

**Town of Wellesley Health Reimbursement Arrangement non-Medicare Retiree Claim Form**  
**THIS FORM MUST BE FILED BY JULY 31, 2019**

CPA, INC.  
 420 Washington Street, Suite 100  
 Braintree, MA 02184

(781) 848-9848 (Phone)  
 (781) 848-8477 (Fax)

EMPLOYEE: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE: (     ) \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Reimbursement for subscriber and family members enrolled in Benchmark Health Insurance plans.

**EXPENSES MUST BE INCURRED BETWEEN JULY 1, 2018 TO JUNE 30, 2019**

**HRA PLAN #1 - MEDICAL CARE COPAYMENTS (UP TO \$200 INDIVIDUAL OR \$300 FAMILY)**

Type Of Medical Care Expense	Reimbursable Co-Pay Amount	#	Dates of Service	Total Reimbursement
<i>Example:</i>		2	1/1+5/31	\$50
Specialist Office Visit \$60+	\$25 per visit			
Urgent Care (NO ER)	\$10 per visit			
In-patient admission	\$200/\$400 per admission			
Same-day Surgery	\$100 per incident			
Diagnostic Imaging (MRI, PET SCANS, CAT SCANS)	\$50 per incident			
Mail Order Prescriptions \$75+	\$25 per prescription			

**TOTAL AMOUNT: \$ \_\_\_\_\_**

**HRA PLAN #2 DEDUCTIBLE EXPENSES ONLY (UP TO \$150 INDIVIDUAL OR \$450 FAMILY)**

Check one: Individual:  Family:

Date of Service:	Provider	Type of Service	Amount

**TOTAL AMOUNT: \$ \_\_\_\_\_**

This is to certify that I have incurred the expenses listed above that qualify for reimbursement under the Town of Wellesley Health Reimbursement Arrangement. I have not been reimbursed from any other source including insurance programs or other programs offered by my employer. None of these expenses have previously been submitted. I understand and agree that since these expenses are to be reimbursed they may not be claimed as deductions for income tax purposes. I hereby request reimbursement for these claims. **All claims require a copy of your Explanation of Benefits/Claim Summary from the insurance company along with a completed claim form.**

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_