



HRA Claim Reimbursement Form

Instructions: To receive reimbursement under your employer's HRA plan, please complete all required fields and attach required supporting documentation for each account. Claims must be submitted directly to SuperiorUSA via fax or mail.

SECTION 1: EMPLOYEE INFORMATION (Please Print)

Name (Last, First, MI)	Social Security Number	Date of Birth
Employer	Preferred Phone Number	Email Address

Change of Address: _____

SECTION 2: HRA CLAIM REIMBURSEMENT for eligible expenses as defined by your HRA Plan (Please Print)

An Explanation of Benefits (EOB), itemized payment receipt, or current provider billing statement must be attached. If eligible in your employer's HRA plan, OTC medicines and drugs now require a doctor's prescription, letter, or SuperiorUSA's Medical Necessity Form to be reimbursable.

Some of the expenses below are Benny Flex/HRA Debit Card purchases

Date(s) of Service	Name of Patient or Insured	Name of Provider	Description or Type of Service	Amount Requested
Total amount requested				

SECTION 3: ADDITIONAL REQUIRED INFORMATION

For any portion of this claim not reimbursed from your employer's HRA plan would you like this claim to be automatically submitted and reimbursed from your Health Care or Outside Premium FSA, if funds are available, in accordance with the ordering rules specified in your employer's HRA and/or flex plan document? Yes No

What kind of coverage have you selected in your employer's HRA? Employee/Single Family N/A
Employee + 1 2 3 4 5

What kind of coverage have you selected in your employer's group medical insurance plan? Employee/Single Family N/A
Employee + 1 2 3 4 5

SECTION 4: EMPLOYEE SIGNATURE

I, the undersigned, hereby request reimbursement from my accounts in my employer's HRA and/or flex plan for the above listed expenses. I certify that the above information is true, accurate, and complete, and that I, my spouse, or a qualified dependent actually incurred these expenses during a period when I was covered under this Plan. I have not nor will I seek reimbursement for the expenses listed above through this Plan, another plan, or through my insurance coverage, and will not claim these expenses as deductions or tax credits on my income tax return. I understand that the HRA Plan is funded exclusively with employer contributions and not with my salary reductions. I understand that I alone am responsible for compliance with applicable tax regulations and documentation maintenance requirements, and that I agree to indemnify and hold harmless my employer and SuperiorUSA for any liability resulting from my reimbursements and participation in the Plan.

Employee Signature: _____ **Date:** _____

Completed claim forms must be submitted along with required supporting documentation directly to SuperiorUSA for reimbursement. Claims may be faxed (218-725-9161 or 877-422-5192), emailed, or mailed. Please visit our website at www.superiorusa.com, email, or call (877) or (218) 529-2477 with questions.

SuperiorUSA – Flexible Benefits
525 Lake Avenue South, Suite 410
Duluth, MN 55802
flexservices@superiorusa.com

General Claim Reimbursement Procedures

- You must use a claim submission form in order to receive reimbursement from SuperiorUSA. Please read all form instructions, print legibly, complete all required fields, and attach all required supporting documentation in order to ensure the timely processing of your reimbursement.
- You must sign and date the claim form or your reimbursement cannot be processed.
- Please either mail or fax your claim to SuperiorUSA, but do not do both.
- Incomplete or erroneous claim submissions will be rejected or required to provide additional information.
- Claims will be processed in the frequency listed in your Summary Plan Description (SPD).
- Reimbursements will be paid by paper check unless you have completed and submitted a Direct Deposit Authorization to your employer or SuperiorUSA (if direct deposit is permitted by the Plan).
- Please keep copies of all your claim form submissions including supporting documentation such as EOBs, itemized receipts, and provider statements. SuperiorUSA does not need the originals in order to process your claim.
- The IRS generally considers the date of service for an expense to be the date service is rendered or received, not the date the expense is actually paid.
- Make sure your identifying information is listed on any additional pages of documentation you submit in case they become separated from the claim form itself
- You must identify your employer where requested.
- Please calculate and total the amount you are requesting under each account.
- Keep your address and other information up-to-date using the Change of Address box below Section 1 of this form.
- If there is a preferred phone number where you would like to be contacted with any questions or issues regarding this specific claim, please provide it in Section 1.

HRA Claim Procedures

- For HRA claim reimbursements, an Explanation of Benefits (EOB), itemized payment receipts, and/or a current provider billing statement is required as supporting documentation. In general, in order to be deemed adequate and proper by the IRS, documentation must show the date of service, patient name, name of service provider, descriptions or types of services (itemized), and the amount owed.
- Cancelled checks, credit card receipts, credit card statements, and non-itemized register receipts are not considered proper documentation. Also, provider billing statements often do not provide all of the necessary information.
- Refer to your plan's Summary Plan Description (SPD) for details on eligible health care expenses, annual limits, and benefit percentages.
- Please keep copies of all your claim form submissions including supporting documentation such as EOBs, itemized receipts, and provider statements. SuperiorUSA does not need the originals in order to process your claim.

Visit www.superiorusa.com, then click on "Services" and "Flexible Benefits" on the top navigation bar, for more information and participant flex account access.



SUPERIORUSA
B E N E F I T S

Payroll & Third Party Administration

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