Health Reimbursement Arrangement (HRA)
Claim Form

Send To: Midwest Group Benefits, Inc., PO Box 408, Decorah IA 52101
Phone: 563/382-9611 **Fax:** 563/382-9613

Employee Information

Employer _____ Employee Name _____ Social Security Number _____

Employee Phone _____ Employee E-mail _____

Health Claims

Patient Name	Description of Service	Provider of Service	Service Date	Amount Incurred
			__/__/___	
			__/__/___	
			__/__/___	
			__/__/___	
			__/__/___	
			__/__/___	
			__/__/___	
			__/__/___	

TOTAL: **0.00**

Attach appropriate receipt(s) and submit with this claim form.

Signature

Read Carefully:

The undersigned participant in the Plan certifies that all services for which reimbursement or payment is claimed by submission of this form were provided during a period while the undersigned was covered under the Company's Health Reimbursement Arrangement with respect to such expenses and that the medical expenses have not and will not be reimbursed under any other health plan coverage. The undersigned fully understands that he or she alone is fully responsible for the sufficiency, accuracy and veracity of all information relating to this claim which is provided by the undersigned, and that unless an expense for which payment or reimbursement is claimed as a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including federal, state or city income tax on amounts paid from the Plan which relate to such expense.

Your Health Reimbursement Arrangement (HRA) Plan may be limited to the types of health care expenses that may be reimbursed to you. Please read the Summary Plan Description for your HRA Plan for a list of eligible expenses.

Employee Signature _____ Date _____

Version Date: 2/2/05

CLEAR Button

WARNING: When using public computers at a library, school, etc., be sure to click on the "Clear Form" button after completing and printing your form. Even though you log-off or close the Internet site, the next person may be able to access the prior user's data.

Midwest Group Benefits, Inc.
PO Box 408
Decorah, IA 52101