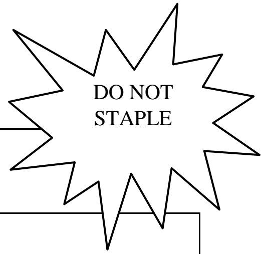
COMPANY:______________________________________



HRA/SPLIT FUNDED CLAIM FORM

Name	SS#	
Home Address	Address Change: ☐Yes ☐No	
City	State	Zip
Phone: Work ( ) Home/Cell ( )	Email:	

Complete the information below for expenses incurred by you, your spouse, or dependent children for which you request reimbursement. ***<u>You must provide copies of your insurance carrier's Explanation of Benefits (EOB) for all medical claims. You must provide a copy of the pharmacy receipt for all pharmacy claims</u>****. If the form is incomplete, or missing copies of the EOB or pharmacy receipt, it will be returned to you. Print or type the information requested, then sign and date the form. Mail or fax this form and supporting documentation to The Seneca Group. Keep a copy of this form and carrier EOBs and receipts.*

HRA
MEDICAL EXPENSES

	Provider of Service (Doctor, etc.)	Person Receiving Service	Dates of Service (MO/DAY/YR)	Amount of Expense Claimed	Nature of Expense	Member Paid (Y/N)
1				$		
2				$		
3				$		
4				$		
5						
6						
7						
8						
9						
10						

I request payment from my health reimbursement account as indicated above for the expenses listed. To the best of my knowledge and belief, my statements in this reimbursement request are complete and true. I am claiming reimbursement only for eligible expenses incurred during the plan year and for my eligible dependents. I certify that these expenses have not previously been reimbursed under this or any other benefit plan and will not be claimed as an income tax deduction. I authorize my Health Reimbursement Arrangement account to reimburse me by the amount requested.

Employee Signature____ Date__________________

Submit claim and expense documentation to:

The Seneca Group 68 South Service Rd., Ste. 100 Melville, NY 11747	Fax: 866-207-5262 Service: 866-487-4157 Email: Service@thesenecagroup.com

COPIES OF INSURANCE CARRIER EXPLAINATION OF BENEFIT (EOB) REQUIRED FOR ALL MEDICAL CLAIMS. DETAILED PHARMACY RECEIPTS REQUIRED FOR ALL PHARMACY CLAIMS. THE SENECA GROUP WILL NOT PROCESS CLAIMS WITHOUT CARRIER EOB OR PHARMACY RECEIPTS

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