

**HEALTH REIMBURSEMENT ARRANGEMENT
EXPENSE REIMBURSEMENT VOUCHER**

HRA

Name of Employee (Last, First, MI)		Social Security #
Address [] <i>Check here if this is a new address; if so, do you have other AF products? Y/N</i>	City & State	Zip Code
Name of Employer		Daytime Phone #

Date of Expense	Name of Person for Whom Expense Was Incurred	Amount of Medical Expense
		Page Total:

HRA EXPENSE GUIDELINES:

Acceptable Documentation to accompany the reimbursement voucher:

- ✓ Professional bill or receipt that includes
 - a. Provider of service
 - b. Type of service rendered
 - c. Original date of service
 - d. Charges for the service
- ✓ Insurance Company Explanation of Benefits
- ✓ Pharmacy Statement that includes Rx number and name of prescription
- ✓ **OTC Reimbursements** – Cash register receipt with name of item, date purchased, amount of item

Unacceptable Documentation:

- ✓ Cancelled checks or credit card receipts
- ✓ Bill or receipt that only shows a balance forward/previous balance or payment due

**MAKE SURE THAT
YOUR ATTACHED
MEDICAL RECEIPTS
HAVE A DETAILED
DESCRIPTION OF
SERVICE PRINTED ON
THEM!**

I certify that these expenses have not been reimbursed and I will not seek reimbursement for them under a major medical plan or any other health plan, such as an individual policy or my spouse's or dependent's health plan. I understand that the expense for which I am reimbursed may not be used to claim any federal income tax deduction or credit. Any expenses submitted for someone other than the participant is either a dependent as defined in Code §152, or a participant's spouse.

Signature of Employee Date Signed

MEDICAL EXPENSES WHICH HAVE BEEN REIMBURSED UNDER THIS PLAN ARE NOT DEDUCTIBLE BY THE EMPLOYEE FOR FEDERAL INCOME TAX PURPOSES.

FAX NUMBER: 1-888-243-2638
PHONE NUMBER: 1-800-354-7059

(If you need to verify that your fax was received, please wait 24 hours before calling)

MAILING ADDRESS: AMERICAN FIDELITY ASSURANCE COMPANY
AWD/HRA ADMINISTRATION
P.O. BOX 268887
OKLAHOMA CITY, OK 73126-8887

◆ **NEED MORE FORMS? PLEASE MAKE COPIES OR VISIT OUR WEB SITE AT: WWW.AFADVANTAGE.COM** ◆

IF DOWNLOADING FORMS FROM THE WEB SITE, PLEASE BE SURE TO SELECT THE HRA FORM

KEEP A COPY OF ALL CLAIMS SUBMITTED FOR YOUR RECORDS