

**Plumbers and Pipe Fitters Local 344 Health and Welfare Fund
4337 S.W. 44th Street, Oklahoma City, OK 73119**

HEALTH REIMBURSEMENT ARRANGEMENT (HRA) CLAIM FORM

COMPLETE THE APPROPRIATE REIMBURSEMENT SECTION. SIGN AND DATE THE EMPLOYEE CERTIFICATION.

- Only one patient can be listed on a claim form (multiple providers can be listed for that one patient).
 - Enter total amount to be reimbursed. A minimum of \$25 must be accumulated before you submit a claim, unless the balance in your HRA account is less than \$25 or this is the last claim form submitted for a calendar year.
 - Supporting documentation must accompany this claim form. Supporting documentation **must** include an **Explanation of Benefit (EOB) statement from the Plumbers and Pipe Fitters Local 344 Health and Welfare Fund** and from any other plan providing coverage showing deductible and copayment amounts for which you and/or any of your eligible dependents are responsible. Retain copies of supporting documentation for your records.
 - Submit this form, with supporting documentation, to the Plumbers and Pipe Fitters Local 344 Health and Welfare Fund, at the above address.
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EMPLOYEE/PATIENT INFORMATION

Employee's Full Name _____ Social Security Number _____ - _____ - _____

Employee's Mailing Address _____

Patient's Name _____ Relationship to Employee _____

Daytime Phone (_____) _____ Check this box if address has changed.
Area Code

SECTION A: MEDICAL EXPENSES

Name of Medical Provider (Pharmacy Name, Doctor Name, Etc.)	Type of Expense (Deductible, Coinsurance, Etc.)	Date of Service	Amount to be Reimbursed
Total Medical Expenses to be Reimbursed			\$

SECTION B: COBRA OR RETIREE PREMIUMS

Check here if you are requesting to pay COBRA or Retiree premiums from your HRA account

Total Amount of COBRA or Retiree Premiums to be Paid \$ _____

EMPLOYEE CERTIFICATION

I certify that I and/or my eligible dependents have incurred the expenses for which reimbursement is claimed from the Health Reimbursement Arrangement (HRA) account. I further declare that I have not and will not deduct these expenses on my personal income tax returns, and that I have not received and will not receive reimbursement for these expenses from any other source or entity. No assignment will be accepted. All payments will be made to the employee.

Employee's Signature

Date