



NORTHWEST GROUP SERVICES

**Health Reimbursement Account
Claim for Reimbursement**

Instructions

1. Before completing this form, make sure your expenses qualify for reimbursement.
2. You must submit all covered health care expenses to the Insurance Carriers before submitting to your HRA
3. Complete this form as instructed below.
4. Mail this form with Explanation of Benefits (EOB's) to the address below.

Personal Information - Please correct any information which is not accurate.

HRA

Group Number

Employer Name

Social Security Number

Your Last Name

First Name

M.I.

Home Address

City

State

Zip Code

Daytime Phone Number (please add)

Health Reimbursement Arrangement Expense Claims

Date Expenses Occurred	Name of Service Provider	Expense Description	Name and Relationship of Person for Whom Expense Incurred	DEDUCTIBLE Amount

Total Health Reimbursement Expenses Claim reimbursement:	\$ _____
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I certify that the expenses listed above have been incurred by me and/or my eligible dependents and qualify for reimbursement. I have not been reimbursed for these expenses nor are the expenses reimbursable under any other health and/or dependent care assistance plan. I am not applying these expenses toward any federal or state income tax deduction or credit.

Your Signature _____
Date _____

Mail this form with receipts to:
 N.W.G.S. (TPA Service)
 1910 Indianwood Circle
 Maumee, Ohio 43537
 Email: susanw@nwgsonline.com

Questions: 1-888-808-3008
Toledo Area: 1-419-887-1215
Fax Number: 1-419-887-1214