



EMPOWER HRA CLAIM FORM

Employer _____ Daytime Phone # _____
 Name _____ Social Security # _____
 Email Address _____ Date of Birth (i.e.09/24/2004)_____

Health Reimbursement Arrangement Expense Claims

PLEASE ATTACH RECEIPTS TO THIS FORM

Date Expense Incurred	Name of Service Provider	Expense Description	Person for Whom Expense Incurred	Net Amount
Attach receipts & submit this form			Total Medical HRA Claims	\$

Read Carefully

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed by submission of this form were incurred during a period while the undersigned was covered under the Company’s Cafeteria Plan with respect to such expenses and that the medical expenses have not been reimbursed or are not reimbursable 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 is 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.

X

Employee’s Signature _____

_____ Date

Mail, fax or email this form to:

EMPOWER
 7309 E 21st St, SUITE 110, WICHITA, KS 67206
PHONE: (316) 687-3444 (800) 819-9571 **FAX:** (316) 687-2113
EMAIL: CustomerService@Empowerflex.com
FOR BALANCE INFO: Visit www.EmpowerFlex.com

Health Reimbursement Arrangement Claim Form & Filing Instructions

On the reverse side of this page is a claim form. Please feel free to copy this form.

When filing your claim, you must attach copies of the receipts. **The receipt must show the date and type of service for the expense.** Canceled checks, credit card slips, or statements showing only a balance due on your account are not allowable.

If you choose to **mail** your claim with receipts, the address is EMPOWER, 7309 E. 21st Street North, Ste 110, Wichita, KS 67206. *(Please remember to keep a copy of the claim form and supporting documents for your records.)*

If you choose to **fax** your claim with receipts, the fax number is 316-687-2113. After you fax a claim and receipts, please **do not** follow-up with a hard copy in the mail. *(Remember to keep the original claim form and supporting documents for your records.)*

To **verify** that your claim has been received, please go to the Web site described below. When your claim is approved, it will appear within three business days on the Web site under “view account.” Please **do not** call us to confirm that your claim has been received.

You may check your **account balance status** any time, day or night at the Web site. In addition, the Web site has a claim form, a list of qualifying expenses, and other administrative tools that will help you conveniently manage your account. The site also has frequently asked questions and instructions on how to contact us. The Web site address is www.EmpowerFlex.com

***The EmpowerFlex.com web site has everything you
need to manage your account...***

- > Verify your election
- > View your account balance
- > Print blank claim forms
- > How and where to file claims
- > Look up qualified expenses
- > Change in status rules
- > Change your address or other person information
- > Eligibility requirements
- > Calculate your tax savings
- > Learn about the plan