

HOW TO FILE YOUR CLAIM

Section 1

Complete **ALL** personal information on the reverse side of this form.

Section 2

Indicate the amount of each healthcare claim being submitted. This account reimburses you for services **incurred** for healthcare purposes. The type of service rendered determines claim eligibility. Not all healthcare expenses are reimbursable. (See *IRS Section 213(d)* for guidelines).

If you are currently participating in your Employer's Health Savings Account (HSA), please note that you can only be reimbursed for dental, vision, and preventative care expenses from your HRA.

HEALTH CARE EXPENSES – must be incurred by you, your spouse, or other eligible dependants prior to reimbursement.

Attach to this claim form one of the following:

- The Explanation of Benefits (EOB) statement returned to you from the insurance carrier indicating the amount for which you are responsible. Please be advised that any medical, dental, or vision expense covered by insurance in part or in full must first be submitted to your insurance carrier.
- Co-pay receipts if you are covered under a managed care or prescription drug plan
- When there is no insurance for healthcare expenses, submit an itemized bill with the following information:
 - Name of provider and patient
 - Service cost, date, and description
 - Notation when there is no insurance coverage

Total your expenses and enter the amount on the front of this form. **Cancelled checks or undocumented receipts are not acceptable documentation per IRS regulations. Balance due statements will only be accepted if they include the original date of service, description of services provided, and the cost of the services rendered.**

Insurance premiums must also be incurred prior to reimbursement (i.e.; March premium can be reimbursed no earlier than February).

If your claim is being made payable to a third party (Insurance Provider or Employer) your claim will not be subject to a distribution fee. However, if the claim is being paid to you, your claim may be subject to a distribution fee. For more information specific to your Employer's HRA plan, please refer to your Plan Highlights.

Section 3

If this distribution is on behalf of a deceased Participant, you must provide a copy of the death certificate. Once we have received a copy of the death certificate, MidAmerica will keep it on file for future reference for future claims. Therefore, MidAmerica only requires that a copy of the death certificate be sent once.

Section 4

SIGN the claim form. This is required on all submissions; otherwise the claim will not be processed.

This Health Reimbursement Arrangement Account is regulated by the Internal Revenue Service. Our documentation guidelines are provided to help you determine what qualifies as a reimbursable expense and to assist us in the adjudication process. It is the responsibility of each participant to comply with these guidelines and to avoid submitting duplicate or ineligible claims. Failure to comply with the above guidelines will delay the payment of your claim.

This outline is intended for quick reference. For more specific guidelines, please call MidAmerica Administrative & Retirement Solutions, Inc. at **1-800-430-7999** as our Customer Service Department will be happy to answer your questions.



MidAmerica

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