Health Reimbursement Arrangement (HRA) Claim Form

For HRA plans with spousal and/or dependent coverage, a separate claim form is required for each individual for whom a claim is filed.

Medicare Reporting Questions Regarding the Claimant* (circle answers) Is Claimant between the ges of 45 and 64? YES NO 2. Regardless of age, is Claimant or has Claimant receive kidney or has Claimant ever received kidney transplant? Yes you answered "YES" to ANY of Questions 1, 2, or 3, complete Questions 4 through 7. Claimant's Date of Birth (mm/dd/yyyy) 5. Claimant's Gender (circle)	First name / Middle initial	Last name	(Social Security N	lumber	Phone number		
Please answer the following questions about the Claimant. This is the person incurring the expense(s) that gives rise to this is taimant Information irst name / Middle initial Last name Relationship of Claimant to Employee (consense of Age, is Claimant between the ges of 45 and 64? YES NO Regardless of age, is Claimant currently entitled to Medicare? YES NO Resulting the Claimant's Complete Questions 4 through 7. Claimant's Date of Birth (mm/dd/yyyy) 5. Claimant's Gender (circle) Repartless of age, is Claimant's Gender (circle) Repartless of age, does Claimant receive kidney or has Claimant ever received kidney transplant? Yes you answered "YES" to ANY of Questions 1, 2, or 3, complete Questions 4 through 7. Claimant's Date of Birth (mm/dd/yyyy) 5. Claimant's Gender (circle) Repartless of age, does Claimant receive kidney or has Claimant ever received kidney transplant? Yes you answered "YES" to ANY of Questions 1, 2, or 3, complete Questions 4 through 7. Claimant's Date of Birth (mm/dd/yyyy) 5. Claimant's Gender (circle) Repartless of age, does Claimant receive kidney or has Claimant ever received kidney transplant? Yes you answered "YES" to ANY of Questions 1, 2, or 3, complete Questions 4 through 7. Claimant's Date of Birth (mm/dd/yyyy) 5. Claimant's Gender (circle) Repartless of age, does Claimant receive kidney or has Claimant ever received kidney transplant? Yes you answered "YES" to ANY of Questions 1, 2, or 3, complete Questions 4 through 7. Claimant's Date of Birth (mm/dd/yyyy) 5. Claimant's Gender (circle) Repartless of age, does Claimant receive kidney or has Claimant ever received kidney transplant? Yes you answered "YES" to ANY of Questions 1, 2, or 3, complete Questions 4 through 7. Claimant's Date of Birth (mm/dd/yyyy) 5. Claimant's Date of Birth (mm/dd/yyyy) 6. Claimant's Potential Transplant (mm/dd/yyyy) 7. Claimant's Potential Transplant (mm/dd/yyyy) 8. Claimant's Potential Transplant (mm/dd/yyyy) 9. Claimant's Potential Transplant (mm/dd/yyyy) 10. Claimant's Potential Transpl				_	_	()	
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	ompany's Health Reimbursement	Arrangement (HRA)	with respect to such ea	xpenses and tha	it the expenses	have not a	ind will not be	

payment is claimed by submission of this form were provided during a period while the undersigned was an eligible employee covered under the Company's Health Reimbursement Arrangement (HRA) with respect to such expenses and that the expenses have not and will not be reimbursed under any other health insurance plan, a Section 125 plan, or other similar reimbursement arrangement. The undersigned understands that he or she alone is fully responsible for the sufficiency, accuracy, and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for repayment to the Plan any or all amounts paid from the Plan which relate to such expense.

Employee's Signature (Required)	Date

Submit your claim: (Always keep a copy of your paperwork for your records.)

Mail: HRA Claims, Savers Admin, 615 Saint George Square Court · Suite 300, Winston-Salem, NC 27103-1368

Fax: 336-759-3999, attention HRA Claims.

Company/Employer Name

Email: hra@saversadmin.com – scan and send claim form and EOBs as attachments

*Provisions under Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) add mandatory reporting requirements for Medicare beneficiaries who are covered under an HRA Plan. Reporting is required on any covered employee, their spouse, or their dependent if any of these individuals may be eligible for or are already covered by Medicare. Effective January 1, 2011, to meet new federal Medicare reporting requirements, a separate claim form is required for each individual ("Claimant") for whom an HRA claim is filed.

