

QSEHRA Claim Reimbursement Form

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

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: QSEHRA CLAIM REIMBURSEMENT for eligible expenses as defined by your QSEHRA (Please Print)

An Explanation of Benefits (EOB), itemized payment receipt, or current provider billing statement must be attached. If eligible in your employer's QSEHRA 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

What level of benefits or coverage have you selected in your employer's QSEHRA?	<input type="checkbox"/> Employee/Single <input type="checkbox"/> Employee + <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> Family <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> N/A <input type="checkbox"/> 4 <input type="checkbox"/> 5
What level of health insurance coverage (MEC) did you maintain during the month(s) of the QSEHRA claims requested above?	<input type="checkbox"/> Employee/Single <input type="checkbox"/> Employee + <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> Family <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> N/A <input type="checkbox"/> 4 <input type="checkbox"/> 5

SECTION 4: EMPLOYEE SIGNATURE

I, the undersigned, hereby request reimbursement from my accounts in my employer's QSEHRA plan and/or my HSA for the above listed expenses. I certify and attest 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 and were insured by health insurance meeting Minimum Essential Coverage (MEC) and that we continue to be covered by the same policy, which continues to be MEC. I have not nor will I seek duplicate 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 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
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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. You may also submit claims online.
- Incomplete or erroneous claim submissions will be rejected or required to provide additional information.
- Claims will be processed in the frequency listed on your Plan Specs Sheet and 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 EOB's, 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 or email where you would like to be contacted with any questions or issues regarding this specific claim, please provide it in Section 1.

QSEHRA Claim Procedures

- For QSEHRA claim reimbursements, an Explanation of Benefits (EOB), itemized payment receipts, and/or a current provider billing statement is required as supporting documentation. Some plans or account types require the Explanations of Benefits (EOB) specifically due to tracking of the insurance deductible for QSEHRA claims purposes, so a receipt or provider billing statement may not be sufficient. 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.
- With each new QSEHRA claim request, you are attesting with your signature that the individual for whom you are requesting reimbursement was covered under health insurance meeting Minimum Essential Coverage (MEC) at the time the expense was incurred.
- Please keep copies of all your claim form submissions including supporting documentation such as EOB's, itemized receipts, and provider statements. SuperiorUSA does not need the originals in order to process your claim.

Visit www.superiorusa.com, then click on "Flexible Benefits Account Access" on the left-hand navigation bar, for more information and participant flex account access.

SUPERIORUSA
CORPORATION

Payroll & Employee Benefits Consultants

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