

What to Do

1. Complete all details in the following form.
2. Check one of the boxes in the Supporting Documentation section.
 - For insurance-related expenses: Check the first or second box and attach your supporting documentation.
 - For expenses not covered by insurance: Check the third box and attach documentation.

See the next page for details about supporting documentation.

Important: Your former employer decides eligible expenses under the HRA plan. Please review the Summary Plan Description (SPD) for details about eligible expenses. Keep in mind that not all of those listed on the next page may apply to your HRA plan.

3. Organize your documentation in the same order listed on the form.
 - Please do not use a highlighter. If necessary, circle an expense on your itemized receipt.
 - Use a paperclip if needed, but do not staple documents.
 - If receipts are small, tape them to a standard sheet of white paper.
4. Sign and date the form.
5. Submit the signed form and copies of your supporting documentation. Keep original documents and receipts for your records.

Fax: 866-599-3144

Mail: CONEXIS Retiree Services Claims
P.O. Box 227197
Dallas, TX 75222

If you have questions about your HRA, please call us toll-free at 888-347-5192.

Acceptable Supporting Documentation

Medicare and Insurance Premiums

- **For Medicare premiums deducted from your Social Security check** – A copy of your annual Social Security “Cost of Living Statement” (usually mailed in November before your policy becomes effective).
- **Important:** If you submit a reimbursement request for premiums deducted from your Social Security check, please list the amount for the entire year. However, you will be reimbursed each month based on the pro-rated amount of your annual premium.
- **For insurance or Medicare premiums not deducted from your Social Security check** – A copy of the insurance premium billing notice AND proof of payment (copy of front and back of check, credit card confirmation, etc.) for qualified insurance policies. Itemized bills must include the insurance carrier name, participant name, amount charged, and coverage dates.

Other Acceptable Documentation

- **For office visits, hospitalization, and other medical services** – An Explanation of Benefits (EOB) statement from your health plan, OR an itemized receipt or bill from the provider showing the patient’s name, a description of the service, the original date of the service*, and your portion of the charge.
- **For prescription drugs** – A pharmacy statement or receipt with the patient’s name, the Rx number, the name of the drug, the date the prescription was filled, and the dollar amount.
- **For over-the-counter (OTC) medicines** – A written OTC prescription along with an itemized cash register receipt including the merchant name, name of the OTC medicine or drug, purchase date, and amount, OR a printed pharmacy statement or receipt from a pharmacy with the patient’s name, the Rx number, the date the prescription was filled, and the dollar amount.
- **For over-the-counter health care-related products** – An itemized cash register receipt with the merchant name, name of the item/product, date, and dollar amount.

Please note: Credit card receipts, canceled checks, and balance forward statements do not meet the requirements for acceptable documentation, unless used to show proof of payment for insurance premiums.

For details about eligible expenses under your HRA plan, read the Summary Plan Description (SPD). Not all expenses listed above may apply to your plan.

*The date of service, not the date of payment, must fall within the plan year for which you enrolled and while you are a participant in the plan.

SUBMIT ONLY THIS PAGE

Your Information

Former Employer Name _____

HRA Participant Name _____

Email Address _____ Account Number or SSN _____

Street Address _____ Phone Number _____

City _____ State _____ ZIP Code _____

Claim Information

Patient or Policy Holder Name	Date of Service	Type of Expense	Requested Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
Total Amount Requested (continue on additional page if necessary)*			\$ _____

Supporting Documentation

I have attached my supporting documentation. (See details on the second page.)

- Itemized statements, invoices, or bills for Medicare or insurance premiums
- Explanation of Benefits (EOBs) for deductible and co-insurance requests
- Itemized bills for expenses not covered by medical, dental, or vision insurance

Certification

- I certify the expenses listed for reimbursement are eligible health care expenses under the Internal Revenue Code and my former employer’s Retiree HRA Plan (“Plan”);
- I certify insurance coverage was in force for the periods of coverage listed above;
- I certify the services listed above have been received by me, or if applicable, my spouse or my eligible dependent(s) on the dates indicated;
- I certify these expenses have not been submitted previously for reimbursement under the Plan and such items have not and will not be covered by any other plan or program of any employer or other person;
- I understand my former employer does not accept responsibility for direct payment to any individuals other than the HRA participant;
- I understand the expenses reimbursed may not be used to claim any federal income tax deduction or credit;
- I understand that I may be required to provide further details about some expenses, including a statement from a medical practitioner that the expense is for a specific medical condition;
- In the event of an erroneous or excess reimbursement, I understand I am required to reimburse the Plan for the improperly paid amount. I further understand failure to repay the Plan could result in adverse income tax consequences;
- By providing my email address, I authorize CONEXIS to send account information to me via email.

HRA Participant Signature Date

Medical expenses which have been reimbursed under this plan are not deductible for income tax purposes.

*Only the total amount supported by the attached supporting documentation (receipts) will be paid.