1025 N. Campbell Road, Royal Oak, MI 48067
800.989.8776 • *p:* 248.543.2644 • *f:*248.543.2296
www.HRPro.com

Health Reimbursement Arrangement Claim Form

YOU MAY USE THIS FORM OR FILE CLAIMS ONLINE AT WWW.HRPRO.COM
This form is to be used for non-benefits-debit card claims only (SEE ACCOUNT LOGIN INSTRUCTIONS ON PAGE 2 OF THIS FORM)

Subscriber Information:

Employer Name:							
Employee Last Name:		**First Name:**			**Last 4 digits of SSN**		
Street Address:		**City:**		**State:**		**Zip:**	
Daytime Phone:		**Email Address** (For claim correspondence only):					

HRA Claim Information:

Name of Person Expense Covers	Date of Expense	Service Provider Name/Description of Service	Net Claim Amount
			$
			$
			$
			$
			$
			$
			$
			$
		Total Claims:	$

Instructions:

Return this form along with a copy of the Explanation of Benefits (EOB) from your health care provider by fax or mail to:

1025 N. Campbell Rd.
Royal Oak, MI 48067

Tel: (248) 543-2644
Fax: (248) 543-2296
Email: claims@hrpro.com

Please Read Carefully

The above is a true and accurate statement of unreimbursed medical care expenses incurred by me or my eligible dependents on the date(s) indicated. I certify that these expenses were incurred while I was covered under my employer's group medical plan. Copies of the Explanation of Benefits (EOB) form from my health care provider for all expenses are attached to this voucher. I understand that I cannot claim any reimbursed expenses on my income tax return, and that I may be liable for payment of all related taxes including Federal, State, or City income tax paid for any expense improperly claimed under the Plan.

Signature:		Date:	

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HRA Claim Filing Instructions:

1. You cannot submit a claim for a service period that begins in one plan year and ends in the next plan year. You will need to submit two reimbursement claim forms; one for each plan year covering the period during that plan year.
2. Complete ALL information on the claim form for each amount claimed for reimbursement.
3. Attach a copy of the Explanation of Benefits (EOB) from your health insurance provider to your completed claim form.
4. Sign and date the claim form.
5. **Keep a copy of the claim form and EOB for your records.**
6. **Submit your claim form with attached EOB by fax or mail to the following address:**

1025 N. Campbell Rd.
Royal Oak, MI 48067

Tel: (248) 543-2644
Fax: (248) 543-2296
Email: claims@hrpro.com

Online Access to Your Account

Allows you to:

- **File claims online**
- **Check account balance and claim history**
- **Review outstanding receipt requirements**
- **View plan information**
- **Download forms**

Login

Existing User?

Login to your account

Username Forgot Username?

Password Forgot Password?

Login

New User?

Create your new username and password

How to Login:

1. **Log into www.hrpro.com and click the "login" button on top of site**
2. **Click the Green "employee login" for FSA/HRA/HSA/DCA/Transit**
3. **Login using the following:**

   Username: First initial (cap), full last name (lowercase) and the last 4 digits of your SSN.

   Example: John Smith 123-45-6789 would login as:

   Jsmith6789

   *If this is your first time logging onto the system, use **Password1** as your password. You will be prompted immediately to create a new, unique password before entering the participant portal.*