits-debit card claims only (SEE ACCOUNT LOGIN INSTRUCTIONS ON PAGE 2 OF THIS FORM)

Subscriber 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):					

HRA Claim Information:

Name of Person Expense Covers	Date of Expense	Service Provider Name/Description of Service	Net Claim Amount
			$
			$
			$
			$
			$
			$
			$
			$
		Total Claims:	$

Instructions:

Return this form along with a copy of the Explanation of Benefits (EOB) from your health care provider by fax or mail to:

1025 N Campbell Road
Royal Oak, MI 48067

Tel: (248) 543-2644
Fax: (248) 543-2296
Email: claims@hrpro.com

Please Read Carefully

The above is a true and accurate statement of unreimbursed medical care expenses incurred by me or my eligible dependents on the date(s) indicated. I certify that these expenses were incurred while I was covered under my employer's group medical plan. Copies of the Explanation of Benefits (EOB) form from my health care provider for all expenses are attached to this voucher. I understand that I cannot claim any reimbursed expenses on my income tax return, and that I may be liable for payment of all related taxes including Federal, State, or City income tax paid for any expense improperly claimed under the Plan.

Signature:		Date:	

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HRA Claim Filing Instructions:

1. You cannot submit a claim for a service period that begins in one plan year and ends in the next plan year. You will need to submit two reimbursement claim forms; one for each plan year covering the period during that plan year.
2. Complete ALL information on the claim form for each amount claimed for reimbursement.
3. Attach a copy of the Explanation of Benefits (EOB) from your health insurance provider to your completed claim form.
4. Sign and date the claim form.
5. **Keep a copy of the claim form and EOB for your records.**
6. **Submit your claim form with attached EOB by fax or mail to the following address:**

1025 N Campbell Road
Royal Oak, MI 48067

Tel: (248) 543-2644
Fax: (248) 543-2296
Email: claims@hrpro.com

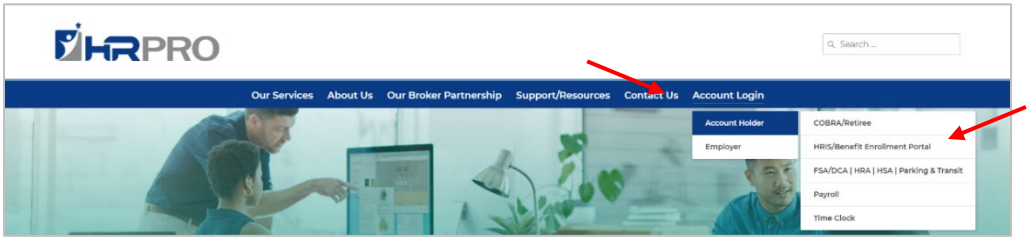
Online Access to Your Account

Allows you to:

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

How to Login:

In order to view your account, file a claim, check status, submit documentation on or view recent transactions, you'll need to log into the system. To get started, go to www.hrpro.com and follow the instructions below:



1. Click the account login tab in the main menu (far right) **www.hrpro.com.**

2. Select "account holder": FSA/HRA/HSA/DCA/Parking & Transit

3. Logging in for the first time, select NEW USER. You will be prompted to enter your name, zip code and social security number, once recognized, you will be able to set your own user name and password.

4. Existing users (those who have logged in before) please sign in under EXISTING USER with the user name and password you have previously established.