

Recurring Expense Service Form

(HRA Based Premium Reimbursement Account)



Instructions for completing this form:

This form is used to request reimbursement of your ICHRA (Individual Coverage Health Reimbursement) or QSEHRA (Qualified Small Employer HRA) from your HRA benefit account. Contributions will be reimbursed to you on a per-pay-period basis. By completing this form you will not need to provide continuing documentation. Please complete all fields and include appropriate documentation showing the premium you will be charged throughout the year or specific time frames. All information must be completed by you to receive reimbursement. **CLAIMS WILL NOT BE PROCESSED WITHOUT YOUR SIGNATURE.**

A. Declaration of Services

I request reimbursement for the below listed timeframe for qualified Individually Owned Health Premium expenses. **I certify that the services will be provided between the following dates:**

Start Date (mm/dd/yyyy) _____ End Date _____

I have included copies of the insurance company's charges, which will include the total amount of:

Total Amount of Services \$ _____ for the dates provided above.

Note: If you have any changes during the dates referenced above, please notify Beneliance at 877-685-0655 or email benefits@beneliance.com

B. Participant Information

Employer Name (please print) _____

Participant Last Name _____ First Name _____ Middle Initial _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Home Phone (_____) _____ Work Phone (_____) _____

E-mail Address (if any) _____

Name(s) of Person(s) Insured _____

C. Care Provider Information

Name of Insurance Provider _____

Address _____ City _____ State _____ Zip _____

Policy Number(s) _____

D. Signature

Employee Signature _____ Date _____/_____/_____
mm/dd/yy

Please Note: Your total reimbursement amount will be figured on the amount which you have elected for the year based on the amount of payrolls that occur throughout the plan year. For questions regarding your maximum contribution amount, please contact 877-685-0655.

For fastest reimbursement, please use the myRSC app or email to benefits@datapathadmin.com

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