NATIONAL BENEFIT SERVICES, LL
Customer Care • Knowledge and Expertise • Organizational Excelle

HRA Claim Form

Personal Information

Employee Name		Company Name		
Street Address	City	State	Zip	Address Change? ☐No ☐Yes
Phone Number	Social Security Number			

For Quick Claim Processing:

- Fully complete & sign this claim form
- Attach copies of supporting EOB, receipts, vouchers, bills, etc.
- All receipts must detail each of the items summarized below
- Please print when using this form
- Minimum Total Reimbursement $25

For Account Balance:
Go to
www.NBSbenefits.com
or call
(801) 838-7324 or (888) 353-9125

Please allow 2 business days
for claims to be processed

HRA Claims

(Please list one expense per line)

Notice
All over-the counter (OTC) medication claims must be accompanied by a prescription to be eligible under new federal regulations

	Date of Service MM	DD	YY	Provider	Service Rendered	Person Receiving Service	Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
						Total Health Care Expense	$ 0.00

HRA

Eligible Expenses

Please review your Summary Plan Description (SPD) for a listing of eligible expenses.

Employee Signature

I, the undersigned, attest that to the best of my knowledge these statements are complete and true. I authorize the release of any medical information to my spouse. I certify these expenses are for valid services provided on the dates indicated and will not be reimbursed or claimed under any other Plan or claimed as a tax deduction.

Employee Signature	Date

Welfare-504 (10/2011)

Please fax or mail your claim form and receipts to the following:

Mail: National Benefit Services, LLC, P.O. Box 6980, West Jordan, UT 84084
Fax: Salt Lake Area Fax: (801) 355-0928 Toll Free Fax: (800) 478-1528
Email: claims@NBSbenefits.com (PDF, TIFF, or JPG files only)