



HEAT AND FROST INSULATORS LOCAL No. 33 HEALTH FUND HRA Claim Form

NAME: _____

SOCIAL SECURITY NUMBER: _____ Telephone #: _____

NOTE: Federal law requires that you submit a written statement (such as an itemized bill from the benefit provider) as well as proof that the claim is not being reimbursed by other coverage. Also, you will not be entitled to claim any reimbursed expenses as a tax deduction.

Date of Service	Details of Expense	Name of Service Provider	Person Expense Covers	Amount Billed
			Total Claims	\$
		<input type="checkbox"/>	Please deduct remaining balance from my Reimbursement Account	

Note: You must send an Explanation of Benefits as documentation of an unreimbursed out of pocket expense. For expenses not covered by Insurance you may submit a statement from the service provider with name of recipient and date of service along with the cost of service.

Read Carefully:

The above is a true and accurate statement of expenses allowed under my Company's HRA Plan for my covered family member(s) and myself. This "claim" is not being reimbursed by any other coverage and I am fully aware of the fact that I will not be entitled to claim any reimbursed expenses as a tax deduction.

Signature: _____ Date: _____

SEND CLAIMS TO: **c/o Insurance Programmers, Inc**
P.O. Box 5817
Wallingford, CT 06492-7617
Toll Free: (800) 446-8646 | Fax: (203) 284-8656

Qualifying medical expenses generally only include those expenses incurred for:
 1. Yourself; 2. Your spouse; 3. All dependents you list on your federal tax return.

IRS Publication 502, Medical and Dental Expenses, has a checklist of most of the medical expenses that can be deducted and are therefore reimbursed under this Plan. Some other medical expenses are also reimbursable. However, regardless of any statements in Publication 502 to the contrary, expenses under this Plan are treated as being "incurred" when you are provided with the care that gives rise to the expenses, not when you are formally billed or charged, or you pay for the medical care.

Women's Health and Cancer Rights: Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). Contact your Plan Administrator for more information.