



BAYSTATE
BENEFIT
SERVICES

Health Reimbursement Arrangement (HRA) CLAIM FORM

Employer Name:			Employee Name:		
Employee Address:			Employee Day Phone Number:		
City: <input type="checkbox"/> Check if new address	State:	Zip:	Employee Email Address:		

HRA CLAIM DETAIL

***Deductible (D) - Emergency Room Copayment (ER) - Outpatient Copayment/Same Day Surgical (SDC) - Inpatient Copayment (IC)**

BASED ON YOUR COMPANY'S HRA PLAN DESIGN, PLEASE INDICATE THE APPROPRIATE BENEFIT

Date of Service:	Who received service:	*Type of Service:	Amount:
		<input type="checkbox"/> Deductible (D) <input type="checkbox"/> Emergency Room (ER) <input type="checkbox"/> Outpatient Copayment/Same Day Surgical (SDC) <input type="checkbox"/> Inpatient Copayment (IC)	
		<input type="checkbox"/> Deductible (D) <input type="checkbox"/> Emergency Room (ER) <input type="checkbox"/> Outpatient Copayment/Same Day Surgical (SDC) <input type="checkbox"/> Inpatient Copayment (IC)	
		<input type="checkbox"/> Deductible (D) <input type="checkbox"/> Emergency Room (ER) <input type="checkbox"/> Outpatient Copayment/Same Day Surgical (SDC) <input type="checkbox"/> Inpatient Copayment (IC)	

TOTAL:

I understand that if I claim these expenses here, that I may not claim the same expenses elsewhere, either as tax credit or tax deduction.

I certify that to the best of my knowledge these statements are complete and true. I authorize the release of any medical information to my spouse and to Baystate Benefit Services using the above email address for communication regarding my claim information.

Participant Signature: _____ Date: _____

All HRA claims must include a copy of the Explanation of Benefits (EOB) or Health Plan Payments from your insurance provider. Baystate Benefit Services will not be able to process your HRA claim form without this required documentation.

Baystate Benefit Services, Inc., 400 Washington St., Suite 400, Braintree, MA 02184

Tel: (800)601-3570

Fax: (781)356-7365

Email: hra@baystatebenefits.com

You may also upload your claims and applicable receipts at www.baystatebenefits.com, click on "Employee Portal" and "File a Claim".