How to file an HRA Claim via Consumer Portal.

Click on the banner to "Reimburse myself" to start a claim .

Before going to the next step be sure all dependents are listed. (This info can be view under Accounts > profile summary) You can also add dependents if they are not listed.

CPI

Welcome!

I Want To:

Reimburse Myself   **Manage My Expenses**

Create Reimbursement

Pay From & Pay to are the only default options . Click Next

Create Reimbursement

By submitting a claim for reimbursement, I acknowledge that I have incurred the expenses for which I am requesting reimbursement under my employers cafeteria plan. I have not been and will not be reimbursed for these expenses from any other source, including but not limited to, an insurance plan, this plan, or any other programs offered by my or my spouses employer.

By continuing to upload claims/receipts for reimbursement or debit card payment transactions, I acknowledge that I am solely responsible for the accuracy and validity of the submitted expenses.

Pay From *   Medical

Pay To * ❓   Me

Based on your selection, you will be requesting a Claim Reimbursement.

Cancel   **Next**

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Upload EOB

Click on hyper ink to upload documentation.

Only EOB are permissible for HRAs.

Once uploaded , click next.

Receipt / Documentation

Receipt(s) * ❓   Upload Valid Documentation

Summary

Pay From   Medical

Pay To   Me

Cancel   Previous   Next

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Claim Details

Dates of Service , should be within the plan year you are submitting the claim for.

Amount , Entered should match up to the EOB upload and for the recipient chosen.

** If you see (Ineligible) by a dependent , it means an SSN wasn't entered for them, and they have not been added to your plan.

Once complete , Click Next

Claim Details

Start Date of Service *	01/01/2021
End Date of Service	12/31/21
Amount *	$ 12700
Provider *	United Health Care
Category * ❓	Medical Expenses
Type *	Medical Deductible
Description	

If the category is 'Other' or 'Over-the-Counter Drugs', you must provide a description.

Recipient *
○ Test Test
○ Test Kid One (Ineligible) ❓
○ Test Kid Two (Ineligible) ❓

Add Dependent

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Transaction Summary

Review summary to make sure all info is correct .

Check box that you have read terms and conditions.

If the submit button is not clicked, then the claim will not be processed.

Please reach out to CPI if you have any questions.

Transaction Summary (1)

FROM	TO	EXPENSE	AMOUNT	APPROVED AMOUNT		
+ Health Reimbursement Account	Me	Medical Deductible	$12,700.00	$3,350.00	Remove	**Update**
Total Amount			$12,700.00	$3,350.00		

Claims Terms and Conditions ∧

☐ I have read, understand, and agree to the Terms and Conditions.

Cancel   **Save for Later**   **Add Another**   **Submit**

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