Jefferson County Commission
2020/2021 PLAN YEAR HRA REIMBURSEMENT CLAIM FORM

Millenium Insurance Group, 135 East Main St., New Holland, PA 17557
Toll Free Telephone: (888) 577-7373 / Email Claims to: smartin@millig.com / Fax Claims to: (717) 354-0459

Employer Name: **Jefferson County Commission**	
Employee Name:	SSN: (last 4 digits only)
Address: (complete only if address changed)	

HRA Reimbursement Account - Reimbursement Request

All Reimbursement Requests will be adjudicated based on the employers plan specifications.

Claimant Name & Relationship Employee / Spouse / Dependent	Date of Service	Type of Service	Dollar Amount
(Not required to list each claim in this section if your submission contains the Year to Date Patient or Program Deductible Benefit Summary Page)			
			$
			$
			$
			$
		Total:	$

****(REQUIRED) Do you and/or your Enrolled Dependent(s) have any Medical Benefits Insurance Coverage (Primary or Secondary) other than the Jefferson County Commission Group Medical/Rx Plan & the HRA Benefit? ☐ YES** ☐ No**

****If you checked the Yes box, then you will need to Complete & Submit the COB (Coordination of Benefits) Form**

To the best of my knowledge and belief, my statements in the requested expenses are complete and true. I am requesting reimbursements only for eligible expenses incurred during the applicable plan year for myself and my eligible dependents. **I certify that these expenses have not been and will not be reimbursed under another employer sponsored benefit plan** and will not be claimed as an income tax deduction. In addition, **I certify that these expenses have not been previously reimbursed under this plan or under any other HRA Plan**. I authorize that my plan account may be reduced by the amount of the requested reimbursement.

____ ______/_______/_______

Employee Confirmation Signature — Date of Signature

A COPY OF THE APPLICABLE EOB (EXPLANATION OF BENEFITS) MUST BE ATTACHED OR REIMBURSEMENT WILL NOT BE PAID.

Do not write in the box below.

Date Received by Administrator ______/______/______
Processing Notes: