Mail to:
EBPA Reimbursement Accounts
PO Box 1140
Exeter, NH 03833-1140
Fax to: (603) 773-4415
Electronic Claim submission:
https://secure.ebpabenefits.com
Phone: 800-578-3272

Retiree Health Reimbursement Account (HRA/Section 105) – Claim Form

How to file a claim:

1. Complete all sections of the claim form
2. Supporting documentation is required. Examples of supporting documentation are Explanations of Benefits, Itemized statements from providers, pharmacy receipts, premium bills, premium payment receipts, etc. Do not submit cancelled checks or credit card receipts alone.

Retiree Information		
Last Name:	First Name:	Middle:
Street Address:		Apt./Unit #:
City:	State:	Zip:
Email:	Home Phone:	

Health Care Expenses (itemize each expense type using a separate line. Use additional forms as necessary)				
Retiree only	Please check one box for each expense type: MD= Medical; RX= Prescription; OTC= Over-The-Counter; VS= Vision; DN= Dental HR= Hearing	Date of Service mm/dd/yyyy		Requested Amount
	MD ☐ RX ☐ OTC ☐ VS ☐ DN ☐ HR ☐	From:	To:	$
	MD ☐ RX ☐ OTC ☐ VS ☐ DN ☐ HR ☐	From:	To:	$
	MD ☐ RX ☐ OTC ☐ VS ☐ DN ☐ HR ☐	From:	To:	$
	MD ☐ RX ☐ OTC ☐ VS ☐ DN ☐ HR ☐	From:	To:	$

Premium Expenses (itemize each expense type using a separate line. Use additional forms as necessary)				
Retiree only	Please check one box for each expense type: MG= Medigap; MA= Medicare Advantage; MS= Medicare Supplement; OP= Other Premium	Premium Billing Period mm/dd/yyyy		Requested Amount
	MG ☐ MA ☐ MS ☐ OP ☐	From:	To:	$
	MG ☐ MA ☐ MS ☐ OP ☐	From:	To:	$
	MG ☐ MA ☐ MS ☐ OP ☐	From:	To:	$

I certify that any expenses for which I am requesting reimbursement from my HRA, as itemized above, were incurred by me for medical care as permitted by the HRA, and have not been reimbursed and I will not seek reimbursement under any other plan. I understand that expenses reimbursed through the HRA program cannot be used to claim any federal income tax deduction or credit. To the best of my knowledge and belief, my statements are complete and true.

Subscriber's Signature _____ Date _____