

# Claim Form

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To enter your claim easily and securely online, skip this form and use our mobile app or log on to your account at ProBenefits.com. If you don't have internet access or an app-capable mobile device, fax this completed claim form and documentation to 866.329.3539, or mail to ProBenefits, 2634 Reynolda Road, Winston Salem, NC 27106.

\*Employer \_\_\_\_\_

\*Employee Name \_\_\_\_\_

Last four digits of Social Security Number \_\_\_\_\_

Mailing Address, if changed \_\_\_\_\_

Email (to receive confirmation of claim entry) \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Paid with Debit Card?	Provider Name	Description of Expense (Ex: Rx, Office Visit, Deductible, Daycare)	Type of Expense				*Dates of Service		*Amount of Expense
			Med HRA	Med FSA	Dep Care	TRA/ Park	Begin	End	
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___	\$
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___	\$
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___	\$
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___	\$
<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	___/___/___	___/___/___	\$

If you have more expenses, please list them on a separate page, and include the full total amount of your claim here.

\*Total: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

## Important Notes:

- Please submit documentation for all expenses claimed on this form. Per IRS Regulations, all claims must be adjudicated based on provider receipt(s) indicating the following: Dates of Service & Amount of Expense; Type of Service (e.g., Office Visit, Rx, Childcare); and Name of Provider (e.g., Doctor, Hospital, Childcare Giver). For an HRA claim, in most cases an EOB is required.
- If your claim is an HRA, any portion not reimbursed by your HRA account will be applied to your ProBenefits Health FSA, if you have one (if applicable to your plan).
- Non-itemized credit/debit card slips or cancelled checks will not be accepted as valid documentation for any claim.
- For Dependent Care, per IRS regulations:
  - Eligible expenses are for custodial care for children age 12 and under or for dependent, disabled adults.
  - IRS requires that the name, address, and tax ID number of your childcare provider be given. If not included on your receipt, please include in Comments above.
- The method of reimbursement for your claim will be determined by the information on file in your account. To view or change your reimbursement information, please log in at ProBenefits.com.
- If you email your claim, please use only PDF format for your file attachment. Other formats cannot be accepted
- Log in to ProBenefits.com to check claim status, view account details, submit claims and more..

**Certification:** These expenses were incurred (have a date of service) by me and/or my spouse or eligible dependents during the plan year while I have been a covered participant and to the best of my knowledge are reimbursable by the plan. I, the participant, certify that I have not been reimbursed for the above expense(s) and that I will not seek reimbursement under any other plan covering health benefits, such as my spouse's health plan. I understand that any expense reimbursed under this Plan may not be used to claim any income tax deduction or credit. I also understand that privacy regulations prohibit ProBenefits from discussing claims with anyone other than the participant.

\*Signature \_\_\_\_\_ \*Date \_\_\_\_\_

\*All items marked are required for processing.



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