

# 105-HRA

## Section 105 Health Reimbursement Arrangement (HRA) Claim Form

(105-DRP participants can also use this form for claims.)

Participant Name (please print): \_\_\_\_\_

Email Address: \_\_\_\_\_ Participant ID Number  
or Social Security Number: \_\_\_\_\_

Name of Your Employer (please print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mail or fax this form with documentation to:  
Diversified Benefit Services, Inc.  
P.O. Box 260  
Hartland, WI 53029  
Fax: (262) 367-5938  
For additional claim forms log on at [www.dbsbenefits.com](http://www.dbsbenefits.com)

Indicate here if your address/information has changed:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SECTION 105 HEALTH REIMBURSEMENT ARRANGEMENT (HRA) SEE INSTRUCTION GUIDE IN REIMBURSEMENT KIT

Amount of reimbursement requested: \$ \_\_\_\_\_

Who incurred the expense?

- (check all that apply)  Employee  
 Spouse  
 Dependent

To expedite your Section 105 reimbursement please complete the top portion of the expense reimbursement claim form and remember to sign your name in the appropriate area.

You must attach proper documentation to this form for reimbursement. An example is an Explanation of Benefits (EOB) report from your medical insurance provider. This report is sent to you by your insurance provider *after* it has been processed.

OFFICE USE ONLY A: \_\_\_\_\_ D: \_\_\_\_\_

**If you are requesting reimbursement from a Section 105 Plan please complete the appropriate information at the right.**

By signing this form, I certify that the amounts listed are correct and are expenses that represent qualified reimbursable expenses. I will not claim these items on my personal income tax return for medical itemization nor claim any dependent care reimbursement expenses as a tax credit. I certify that I will not be reimbursed for the expenses listed below from any insurance company or insurance plan or the following: Flexible Benefit Plan, Medical Savings Account (MSA), any other Health Reimbursement Arrangement (HRA), Health Savings Account (HSA), another reimbursement plan or any other source. I also certify that the expenses have been incurred (having dates of service) during the timeframe required by the benefit plan. I will also provide documentation necessary to support the amounts being requested for reimbursement.