



HRA CLAIM FORM

Health Reimbursement
Arrangement (HRA)

YOU MAY COMPLETE THIS FORM BEFORE PRINTING BY USING YOUR TAB KEY TO MOVE FROM FIELD TO FIELD (SHIFT + TAB WILL MOVE BACKWARDS).

EMPLOYER NAME:

PART 1 - COMPLETE FOR ALL CLAIMS

Social Security Number	Last Name	First Name	Middle Name/Initial
* Street or P. O. Box		* Phone Number	
* City	* State Code	* Zip Code	
* Email Address			

* Complete the address, phone number, and email address sections only if recently changed. Go online at www.tri-starsystems.com to verify your information on file.

PART 2 - HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

See below for explanation of a **VALID RECEIPT**

Patient Name	Service Dates	Description of Service	Provider Name	Claimed Amount

Total HRA Claimed:

PART 3 - Acknowledgement and Signature

I certify that all services and expenses for which reimbursement is claimed by submission of this form were received by me or an eligible dependent. I certify the medical expenses claimed have not been reimbursed and will not be presented for reimbursement through any other health plan. I acknowledge I am responsible for any inappropriate use or disclosure of my information that occurs due to the method I have selected for transmitting this information. I understand that I alone am fully responsible for the accuracy of all information I have provided by submission of this claim form. I understand that by providing incomplete, false, or misleading information on this form that I may be liable for payment of all related taxes including federal, state, or city income tax on amounts paid from the Plan made in error.

Employee Signature

Date

VALID RECEIPT: Each HRA claim must be supported by an EOB (Explanation of Benefits). An EOB is the form you receive from your insurance company after you have filed a claim indicating how much was paid, showing any deductible applied, and how much is the patient responsibility.

RETURN SIGNED AND DATED FORM WITH SUPPORTING DOCUMENTATION TO:

Tri-Star Systems	PHONE (314) 576-4022
ATTN: FSA Claim Department	TOLL FREE (800) 727-0182
14323 South Outer 40 Road	CLAIMS ONLY FAX (314) 985-0277
Suite 200 South	
Chesterfield, MO 63017-5734	

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