STREAMLINE HR
AUTOMATING HR, PAYROLL & BENEFITS

Health Reimbursement Account (HRA) Claim Form

Employee Information			
Employer:			
Name (First, Middle, Last):			Employee ID or last 4 digits of SSN:
Street Address:			
City:	State:	Zip:	Daytime Phone Number:
Email:			

List of Health Reimbursement Account Expenses for Reimbursement
(Please provide corresponding insurance carrier's explanation of benefits)

Date of Service	Family Member	Description of Service	Physician or Provider Name	Amount Requested
			Total Amount Requested:	

Employee Statement

I certify that the expenses listed above have been incurred by me and/or my eligible dependents and qualify for reimbursement. I have not and will not be reimbursed through any other health plan coverage. I understand that reimbursement is not a guarantee that this payment is tax free. I hereby authorize payment of these expenses from my health reimbursement account.

Employee's Signature _____ Date _____

Please return claim form and supporting documentation by emailing, faxing or mailing to:
Streamline HR - Attn: Spending Accounts - 5920 Hamilton Boulevard, Suite 201 - Allentown, PA 18106 –
Phone: (877) 262-7291 - Fax: (877) 385-7926 - spendingaccounts@mystreamlinehr.com

Requirements for Filing a Claim:

1. Complete the **Employee Information** section of the claim form.

2. Complete the **List of Expenses for Reimbursement** section of the claim form and attach all supporting documentation.
    - Please make sure to include your Explanation of Benefits (EOB) that shows the deductible, co-insurance, and ineligible amounts that are not covered by any health plan that you and/or your eligible dependents are covered under.

3. Please sign and date the **Employee Statement** section of the claim form.

4. Please make sure to retain a copy of the claim form as well as all supporting documentation you are submitting. This information will not be returned to you.

5. Mail, Fax or email your fully completed Health Reimbursement Arrangement claim form and supporting documentation to:

    - **Fax:** (877) 385-7926
    - **Email:** spendingaccounts@mystreamlinehr.com
    - **Mail:**
        - Streamline HR
          Attn: Spending Account Claims Processing
          5920 Hamilton Boulevard
          Suite 201
          Allentown, PA 18106

For any questions or inquiries regarding your Health Reimbursement Arrangement claim submission or account, please contact us at (877) 262-7291 or spendingaccounts@mystreamlinehr.com

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