

# *FlexSource, LLC – HRA Reimbursement Form*

Employer: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Please complete this Form in its entirety and attach a copy of the Explanation of Benefits (EOB) from the insurance provider. You must specify the insured individual, date of service and the dollar amount on the EOB for each occurrence.

<b>Patient</b>	<b>Date of Service</b>	<b>Dollar Amount</b>

I certify the information here is true and correct. I am claiming reimbursement only for eligible expenses incurred during the current plan year and for eligible plan participants. These expenses have not been previously reimbursed under this plan or other benefit plans and will not be claimed as a deduction on my income tax. I authorize my HRA to be reduced by the amount(s) requested.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Mail or Fax Request for Reimbursement to:**

**FlexSource, LLC**  
**P.O. Box 828**  
**Elmhurst, IL 60126**  
**P: (630) 782-0633 F: (630) 782-0644**  
***CustomerService@FlexSourceone.com***

## Health Reimbursement Arrangement (HRA) Plan Peru Elementary School District #124

	HRA Plan Deductible (EE Responsibility)	HRA Plan Covers the Next	Insurance Deductible
<i>Single</i>	<i>\$500</i>	<i>\$1000</i>	<i>\$1500</i>
<i>Family</i>	<i>\$500 (3x)</i>	<i>\$1000 (3x)</i>	<i>\$4500</i>

The HRA Plan will reimburse you for expenses approved by the health insurance company that have been applied to your health insurance deductible for in-network expenses.

- Filing Claims – An HRA Claim Form must be completed and a copy of the Explanation of Benefits (EOB) from the insurance company must be attached. This is the only acceptable form of documentation that can be accepted. Claims can be faxed to 630-782-0644, emailed to [customerservice@flexsourceone.com](mailto:customerservice@flexsourceone.com) or mailed to FlexSource, LLC, P.O.Box 828, Elmhurst, IL 60126.
- First the HRA deductible must be met. This is the employee deductible requirement that needs to be satisfied prior to the HRA Plan making payments. This HRA deductible is based on the coverage you have with the insurance carrier (*Single/Family*).
- Once you have exhausted the available coverage under the HRA, you no longer need to submit claims to FlexSource for the current plan year.
- There is an HRA Enrollment Form that needs to be completed to participate in the Plan. ***List only the dependents that are covered under the employer's group health plan.***