Universal Claim Form

Related Case #: _____

HRC TOTAL SOLUTIONS

Employee Information

For timely and accurate processing, please complete entire form

Last 4 Digits of SSN (Required)

Phone Number

First Name

Last Name

Plan Year

Email Address

Employer Name

Claims Codes:

- **F** Health Care FSA
- **L** Limited Purpose FSA
- **H** HRA
- **HF** HRA, then FSA
- **D** Dependent Care FSA
- **AR** Apply to Repayment
- **S** Substantiation – Debit Card
- **P** Parking

Enter only one Claim Code per detail section

Claim Code | Start Date of Service | End Date of Service | Provider | Description of Service | Claim Amount | Person Receiving Service (Required for HRA) | Tax ID (Dependent Care FSA only) | Daycare Provider Signature (Dependent Care FSA only)

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Claim Total: $

The above statements and submitted information for reimbursement are true. I am only submitting for reimbursement for eligible expenses that I incurred for myself or legal dependents. I certify that I have not been nor will I be reimbursed for these submitted reimbursements from any other source. I further certify that I will not claim these expenses as a tax deduction.

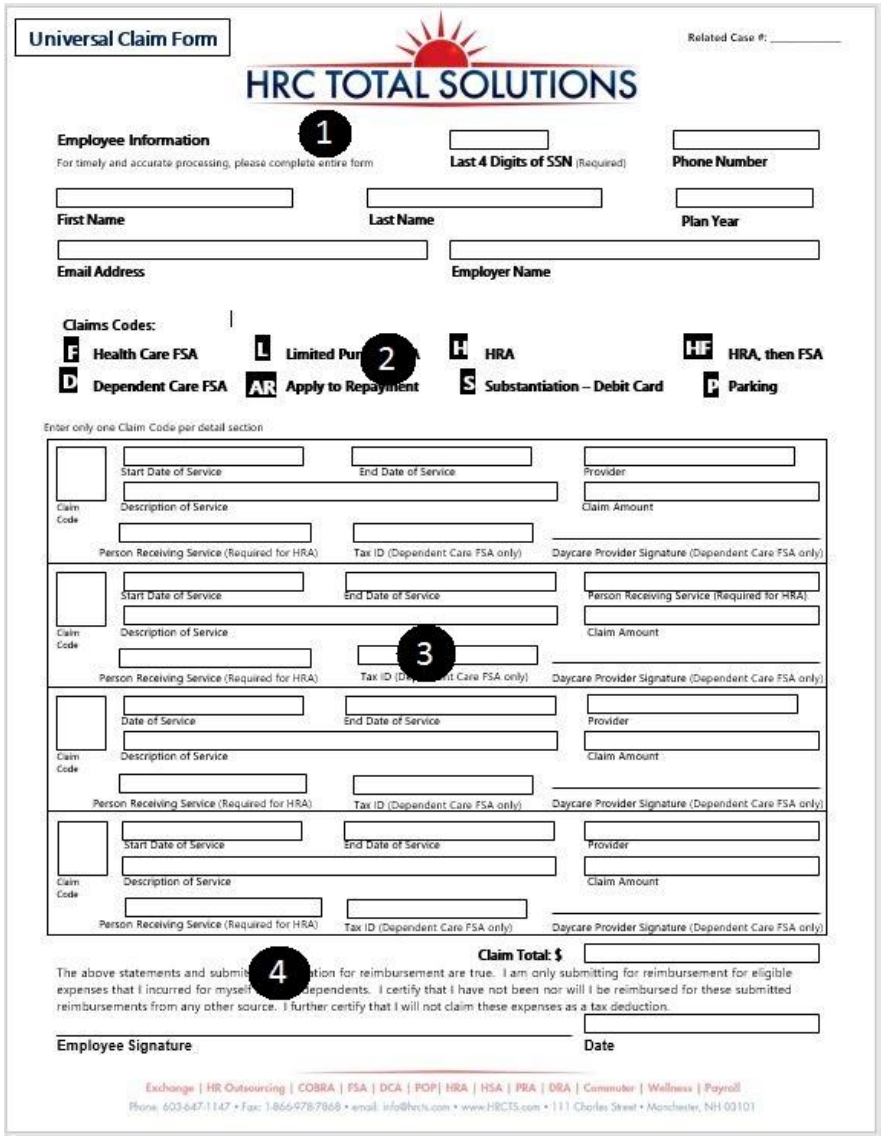
Employee Signature

Date

Phone: 603-647-1147 • Fax: 1-866-978-7868 • email: info@hrcts.com • www.HRCTS.com • 111 Charles Street • Manchester, NH 03101

How to Complete Claim Form

1. Complete the Employee Information section. Be sure to include the last 4 digits of your SSN and your email address.
2. Review the Claim Codes.
   Enter Claim Code that corresponds with your plan into the box.
   - **[F]** Health Care FSA Claims
   - **[L]** Limited Purpose FSA
   - **[D]** Dependent Care FSA
   - **[H]** HRA
   - **[HF]** HRA first, then FSA
   - **[S]** Substantiation - Debit Card
   - **[P]** Parking
   - **[AR]** Apply to Repayment
3. Complete the Claims Section.
4. Sign and date the claim form.



Important Notes for Claim Submission

1. Claims will be processed the same day if received by 10:00am EST
2. Please allow 3 business days from the day you submit your claim form before viewing the status on your Participant Portal.
3. Remember to send appropriate claim documentation in with your form to substantiate the expenses you are submitting for reimbursements. Claim documentation must include the provider name, the dates(s) of service, a description of the expenses incurred and the expense amount. **Cancelled checks and non-itemized credit card receipts are not valid forms of documentation**.
4. Retain original copies of the claim form and expense documentation for your files; Claim Forms, receipts and claims information will not be returned.
5. Refer to your company or Summary Plan Description for the length of your run out period, which determines the number of days you have after the plan year ends to submit claims.
6. When submitting claims for your HRA Expenses: please claim the full eligible deductible amount shown on your Explanation of Benefits or receipt. We will automatically make any calculations necessary in accordance with your plan design. You must submit an Explanation of Benefits (EOB) and not a bill from your provider for HRA expenses.

Mobile Apps & SMS Text Alerts

Save time and hassles while you make the most of your HSA, HRA, and FSA accounts by checking your balances, submitting a claim, and taking a picture of your receipt on your Android or iOS device. No more losing receipts! Find our mobile app on the Google Play store or on iTunes.
SMS text message alerts are available for all mobile devices on AT&T, Nextel, Sprint, Verizon, and T-Mobile networks! You can opt in/out via the Participant Portal and configure which alerts you prefer to receive.

To submit please send form to:

Customer Service Call Center

Monday – Friday 8:30am-7:30pm ET
Email: customerservice@hrcts.com

Phone: (603) 647-1147 option 1
Fax: (866) 978-7868
Live Chat: http://hrcts.com